Vulvodynia (Vulval pain)

This leaflet has been written to help you understand more about vulvodynia.

It tells you:

- what it is
- what causes it
- how it can be treated
- where you can find out more about the condition

What is vulvodynia?

Vulvodynia is a term used to describe chronic vulval pain. The pain may be there most /or all of the time (unprovoked vulvodynia) or may be only present at certain times such as during intercourse or while using tampons (provoked vulvodynia).

The pain is most commonly described as burning but some patients use words such as stinging, irritation, throbbing or rawness to describe their pain. The degree of pain varies from person to person and can vary from a mild ache to a severe constant pain that can prevent you from sitting down comfortably or doing your usual activities. Occasionally patients experience pain that interferes with their sleep. Pain is not always restricted to the vulval area and some women will also complain of pain around the back passage and perhaps when they open their bowels. Some patients find that sexual stimulation makes their pain worse.

The pain of vulvodynia is thought to be a neuropathic pain. This is a pain that is associated with oversensitivity in the nerve endings. It means that discomfort or pain is felt from something (such as touch or wearing underwear) that would not normally be painful.

What causes vulvodynia?

The cause is unknown but many ideas have been put forward. There may be different causes in different patients. Possible causes include injury to nerves supplying the vulva, long standing vulval irritation (such as recurrent thrush or vulval eczema) or tightness in the pelvic floor muscles (the muscles in the pelvis that support the pelvic organs).

Diagnosis: Vulvodynia is diagnosed following a consultation and examination. This is important to rule out other conditions. Sometimes the vulval skin may appear a little red but often it looks normal. A cotton bud may be used to gently touch the vulva to see where you are most tender.

Treatment: It is not uncommon for women to have seen a number of doctors before an accurate diagnosis is made. You may have tried a number of different creams, tables and lotions without benefit before and have become quite despondent. We may need to try a range of different treatment options which can take some time to work. We cannot always cure the problem but hope to be able to improve your symptoms.

Moisturisers: Water alone is enough to clean the vulval area but we often advise on the use of a soap substitute to help avoid the drying effect of water. These creams can also be used several times a day as a moisturiser to help improve itching and dryness in the vulval skin and so reduce symptoms. Examples of such creams are Diprobase, Oilatum and Cetraben.

In some conditions (especially provoked vulvodynia or where the vulval pain occurs in association with a skin condition), steroid ointments are used – you will be advised how much and when to use these ointments.

Neuropathic pain drugs: There are a number of different drugs that can be used to help neuropathic pain. The most common is amitriptyline. This is a drug that was commonly used as an anti-depressant in the past but is now often used at a much lower dose for its effect on treating neuropathic pain. We would discuss the side effects of these drugs and how to take them. We can tailor the dose to get the right dose for you.

Pelvic floor muscle relaxation: Some women are found to have very tight pelvic floor muscles and can benefit from a technique called biofeedback. This is done by a specialist Women's Health Physiotherapist and involves the use of a probe being inserted into the vagina to measure the tone of the muscles. You will then be taught how to relax these muscles. This is a very safe treatment.

Vaginal dilators: For women who are having difficulty with intercourse, vaginal dilators can be helpful. These are small plastic tubes of varying size that you learn to insert into the vagina, starting with the very smallest and then increasing in size with time. The dilator is left in place for a few minutes while you try to relax (perhaps while lying on the bed or in the bath). Once one size of dilator can be inserted comfortably you can increase to the next size.

Psychological treatment: Vulvodynia is a real pain (it is definitely not all in your head!) but we know that pain can be affected by psychological issues such as stress or anxiety. Some patients will benefit from some treatment by a psychologist. This may simply involve things such as relaxation techniques or may involve a deeper exploration of issues that may be having an impact on the presence of the pain or your ability to cope with it. Patients with sexual difficulties may benefit from seeing a psychosexual therapist (this is a psychologist, counsellor or nurse who uses a mixture of psychological techniques and specialist sexual therapies).

Further options

Occasionally patients may be offered local anaesthetic and steroid injections to areas of localised pain or Botox injections to aid relaxation of tight pelvic floor muscles. Some patients will be referred to pain specialists who may be able to offer help using nerve blocks.

Further information on vulval pain can be obtained from the Vulval Pain Society (www.vulvalpainsociety.org).

If you need this information in another format or language, please ask a member of staff.

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