Patient Information Leaflet
Vulvodynia

What is Vulvodynia?

Vulvodynia, literally meaning vulval pain, is the term used to describe women who experience the sensation of vulval burning and soreness in the absence of any obvious skin condition, infection or underlying neurological disorder.
The vulva is the tissue outside of the vagina including the vaginal opening, the labia, the clitoris, urethra and the mons pubis.
Vulval pain can affect any woman of any age and the condition can last anything from three months to several years. For some women the pain may resolve by itself but others may battle with symptoms for a long time.
Vulvodynia is not infective, it is not related to cancer, and you will not pass it on to your partner.

What are the Symptoms of Vulvodynia?

Vulvodynia is the sensation of burning, stinging, aching, and soreness of the vulva. Some women do experience pain on the insides of the thighs and around the anus, however, this will not spread further. Some women also have pain when they empty their bowels.
The pain can be continuous (unprovoked vulvodynia) or on light touch e.g. sexual intercourse or tampon use (provoked vulvodynia).
The intensity of pain can vary from mild discomfort to a severe constant pain which can even prevent you from sitting down comfortably. The pain can interfere with sleep. Women suffering with vulvodynia can have good days and bad days.
Itching is not usually a feature of the condition.
Vulvodynia can affect sexual activity and may be associated with pain during foreplay and penetration.

What Causes Vulvodynia?

The cause of vulvodynia is unknown, although it is often presumed to be due to multiple factors.
This condition usually arises as a consequence of irritation or hypersensitivity of the nerve fibres in the vulval skin. The abnormal nerve fibre signals from the skin are felt as a sensation of pain by the woman.

What is there to see on examination?

Usually there is nothing to see on examination as the problem lies with the nerve fibres themselves which are not visible on the skin. Frequently, doctors begin to suspect the diagnosis after treatment for inflammatory and infectious conditions has failed.
The diagnosis of vulvodynia requires a careful history and confirmatory physical examination.
Just because your doctor cannot see anything does not mean that there is nothing present.

What can I do to help?

It is advisable to avoid irritants such as soap, bubble baths, shower gels, shampoo, special vaginal wipes or douches, etc.
Some women do gain some benefit from different types of creams and lotions applied to the vulval area which do act as soothing agents, but it generally best to avoid all creams unless they have been prescribed by your doctor.
Vaginal lubricants can help during intercourse.

Aqueous cream is a very bland plain emollient (soothing cream) that is usually used for treating dried cracked skin. It is perfume-free and is therefore less likely to irritate than the steroid creams. Many women gain benefit from the use of this cream as it soothes and

rehydrates the skin. Some women keep the cream in the fridge and this can help even further with inflamed skin. It can be used indefinitely and as frequently as you like. It is available without prescription and can be used as a soap substitute and even a sexual lubricant.

How is Vulvodynia treated?

Vulvodynia has several possible treatments, but very few controlled trials have been performed to verify how effective these treatments are.
Over recent years, a number of specialist clinics (vulval clinics) have been set up to treat and investigate the condition and its best management.
Pain that originates from nerve fibres is best treated with drugs that alter the way that the nerve fibres send their impulses to the spinal cord and give the sensation of pain. Conventional pain killers and narcotics are not helpful in vulvodynia.

1. **Local Anaesthetic gel**
    - Lignocaine gel or cream (5%) can be used to control symptoms during sexual intercourse.

2. **Tricyclic Antidepressants**
    - The most experience to date in treating vulvodynia has been with the tri-cyclic antidepressants. These can be prescribed by your doctor in doses lower than are used to treat depression. The drugs are used because they alter the way the nerve fibres transmit the sensation of pain, not because the doctor thinks it's all in your mind!

      Tricyclic antidepressants are prescribed in tablet form, starting at a low dose and then increasing every few days until the pain subsides.

      The response to treatment is not immediate and may take several weeks.

      It is often necessary to continue with treatment for three to six months. Examples of tablets include Amitryptyline, Nortryptyline and Gabapentin.

      The major drawback for some women on treatment are the side-effects; however these usually settle within the first few weeks of treatment and are not usually made worse by increasing the dose.

      The most common side-effect is tiredness which affects many women. Constipation, dry mouth and occasional blurred vision are other complaints whilst on treatment.

3. **Psychological therapies**
    - As with many other chronic pain syndromes, cognitive and behavioural therapies (CBT) have been used successfully to improve reported vulval pain with intercourse. Additional support may be required - including reassurance of the partner. Sexual, individual or relationship counselling may also be appropriate.

4. **Physiotherapy**
    - Pain in the vulva can cause spasm of the muscles of the thigh and other muscles in that region and physiotherapy can be beneficial.

      Biofeedback training has also been used to improve strength and relaxation of the pelvic floor musculature.

      Devices to make sitting more comfortable may also be helpful.

5. **Acupuncture**
    - Acupuncture has been shown to benefit women with vulvodynia when the pain is continuous. It is important to have treatments which address the genital area. Acupuncture is available from the chronic pain team.

6. **Surgery**
    - The aim of surgery is to remove hypersensitive tissue. Surgery is only appropriate for localised pain and tends to be reserved for patients who have had limited success with other therapies.

Where can I get further information?

We recommend that you use dedicated websites or help lines to gain further information on VIN as generic Internet searches can lead to you reading information that is not accurate or out of date.

Vulval Pain Society – **http://www.vulvalpainsociety.org/**

Vulval Health Awareness Campaign- **www.vhac.org**
Email: info@vhac.org
Tel: 07765 947599

British Association of Dermatologists- **www.bad.org.uk**
Email: admin@bad.org.uk
Tel: 0207 383 0266