

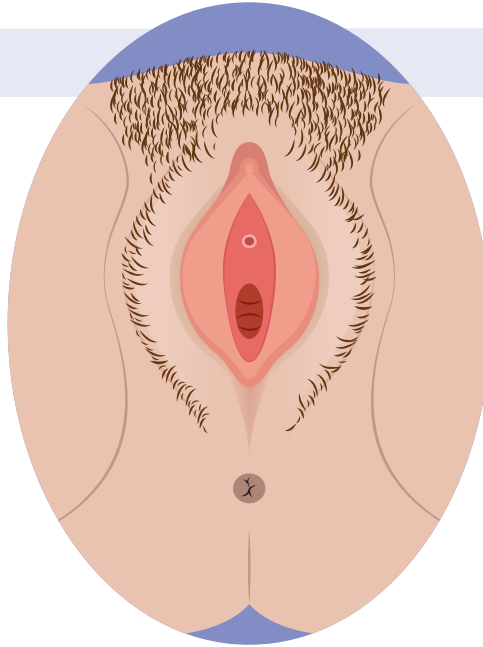
What is vulvodynia?

Pain of the vulva that lasts for more than 3 months without a clear cause.

Generalized vulvodynia

often occurs without a trigger, i.e., “constant burning”.

Localized vulvodynia has a trigger, i.e., pain at the opening to the vagina after attempted entry with a tampon or intercourse, or pain with “touch to the clitoris”.



Cause:

The cause of vulvodynia is unknown and likely due to a combination of factors.

Pain can be associated with pelvic floor dysfunction, other pain conditions, low estrogen states, and inflammatory skin conditions.

Some people may have increased sensitivity to touch and/or more nerve fibres than others.

Vulvar pain is common and experienced by 8-15% of those with a vulva in their lifetime.

SYMPTOMS

- Burning, aching, soreness, searing or stabbing pain, rawness, stinging.
- Can be constant pain or can be present and then absent for hours or days.
- Can interfere with intercourse or sexual activity but not for all patients.

The visual appearance of the vulva is normal.

DIAGNOSIS

- Clinical diagnosis - by assessment of symptoms and clinical exam.
- May have pain with the touch of a Q-tip which is often called the “Cotton swab test”.
- Important to be examined and rule out other possible causes of pain and get swabs for infection.

Treatment options are often multimodal. They include: vulvar care, education and support, oral and topical medications, pelvic floor physiotherapy, counselling - including sexual counselling, cognitive behavioural therapy, psychotherapy, and in rare cases, surgery. See the following page for further details.

TREATMENT OF VULVODYNIA

VULVAR CARE *(see vulvar care handout)*

- Reduce irritation to the vulva and vagina.
- Avoid soaps, detergents, fabric softeners and products with scents.
- Use unscented lubricants for intercourse or sexual activities.
- Avoid wearing tight clothing including tight underwear against the vulva.



EDUCATION

- Education, knowledge, and support about the condition is important.



DRUGS

- **Oral medications** such as antidepressants and anticonvulsants have been shown to have pain relieving properties and are often used to in many chronic pain conditions. These include drugs like:
 - Tricyclic medications; amitriptyline, nortriptyline, imipramine, desipramine
 - Gabapentin, pregabalin, duloxetine, venlafaxine
- **Topical medications:** Many of the oral drugs are taken in pill form but sometimes they are compounded into creams to apply to the vulva (tricyclics and gabapentin). Topical Lidocaine 2-5% is sometimes used for relief. Topical treatments can be irritating and sometimes worsen the pain.



PELVIC FLOOR PHYSIOTHERAPY

- Physical floor physiotherapy to retrain the pelvic floor can be very helpful.



COUNSELING AND THERAPY

- Sexual counseling can help if you are experiencing sexual problems (individual or couples therapy).
- Cognitive behavioural therapy/Psychological counseling has been shown to be helpful in reducing anxiety and pain and improving sexual function.



SURGERY

- Vestibulectomy: a surgery to remove tissue at the entrance way is sometimes performed when pain is very localized and other treatments haven't worked.



References

1. Vulvodynia. The International Society for the Study of Vulvovaginal Disease (ISSVD). 2021.

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