

Vulvar Vestibulodynia

What is it?

The “vulva” refers to the female genitalia. *Vulvodynia* is a real pain condition where an uncomfortable sensation (burning, stinging, rawness = “dynia”) involves the vulva. If the discomfort is felt at the entrance to the vagina (the vestibule) it is called *vestibulodynia*.

Vestibulodynia can interfere with sex (especially intercourse) and daily living activities. Vestibulodynia is thought to be the most common cause of superficial painful sexual intercourse in women. This pain may be present the first time a woman attempts to have intercourse or develop in a sexually active woman who has never before had pain during intercourse. A few women have discomfort outside of sex. For example, they may complain of burning following urination, while wearing tight clothing or after sitting for long periods of time. Many women also complain of flare-ups prior to their menstrual period that feel like a “yeast infection”.

How is Vestibulodynia diagnosed?

Where other causes for vulvar discomfort (for example, skin conditions and vaginal infections) *have been ruled out*, the diagnosis of this condition is based on the woman’s description of her symptoms and the physical examination.

- 1) The patient’s story – she complains of severe discomfort when something is inserted into the vagina.
- 2) The clinical exam reveals normal appearing vulva but there may be redness or sore spots noted at the entrance of the vagina & the woman complains of extreme tenderness when the entrance of the vagina is touched.

What causes Vestibulodynia?

The underlying cause is not known but many theories exist. Some theories include:

- Local hypersensitivity to candida, a common yeast
- Allergic reaction to irritants
- High levels of oxalate crystals in the urine
- Tense pelvic floor muscles. The muscles around the painful opening of the vagina become very tense over time and this can increase the discomfort. The muscles can also go into “spasm” to try and protect the vagina when something is inserted – this is called vaginismus.
- Hormonal factors
- Genetic predisposition

We may not know for certain what causes this pain condition, but we do know that after a period of time, living with this condition can result in anxiety and depression, secondary sexual problems such as a loss of desire and a poor sexual response (such as a lack of vaginal wetness) and often pelvic floor muscular dysfunction in women.

How can Vestibulodynia be managed?

There are a variety of therapeutic approaches that are available. While most therapies result in an improvement, often more than one therapy is needed in order to reach a patient’s goal.

Helpful interventions that your physician may choose to discuss with you include:

- *Education and Support*
Information about vestibulodynia can help patients and their partners feel less isolated, diminish unspoken fears and anxieties, and introduce ways to cope.

- *Sexual Counselling* – Individual and or couple therapy with a specialist in sexual medicine may be helpful to address sexual concerns (like “I never feel like having sex”) and enhance a couples sexual intimacy.
- *Vulvar Skin Care* - Good skin care is an essential step in managing this condition.
 - avoid all chemical irritants (soap, douches, over the counter medications) and synthetic fibers. *If you would not put it in your eye don't put it on the skin!*
 - wear cotton underwear, sleep without underwear and wear loose clothing
 - use a good skin moisturizer (like Glaxxo base) or apply a barrier cream/ointment (like Vaseline) to protect the skin
 - use 100% cotton menstrual products not synthetic pads
 - rinse the vulvar skin with water after urinating, after a bowel movement and/or during your menstrual period
 - Reduce burning by applying an ice (or gel) pack for 10 minutes
 - Reduce burning by applying topical 2% xylocaine gel to the vestibule
 - Use a sexual lubricant such as Astroglide or KY *Personal* jelly
- *Topical* treatments may be helpful for some. Some medications that have been used include
 - Lubricating agents (Astroglide, Replens, KY Personal Jelly)
 - Low potency steroid ointments
 - Estrogen cream
 - 2- 5% Lidocaine topical anesthetic jellies
- *Oral Medications* may help to reduce the level of discomfort a woman is experiencing. Some medications that have been used primarily for one type of medical condition (eg. depression or epilepsy) have been found to have pain relieving properties. These medication are used for chronic pain conditions and include:
 - Tri-cyclic Antidepressants
 - SSRI/NA Antidepressants (Effexor)
 - Anti-seizure medication (Neurontin)The rationale for using such medications is to decrease abnormal nerve transmission of the sensory nervous system NOT to treat depression or epilepsy.
- *Pelvic Floor Physiotherapy with Biofeedback*. There are physiotherapists who specialize in the treatment of vaginismus and vestibulodynia.
- *Surgery*, is often a last resort, but has been found to be helpful for some women who have failed to improve with other treatments.

Additional Information Sources

National Vulvodynia Association
www.nva.org

Howard Glazer's Vulvodynia Home Page*
www.vulvodynia.com

Vulvar Pain Foundation
www.vulvarpainfoundation.org

Vulvar Health Organization
www.vulvarhealth.org

The Vulvodynia Survival Guide by Howard Glazer

The “V” Book by Elizabeth Stewart