

Management of Vulval Conditions



You matter most

Patient and Carer Information

The management of vulval conditions

The vulva can become uncomfortable and you may suffer from symptoms such as soreness, itching and burning. The causes of these symptoms vary and can include but are not exclusive to; inflammatory conditions such as Lichen Sclerosus or Lichen Planus, thrush infection, and vulvovaginal atrophy. At your clinic appointment treatments are recommended to help you manage these symptoms. Listed below are some of the treatments and the recommend treatment regimes.

Use of emollients and moisturisers

Moisturising is key in managing and maintaining vulval symptoms. It is recommended that you moisturise the vulval skin regularly throughout the day, at least 3-5 times. For this we usually recommend an emollient such as Zerobase or coconut oil. You can decant some of your moisturiser into a travel pot which makes it easier to apply when you are not at home. A soap substitute such as Dermol 500 lotion is also recommended to wash with as this is gentler and less irritating to the sensitive skin of the vulva. Dermol 500 is an antimicrobial preparation and it will clean you effectively. Although emollients do not actively treat the inflammation of vulval skin, they help maintain skin integrity which in the long term will help prevent frequent flare ups.

Topical steroids

Topical steroids are recommended for the management of inflammatory conditions of the vulva. They are safe and highly effective but often patients are concerned about using them as they worry about the side effects. This often causes patients to use less

than they should which leads to ineffective management of the symptoms and inflammation.

How should the steroid be applied?

Your initial treatment of steroid is;

- Nightly for 4 weeks
- Alternative nights for 4 weeks
- Twice a week for 4 weeks

How do you manage a flare up of symptoms?

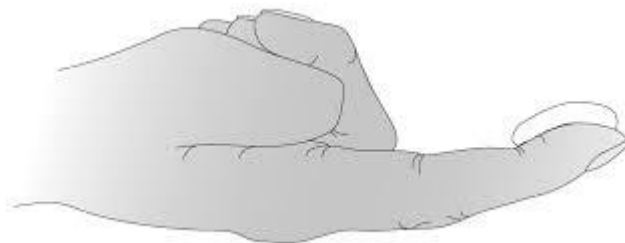
Once you have had the initial reducing regime of steroid and your symptoms are under control, if the symptoms reoccur this is known as a flare up. For a flare up of symptoms it is recommended that you use your steroid every night for 7 nights. If the flare up has resolved at this point then you can stop using it. If it hasn't then use it for another 7 nights (14 nights in total). If after 14 nights of steroid the symptoms are persisting then we advise you to ring us on the Coverdale Suite for advice on 01423554479.

Maintenance steroid use

For some patients if flare ups are frequent we may recommend a maintenance dose of steroid. This means you would use the steroid twice weekly even in the absence of symptoms. This can reduce the frequency of flare ups. However should you get a flare up of symptoms you should refer back to managing a flare up of symptoms, before recommencing your twice weekly maintenance dose of steroid.

How much steroid ointment should you use?

Unless instructed otherwise you should use one half of a fingertip unit each time. One fingertip unit is from the end of your finger to the first joint. A small 30g tube should last for 6 months. If treating a smaller area, the tube will last longer.



=1 finger tip unit

Can steroid be used on the genital area?

You have been diagnosed with a specific skin condition on your vulva. Topical steroid is the correct treatment for this condition and when used as directed by the practitioner managing your care it is safe to use.

Sometimes the steroid stings when it is applied

If the skin surface is broken the steroid may sting on first application. Stinging will settle and be less noticeable as the skin heals.

Will the steroid thin the skin?

Prolonged use of steroid over a very long period of time can cause thinning to the skin, however your steroid is recommended to be used

in a way by your practitioner that is safe and effective. Not controlling the inflammation and the symptoms it causes is more damaging in the long term than using the steroid as directed.

Vaginal Oestrogen

Vaginal atrophy is a condition that can occur during the perimenopause and following menopause (after your periods stop). It is caused by a lack of oestrogen which causes the tissues of the vaginal and vulva to become dry and less elasticated. This can then cause symptoms of soreness and dryness and cause the vulva and vagina to become uncomfortable. For patients who have an inflammatory condition of the vulva, vaginal atrophy can cause symptoms to feel worse. Vaginal oestrogen can come in the form of a cream or pessary which is administered vaginally. It is absorbed and works locally on in the vaginal/vulval area. The treatment regime recommended for vaginal oestrogen is:

- Nightly for 2 weeks, thereafter:
- Twice weekly to continue

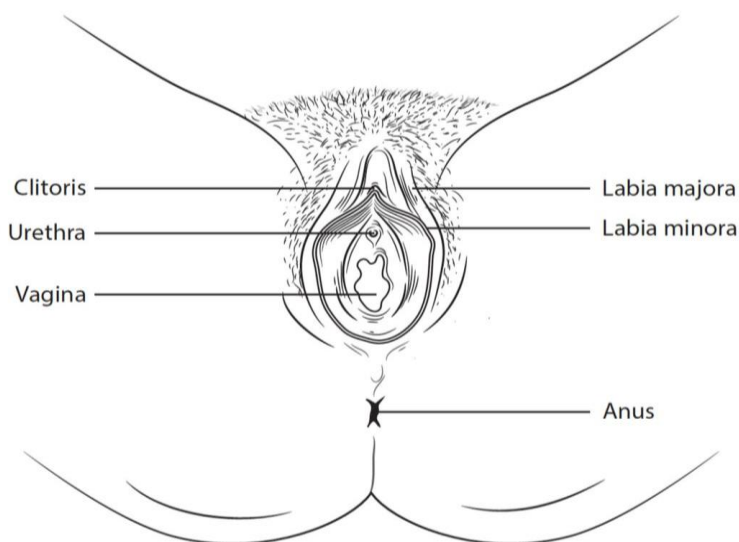
It can take up to 3 months to feel the full benefit of vaginal oestrogen and it may be safely used long term to manage these symptoms.

Alternatives to steroid treatments

There are no alternatives to using the steroid cream or ointment but bland moisturisers help to soften and protect the skin.

Further recommendations

- Avoid using soap, shower gel or detergent to clean the vulva
- Avoid shampooing hair in the bath, instead wash your hair over the sink or in the shower
- Avoid bubble bath, oils or disinfectants in the bath
- Avoid tights or synthetic material trousers or briefs where possible
- Wear cotton underwear
- Avoid the use of panty liners where possible
- Do not wash the vulva excessively (once a day is enough)
- Use non bio washing powder instead of biological detergent
- Wear skirts or loose lower garments where possible and if appropriate
- If appropriate avoid wearing underwear (i.e. at home, going to bed)
- If using sanitary products consider swapping to fragrance free, non-bleached products



Your Treatment

Washing : _____

Moisturising: _____

Steroid: _____

Vaginal Oestrogen: _____

Please use this space to list any questions or concerns you wish to raise at your next visit:

Further advice

We hope that you have found this leaflet helpful. If you require any further advice regarding your care, please do not hesitate to contact the Coverdale Suite (Women's Unit) on 01423554479 (open Monday-Friday 9am-5pm). The Vulval Clinic staff are here to support you and help with any concerns or anxieties.

More useful information can be found here

www.lichensclerosus.org

www.vulvalpainsociety.org

www.bssvd.org

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.