

# Vulvodynia

## What is vulvodynia?

Vulvodynia is pain in the vulva with no obvious skin or nerve problem and no infection. The vulva is the skin outside the vagina that includes the opening to the vagina, the labia (inner and outer lips), the clitoris, opening to the bladder (urethra), and the mons pubis. This pain can last anywhere from three months to several years. Sometimes it stops by itself. Vulvodynia cannot be passed onto a partner and is not related to cancer.

## What are the Symptoms of Vulvodynia?

Vulvodynia feels like burning, stinging, aching, and soreness of the vulva (itching is not usually a sign of the disease). This pain can be non-stop, or it can happen when touched (e.g., sexual intercourse, foreplay, or tampon use). The feeling of pain can vary from slightly uncomfortable to severe and this can prevent sitting down comfortably or disturb sleep. Women with vulvodynia can have good days and bad days.

## What Causes Vulvodynia?

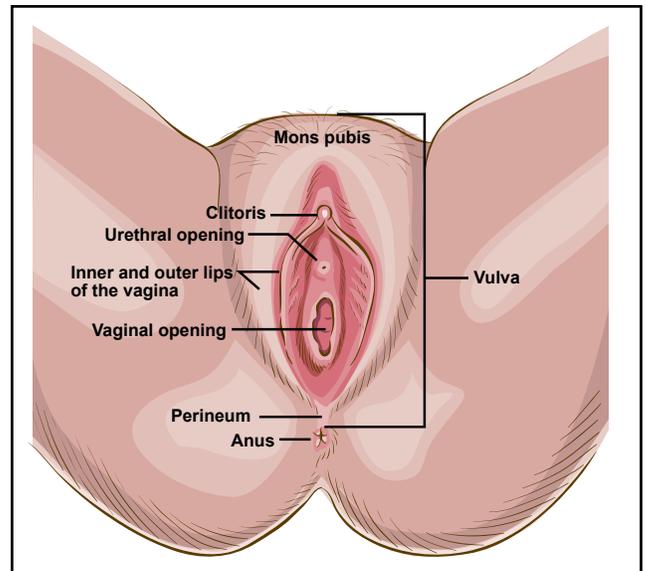
The experts think that there may be several causes. These include the nerve endings in the vulva being super sensitive to pain and/or overactive pelvic muscles. Although vulvodynia can cause much emotional distress, there is no evidence that it is mostly a psychological condition.

Generally your primary care provider will not be able to see any visible reason for it and any tests for infection or other conditions will be normal. It is important to understand that this doesn't mean that nothing is wrong.

## How is Vulvodynia treated?

Overly sensitive nerve fibres are best managed with treatments that can change the way your body reacts to the pain. ***Please note that usual pain killers and narcotics do not help*** with your vulvodynia symptoms.

- Local anesthetic gel, lidocaine gel, or cream (5%) might help with symptoms and during sexual intercourse.
- Physiotherapy may help with spasms of the muscles of the thigh and other muscles in that region.
- Devices (such as a pillow shaped like a doughnut) may be helpful to make sitting more comfortable, so that you are not sitting on the painful area.
- Acupuncture, especially when the pain is constant, may relieve your symptoms by helping to "switch off" overactive pain nerve fibres.
- Psychological therapies can help improve coping. Sexual, individual or relationship counselling may also help.
- Overall, although medication has a limited role to play, your care provider may discuss options with you.



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## Useful sites for information:

- 1) [www.vulvalpainsociety.org](http://www.vulvalpainsociety.org)
- 2) [www.britishpainsociety.org/patient\\_publications](http://www.britishpainsociety.org/patient_publications)
- 3) [www.mvprogram.org](http://www.mvprogram.org)
- 4) [www.nva.org](http://www.nva.org)

## What can I do to help?

### *Vulvar hygiene*

- Use soft, white toilet tissue and take lukewarm or cool sitz baths to relieve any burning or irritation.
- Do not use bubble bath, any perfumed creams, soaps or shower gels, and avoid getting shampoo on the vulvar area as these may irritate your skin.
- Wash your vulva with cool to lukewarm water only and do not scrub.
- Avoid tight fitting clothing.
- Avoid condoms with spermicidal gel and consider latex-free condoms.
- Go to the bathroom before your bladder is full and add fibre to your diet to prevent constipation. Try to drink 8 glasses of water each day.
- Use 100% cotton menstrual pads (avoid those with plastic "dry weave") and tampons. Do not use menstrual pads on a daily basis, other than for your menstrual periods. If incontinence is a problem use incontinence pads only.
- Avoid recycled toilet paper (leads to a higher chemical exposure of the vulva).
- Cold packs or rinsing with cool water (but not rubbing) after going to the bathroom may also be soothing.
- After sexual intercourse, go to the bathroom and rinse vulva with cool water.

Vaginal lubricants (coconut oil, olive oil, lubricants that are water or silicon-based) can help during intercourse.

### **Sources:**

- 1)** American College of Obstetricians and Gynecologists. Vulvodynia. ACOG. 2017;Frequently Asked Questions, FAQ127(Gynecologic Problems). <https://www.acog.org/Resources-And-Publications/Patient-Education-FAQs-List>
- 2)** van Schalkwyk J, Yudin MH, Infectious Disease C, et al. Vulvovaginitis: screening for and management of trichomoniasis, vulvovaginal candidiasis, and bacterial vaginosis. J Obstet Gynaecol Can. 2015;37(3):266-76. PM:26001
- 3)** National Vulvodynia Association. Improving Women's Health. Self-Help Tips, <https://visualonline.cancer.gov/details.cfm?imageid=9470>