

VULVAL PAIN 'VESTIBULITIS'

WHAT IS IT?

Vulvodynia is typically pain at the vaginal opening in the absence of an obvious ongoing cause. e.g. no obvious infection or dermatitis. Pressure is felt as pain, and touching with a cotton bud may produce a 'cut glass' feeling.

Vestibular pain may occur prior to any sexual contact.

WHAT CAUSES IT?

This type of pain is thought to be due to increased sensitivity of nerve endings and associated muscle spasm.

It is sometimes triggered by frequent or severe skin inflammation, most commonly candida (thrush). This needs to be considered strongly especially if there is worsening of symptoms near the period, even if itch and discharge are not present.

Very occasionally genital herpes may be involved. All infections need prompt and accurate treatment. Wart virus probably has little effect, although its treatments may be irritative.

However there is no one thing that causes these symptoms and a cause is not always identified.

SYMPTOMS

Symptoms may range from none unless the area is touched, e.g. by attempted use of a tampon, or by sexual penetration, to frequent vulval awareness whilst sitting, walking or especially bicycling and horseriding. Tight clothing will aggravate it also. There may be times of improvement and worsening.

Intercourse may be possible, with discomfort only at the very initial stage, or may be too uncomfortable to attempt at all. Often the pelvic floor muscles will learn to tense as a protective behaviour, and this will worsen the pain.

Afterburn may occur after intercourse, lasting minutes - hours - days. This can be an effect from friction or pressure, or occasionally from semen. (as distinct from an allergy). It can be associated with candidal infections also.

Relief often is gained by a cool compress or saltwater soak, then apply a moisturiser (especially good if refrigerated). Pressure from the cotton bud during an examination can have a similar effect.

Urinary symptoms often occur in vulval pain conditions, even without true bladder infection. This is because the bladder and urethra and vulva develop from the same type of foetal tissue and share their nerve supplies. The bladder sometimes feels 'irritable'.

Anxiety and Depression are common consequences of any chronic painful condition. Pre-existing stressors may worsen the perception of pain. Sexual relationships invariably suffer even when both partners have a good understanding of the condition and are mutually supportive.

Professional counselling is often very helpful in sorting through these natural reactions, and they help to find an effective way of expressing some of the inevitable frustrations and anger most partners feel. People often bury their negative feelings out of consideration for their partner, as well as themselves.

How is it diagnosed.

Diagnosis is made by careful history taking and an examination. Skin disease and infection are excluded. A swab may be taken particularly to exclude thrush. Often a cotton wool bud is used to map out the area of discomfort. In almost all cases the skin and vulva look normal, this does not mean that you don't have a real problem.

BIOPSY

Biopsy is not recommended routinely, even when the area looks red. The changes in women with symptoms have often been similar to women without symptoms.

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Treatment

Most cases will eventually resolve spontaneously, but this can take years.

- Local anaesthetic gel — in very mild cases.
- Oil based lubricants — If condoms are used, water based lubricant will not weaken the condom but may produce irritation. Therefore rinse off and moisturise after. Condom use for less than 5 minutes is usually OK if an oil is used. Note the availability of the morning after pill within 48-72 hours. However, penetration needs to be brief in pain syndromes. Be confident about this with your partner beforehand.
- A mild cortisone cream or ointment may help.
- There is no strong evidence to support the role of particular diets.
- A trial of long-term anticandida treatment may help (minimum of 2 months of topical or oral medication).
- Pelvic floor muscle retraining with biofeedback techniques are being tried and found to be successful in most cases. A referral to a physiotherapist can be made. In general, learning to 'bear down', as when at the toilet, is helpful in releasing pelvic floor muscle tension.
- Low dose antidepressants are the main effective treatment (usually used with physiotherapy). The dose used is NOT an effective antidepressant. (Higher doses actually are less effective in chronic pain). If significant depression is present, this should be treated on its merits.
- The 'tricyclic' antidepressants also have a powerful antihistamine action, so will reduce itching and often improve sleep. Daytime sedation often is an initial side-effect but mostly reduces with time, and the dose can gradually be increased to 50 - 75 mg. Dry mouth or eyes, and slight slowness of the urinary stream may occur. Newer antidepressants have recently been tried. The usual length of treatment is

6 months at the dose that has been effective, then gradually weaning.

- Very occasionally surgical removal of an isolated tender area can be very successful.
- Always - attention to 'genital skin care' advice and the avoidance of irritants as described.
 - e.g. tight clothing
 - pantyhose
 - unlubricated sexual activity
 - pads without barrier creams
 - infections

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