**Vulval Pain**

Do you have unexplained genital pain?

If all tests for infections come back negative but you still experience discomfort, burning or soreness, you may have vulval pain:

- **Unprovoked vulvodynia** is characterised by continuous burning, stinging, or soreness of the vulva.

- **Provoked vulvodynia** (vestibulodynia) refers to pain experienced when pressure is applied to the vestibule (the entrance to the vagina), such as during sex and on insertion of tampons.

**Vulval pain affects around 16% of women.**

It can be distressing but treatment and support are available.

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**Dermatological (skin) conditions**

- **Lichen sclerosus, lichen planus, eczema, psoriasis**

There are also a number of skin conditions that can affect the vulva – a few are listed above. They are usually characterised by itchiness; the skin may be red and inflamed, or white patches may be visible, as in Lichen Sclerosus. Initial treatment is usually with a steroid cream. Diagnosis needs to be made by a vulval specialist or dermatologist.

- **Interstitial cystitis (IC)**

IC refers to chronic symptoms of urinary urgency and frequency, pain and burning, in the absence of a bladder infection.

Some women with vulvodynia also experience bladder symptoms, and it is possible to present with more than one vulval condition simultaneously.

**What unprovoked vulvodynia and vestibulodynia are NOT**

- They are not sexually transmitted infections and cannot be passed on to a partner. IC and the skin conditions listed above are also non-infectious.

- They are not forms of vaginismus (involuntary tightening of the vaginal muscles), though vaginismus can develop as a response to pain in the vagina or vulva.

- They are real physical conditions and do not have a psychological cause. Psychological distress may develop as a consequence of ongoing pain or discomfort and in this instance women (and their partners) may benefit from seeing a psychosexual counsellor.

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The Vulval Pain Society is a UK registered charity, No. 1118118, providing support and information to women with vulval pain and their partners. It was set up in 1996 by gynaecologist Dr David Nunns and nurse Diane Hamdy.

Please visit the VPS website for details of local support groups, workshops and treatment options.

To obtain further copies of this leaflet free of charge, please email or write to the VPS at the address given below. Alternatively, you can download a PDF copy and an MP3 audio recording from the VPS website under 'Downloadable info'. You may freely photocopy or copy the leaflet in any of these formats provided authorship of VPS and LVPSG (the London Vulval Pain Support Group) is clearly acknowledged.

**Contacts:**

**The Vulval Pain Society (VPS)**

Web: www.vulvalpainsociety.org/vps  
Email: info@vulvalpainsociety.org  
Post: VPS, PO Box 7804, Nottingham, NG3 5ZQ.

**Association for Lichen Sclerosus and Vulval Health**

Web: www.lichensclerosus.org

**UK Lichen Planus (UKLP)**

Web: www.uklp.org.uk

Your local Vulval Pain support group is:

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Complementary treatments such as acupuncture and homeopathy may help relieve symptoms and bland emollient creams and vaginal lubricants may also be of benefit. See the Vulval Pain Society’s website (details overleaf) for more information.

Be wary of applying non-prescribed creams to the vulva as some can cause irritation.

**Provoked vulvodynia (vestibulodynia)**

**What is it?** In 1987, American gynaecologist Edward Friedrich described a group of women who experienced severe pain and discomfort of the vestibule area at the entrance of the vagina.

The pain experienced by women with vestibulodynia is variable; some are able to tolerate penetrative sex, whilst others find that even light touch or wearing trousers can be excruciating.

Often on examination of the vestibule there is tenderness to light touch. There may be red areas at the site of tenderness, but frequently the findings are ‘normal’. Tests should be done to rule out infections and vulval skin conditions that may cause similar symptoms. Some doctors are unaware the condition exists and can often mistake it for thrush. Repeated use of topical anti-thrush treatments can make the condition worse.

It is likely that a number of factors cause vestibulodynia, but often no identifiable cause can be found. Some women have a sudden onset of symptoms following a specific event; commonly a severe attack of thrush followed by anti-thrush treatment, or after giving birth.

**How is it treated?** Women with vestibulodynia often benefit from a multidisciplinary approach - local anaesthetic creams/gels, vaginal dilators, pelvic floor muscle physiotherapy (biofeedback), psychosexual counselling, and sometimes, surgery (vestibulectomy).