

Understanding Vulvodynia

Vulvodynia is chronic discomfort or pain of the vulva—the area around the outside of the vagina. Vulvodynia is most often described as “a burning pain” in cases in which there is no infection or skin disease of the vulva or vagina causing the symptoms.

The pain typically interferes with many aspects of a woman's life, including being able to engage in sexual intercourse, exercise, walk or even wear pants. Symptoms are most likely to begin between the ages of 18 and 25 and least likely to develop in women over age 35, although it is known to occur in older women. Up to 18 percent of American women will suffer from vulvodynia during their lifespan.

Vulvodynia is not associated with any of the other conditions or diseases that can cause vaginal or vulvar pain, such as bacterial or yeast infection, sexually transmitted diseases, skin diseases or the thinning of the vaginal lining that usually occurs after menopause. If a woman is still experiencing vulvar pain after other possible conditions are ruled out, she is likely to be diagnosed with vulvodynia.

Questions to Ask Your Health Care Professional

1. Why am I having pain?
2. Could I have vulvodynia?
3. Which treatments do you recommend to relieve my pain? What are their side effects?
4. Are there alternative or nonmedical therapies that can help?
5. Are there support groups for vulvodynia?

Vaginal Basics

The vagina is a thin-walled tube about three to four inches long that lies between the bladder and rectum and extends outward from the cervix (the lip of the uterus) to the outside of the body.

All parts of the female genitalia external to the vagina are called the vulva, including the labia (the folds just outside the vaginal opening), vestibule (the tissue surrounding the vaginal opening that contains the urethral, vaginal and gland openings) and the clitoris (the small structure just above the vestibule). Vulvar pain can occur in any of these areas.

The pain from vulvodynia can be constant and occur in several areas of the vulva; it can occur with some periods of relief and/or flares; or it can occur in one specific area of the vulva.

What Causes Vulvar Pain?

No one really knows what causes vulvar pain. Current research speculates that potential causes may include:

- an injury to, or irritation of, the nerves that innervate the vulva
- an abnormal response of cells in the vulva to environmental factors (such as infection or trauma, including childbirth)
- genetic factors
- a localized hypersensitivity to candida (yeast)
- spasms of the muscles that support the pelvic organs

Diagnosing Vulvodynia

A recent study found that more than half (60 percent) of women with unexplained vulvar pain visit at least three doctors before receiving an accurate diagnosis, and many still do not receive a correct diagnosis.

When you see a health care professional for vulvar pain, you should receive a thorough medical history and pelvic exam. The medical professional should take cultures to rule out fungal and bacterial infections. A common test for vulvar pain is to apply a moist, cotton-tipped swab to various areas of the vulva to identify the precise location(s) and intensity of the pain.

Treating Vulvodynia

There are several treatment options available for vulvodynia. They include lifestyle approaches, medication, physical therapy and alternative and complementary medicine approaches; basic information about these options is provided here. Ask your health care professional for more information and use the Resources listed on page 2.

Lifestyle Approaches

- **Vulvar self-care.** Avoid perfumed tampons and pads, as well as perfumed bubble baths, soaps, sprays and douches that may irritate vulvar tissue. Use dermatologically approved laundry detergent; rinse the vulva with cool to lukewarm water after urination and in the shower; and wear 100 percent white cotton underwear and loose-fitting pants or skirts. These self-care measures are usually the first step in treatment.

- **Diet.** Eliminating highly acidic foods and sugary foods may help relieve symptoms for a small number of women. Before making dietary changes, discuss dietary approaches with your health care professional.

Medical Approaches

- **Lidocaine ointment.** This analgesic cream can be applied at night or 30

Resources

American College of Nurse-Midwives
240-485-1800
www.midwife.org

American Chronic Pain Association
800-533-3231
www.theacpa.org

The American College of Obstetricians and Gynecologists
202-638-5577
www.acog.org

American Society for Colposcopy and Cervical Pathology
www.asccp.org

International Society for the Study of Vulvovaginal Diseases
www.issvd.org

**Office of Research on Women's Health
National Institutes of Health
Vulvodynia Awareness Campaign**
301-402-1770
http://orwh.od.nih.gov

National Women's Health Resource Center
877-986-9472
www.healthywomen.org

National Vulvodynia Association
301-299-0775
www.nva.org

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minutes before sexual intercourse. You may feel some burning initially, but that fades quickly as the cream numbs the vulva. If you apply lidocaine before sexual intercourse, your partner may experience some numbing as well.

- **Oral medications.** A newer class of antidepressant medications (SSNRIs) that includes Effexor and Cymbalta, for example, have demonstrated pain relief benefits for vulvodynia. SSNRIs generally have fewer side effects than tricyclic antidepressants (for example, amitriptyline [Elavil], desipramine [Norpramin] and nortriptyline [Pamelor]), an older class of antidepressants known for their pain-blocking properties. Talk to your health care professional about these and other available medications that may be used to treat vulvodynia symptoms.

Physical and Other Therapy

- **Pelvic floor muscle rehabilitation.** Some women with vulvodynia have associated pelvic floor muscle weakness or spasm that may contribute to vulvar pain or be a consequence of vulvar pain. Specific physical therapy techniques and biofeedback training, which provides visual feedback on the strength of your pelvic floor muscles while performing exercises to normalize their function, have been shown to be helpful for many women with vulvodynia.

Surgery

Surgery is typically only considered (or recommended) as a treatment option when other approaches have not provided relief for significant pain. Ask your health care professional for more information.

Complementary and Alternative Medical Approaches

Many therapies recommended to promote general health may also be recommended with conventional medical approaches for people in chronic pain. These therapies include acupuncture, hypnosis, massage therapy, relaxation techniques, biofeedback and cognitive behavioral therapy. Discuss these options with your health care professional.

Preventing Vulvar Pain

Because we don't know what causes vulvar pain, we really don't know how to prevent it. It might help to check your environment and eliminate potential irritants that could be making your symptoms worse. Do you use a lubricant during intercourse? Have you switched laundry soap? Are symptoms worse when you wear a certain kind of underwear or use a certain brand of sanitary pad? Try changing one thing at a time and see if it helps. Most importantly, if your pain doesn't go away after a short time, make an appointment with your health care professional for a comprehensive examination.

For more information on this and other women's health and lifestyle topics, visit www.healthywomen.org, or call toll-free: 1-877-986-0472.

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