



Management of Vulval Pain

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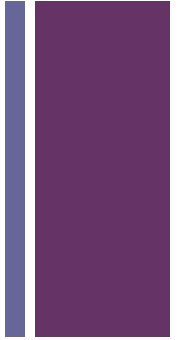
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21st May 2013

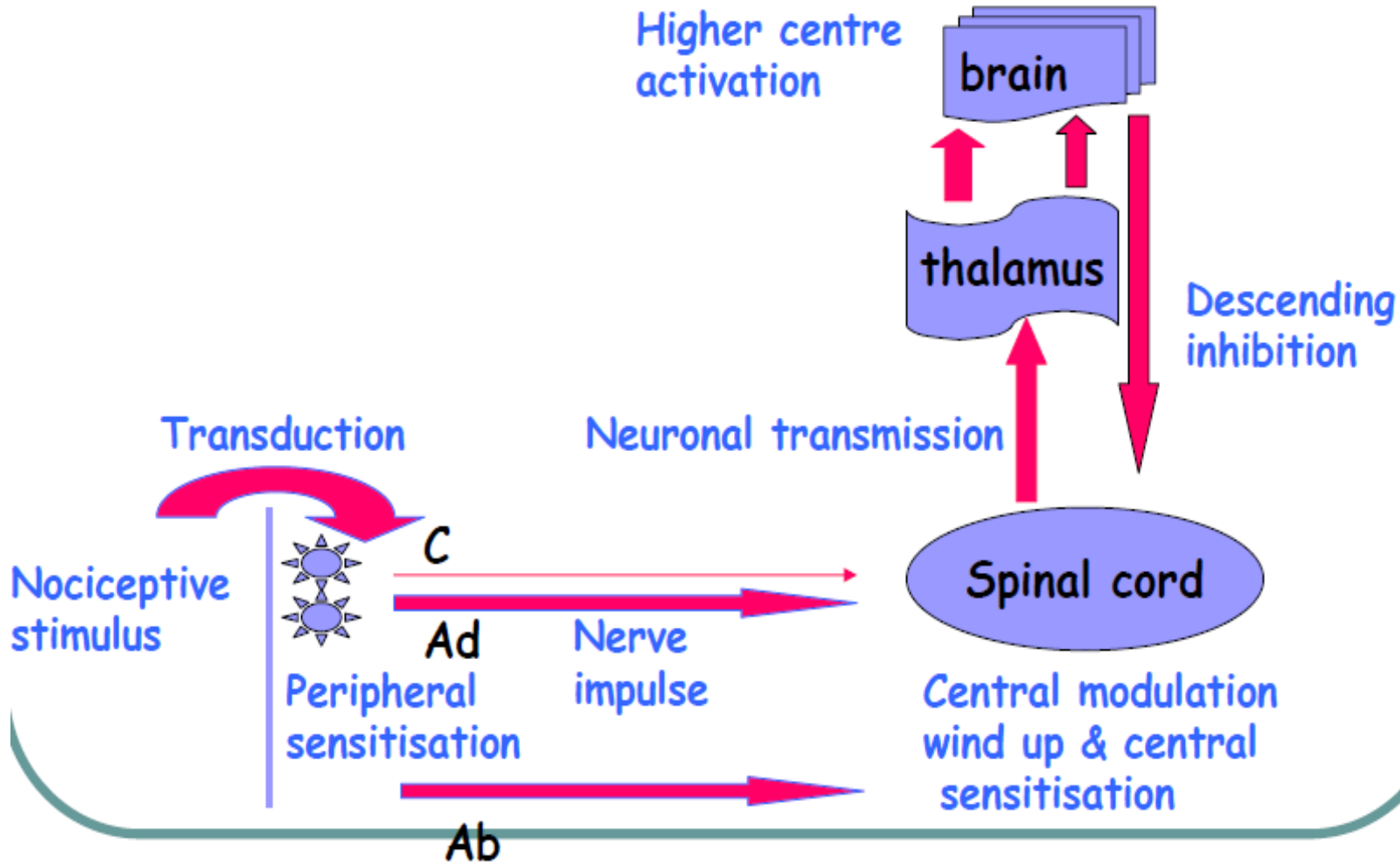


Pain

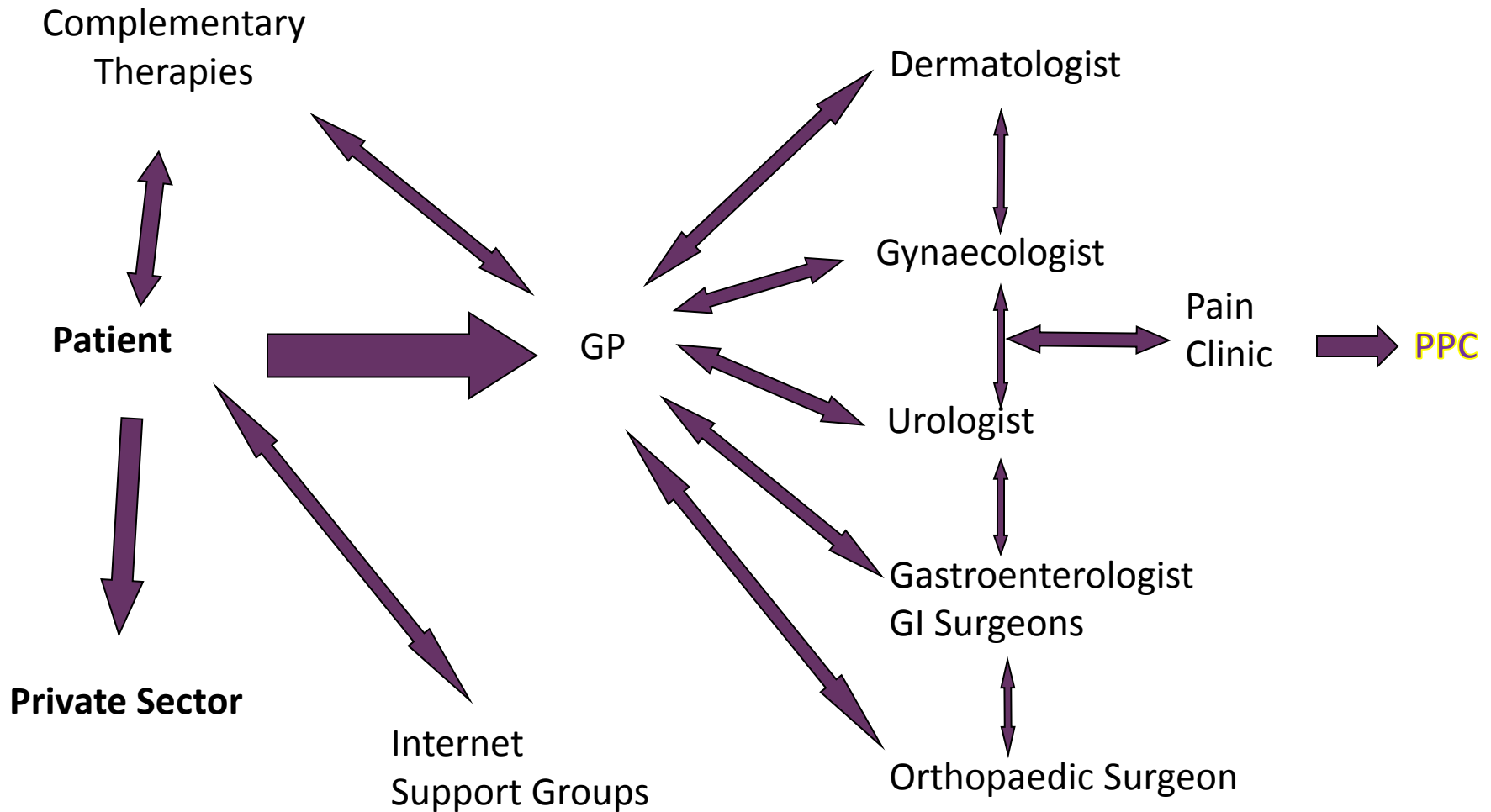


