

Vulvodynia

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What is vulvodynia?

Vulvodynia is a condition involving chronic pain and discomfort of the vulva. The pain recurs and is long lasting. There are two types of vulvodynia:

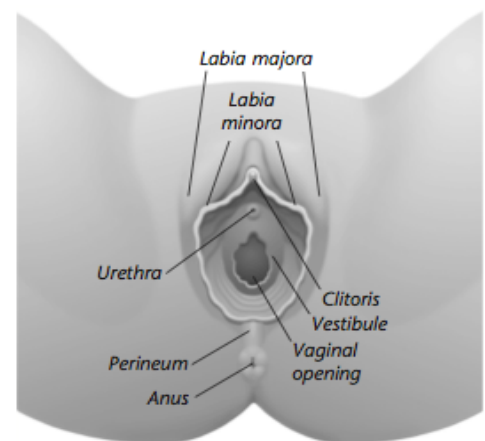
- Generalized—The pain or discomfort can be felt in the entire vulvar area.
- Localized—Pain is felt only in one place on the vulva (such as the vestibule, the area around the opening of the vagina)

What are the long-term effects of vulvodynia?

Because chronic pain can make it hard to work or be active, vulvodynia can disrupt a woman's daily life. Dealing with pain on a long-term basis can cause mental health problems, such as low self-esteem, **anxiety**, or **depression**. Emotions and stress also can play a role in how pain is felt and coped with.

What causes vulvodynia?

Vulvar pain can be a symptom of many conditions that, once diagnosed, may be treated. For instance, herpes or certain skin diseases can cause vulvar pain, burning, or swelling. However, many times an exact cause for vulvar pain cannot be found. Some of the factors that are thought to contribute to vulvodynia include the following:



The outside of the female genital area is called the vulva. The outer lips of the vulva are called the labia majora. The inner lips are called the labia minora. The clitoris is at the top of the inner lips. For most women, the clitoris is a center of sexual pleasure. It is partly covered by a fold of tissue called the hood. The vestibule is found within the inner lips. The vagina and the urethra open into the vestibule. Just inside the vestibule are the openings to the glands that make lubrication. The perineum is the area between the anus and vagina.

- Infections
- Genetic factors
- Spasms of the muscles that support the pelvic organs
- Allergies to certain chemicals or substances
- **Hormonal** changes, including those that occur with the menstrual cycle or birth control use
- Damage or irritation of the nerves of the vulva
- History of sexual abuse
- Overuse of topical medications

What are the symptoms of vulvodynia?

Women with vulvodynia may have some of these vulvar symptoms:

- Burning
- Stinging
- Rawness
- Itching
- Aching
- Soreness
- Throbbing
- Swelling

These symptoms may be constant, or they may come and go. They can begin and end without any warning. Symptoms also may occur after physical contact with the vulvar area, such as during tampon insertion, sex, or while wearing tight-fitting underwear. Symptoms also may be felt during exercise, after urinating, or even while sitting or resting.

How is vulvodynia diagnosed?

To diagnose vulvodynia, the doctor will do a physical exam and tests. The doctor also will examine the vulva and vagina carefully. A sample of discharge from your vagina may be taken and tested for signs of yeast and other infections that could be causing the symptoms.

A swab test also may be performed. For this test, the doctor will use a cotton swab to touch different areas of the vulva and vestibule to find the location and intensity of the pain. He or she will probe the vulva to find areas where the pain is absent, mild, moderate, or severe. If any skin changes are found during the exam, the doctor also may suggest other tests, such as a **biopsy** or **colposcopy**.

How is vulvodynia treated?

There are many kinds of treatment that may help relieve the symptoms of vulvodynia. No one method works all the time for everyone. Some treatments take a few months before any relief is noticed. Sometimes more than one treatment may be needed. The key is to remain patient and work closely with your doctor. With time, your doctor can help you find the best treatment for you.

Can I do anything to get relief from the pain of vulvodynia?

Gentle care of the vulva can help provide relief from the pain of vulvodynia:

- Wear 100% cotton underwear (no underwear at night).
- Avoid tight-fitting undergarments and pantyhose.
- Avoid douching.
- Use mild soaps for bathing and clean the vulva with water only.

- Do not use vaginal wipes or deodorants or bubble bath.
- Do not use pads or tampons with deodorants.
- Use lubrication for intercourse.
- Apply cool gel packs to the vulva area to reduce pain and itching.
- Avoid exercises that put pressure directly on the vulva, like bicycling.

Because different triggers may provoke each woman's symptoms, pay close attention to what makes you feel worse. Avoid these items or activities and the symptoms are likely to improve over time.

What medications treat vulvodynia?

Your symptoms may be treated with medications, including

- local anesthetics that can provide temporary relief from pain and other symptoms
- steroids
- certain types of anti-depressants and anti-convulsants

Treatment may relieve symptoms for a while, but they may come back later. Be sure to tell your doctor about medications you are already taking. Some medications have side effects and may make vulvodynia worse.

Can diet play a role in vulvodynia?

Certain foods, like greens, chocolate, berries, beans, and nuts may produce urine that is irritating. They contain chemicals called **oxalates**. Eating less of these and other high-oxalate foods may help.

How can therapy help in managing vulvodynia?

Since vulvodynia can affect your daily life and relationships, your doctor also may suggest that you receive therapy or sexual counseling. With therapy, a counselor will help you learn to cope with difficult situations. This may help reduce stress and, therefore, the number of painful symptoms. Sexual counseling can provide support for a woman and her partner.

Is surgery a treatment option for vulvodynia?

For women with severe localized pain who have not found relief through other treatments, surgery may be an option. A **vestibulectomy**, involving removal of the painful tissue of the vestibule, has been helpful for some women with localized vulvodynia. For these women, vestibulectomy can help relieve pain and improve sexual comfort. It is not recommended for women with generalized vulvodynia.

Glossary

Anxiety: A treatable medical disorder characterized by excessive worry, dread, and tension.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Colposcopy: Viewing the cervix, vulva, or vagina under magnification with an instrument called a colposcope.

Depression: A treatable medical disorder characterized by loss of interest in things you used to enjoy and feeling sad for periods of at least 2 weeks.

Hormonal: Having to do with hormones, substances produced by the body to control the functions of various organs.

Oxalates: Chemicals found in many foods that can be irritating to people with pain conditions, like vulvodynia, fibromyalgia, and irritable bowel syndrome.

Vestibulectomy: Surgical removal of painful tissue of the vaginal vestibule.

If you have further questions, contact your obstetrician–gynecologist.

Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.