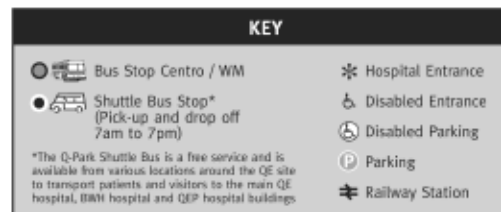
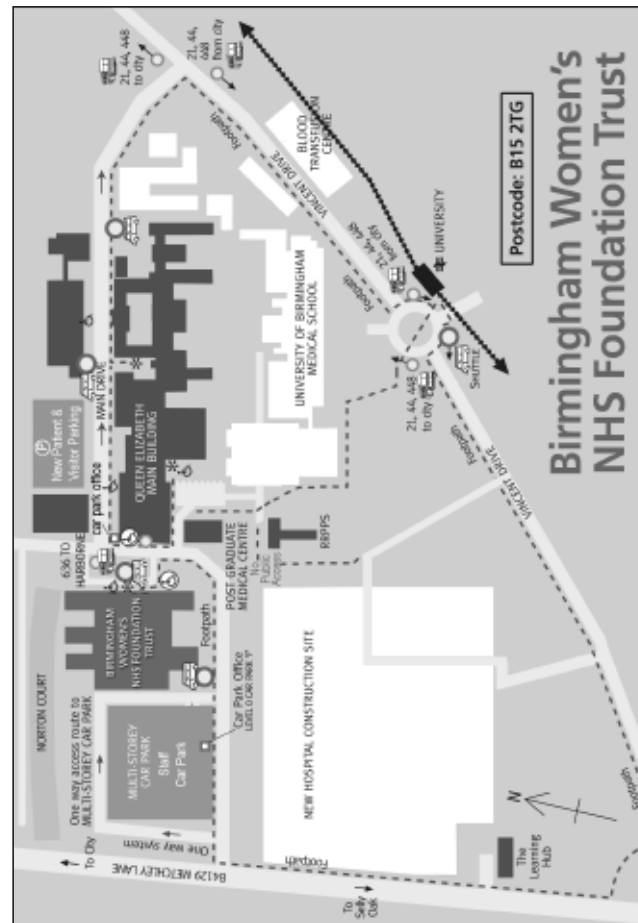


## Where else can I get information?

The Vulval Pain Society

PO Box 514  
Slough  
Berks  
SL12 2BP,  
UK

Web address: [www.vul-pain.dircon.co.uk](http://www.vul-pain.dircon.co.uk)



Author:

**Debbie Wise** - Clinical Nurse Specialist, Colposcopy

Birmingham Women's **NHS**  
NHS Foundation Trust

Edgbaston, Birmingham B15 2TG  
Tel: 0121 472 1377 Fax: 0121 627 2602

Birmingham Women's **NHS**  
NHS Foundation Trust



# Vulval Vestibulitis

**Vulva Clinic**

**Patient Information**

## What is vestibulitis?

Vestibulitis literally means inflammation of the **Vestibule**. The vestibule is the area between the vulva (skin on the outside) and the vaginal skin (on the inside). The diagram opposite shows the vestibule.

Women with vestibulitis usually (but not always) have:

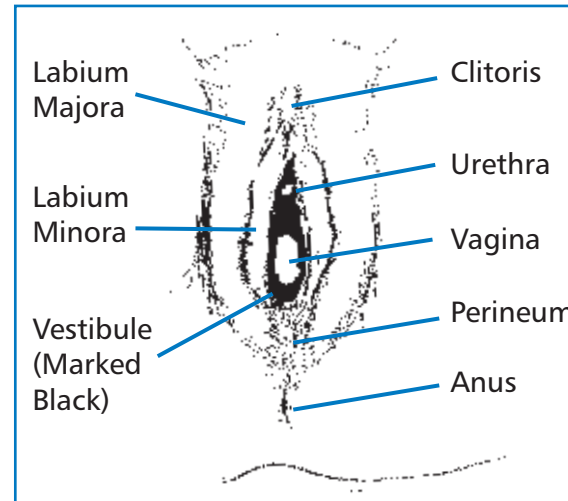
- Pain on vaginal penetration or tampon insertion
- Tenderness on touching the vestibule
- Redness of the skin of the vestibule
- Soreness from touch e.g. sanitary pads or clothes

## What causes vestibulitis?

**Very often no cause can be found.** Some suggested causes are:

- Often women have a past history of repeated thrush infections suggesting that either the thrush itself or the treatments used may be to blame
- Detergents, soaps and perfumes may lead to skin reactions causing vestibulitis
- Diet may have a part to play. Some research has suggested that Oxalates (salts in the urine) may aggravate vestibulitis (see later)
- Vestibulitis is more common in women on "The Pill"
- Vestibulitis may be worse in women lacking oestrogen or premenstrually

## The Vulva



## How is it treated?

Treating vestibulitis successfully may take some time. Initially a combination of creams may be used:

- Steroid (anti-inflammatory) creams may reduce inflammation
- Ketoconazole (antifungal) cream has been shown to help some women
- Local anaesthetic creams (EMLA or Lignocaine) may produce temporary numbness, which allows intercourse, or tampon insertion. These may sting when first applied

Sometimes the affected area of skin may be removed surgically (vestibulectomy).

Up to 30% of women may get better **with no treatment**.

## Is there anything else I can try?

Some people have suggested that a diet low in Oxalates may help. If you are interested, ask the doctor in clinic for more information.

General measures which may also help include:

- Avoidance of soaps, bubble baths, deodorants and vaginal wipes
- Clean the vulva with only water. Showers may be better than baths
- If urine stings your vulva, wash with warm water whilst on the toilet
- Clean the vulva only once daily, avoid flannels
- Avoid creams that have not been prescribed e.g. canestan
- Avoid antiseptics in the bath
- Wear loose fitting cotton underwear
- Try sensitive skin washing powder and double rinse your underwear
- Avoid fabric conditioners
- Try 100% cotton tampons or pads
- If using condoms, try different brands e.g. hypoallergenic, as some types may cause sensitivity