- “An **unpleasant sensory** and **emotional** experience associated with actual or potential tissue damage or described in terms of such damage.”
(IASP, 1979)
- “What a patient says hurts.”
(McCaffery, 1988)

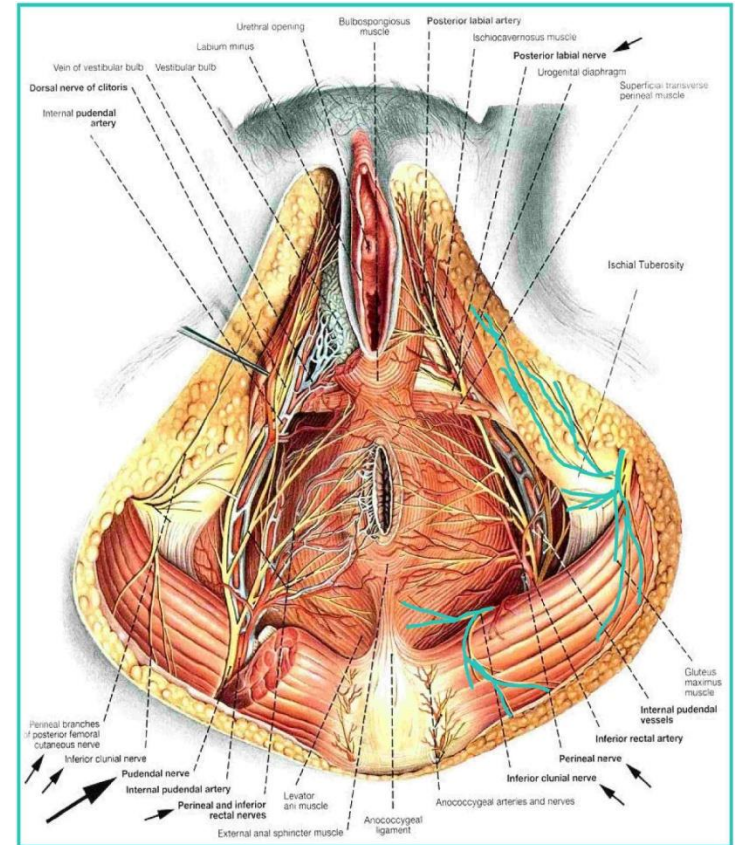
+ Physiology of Pain



+ Referral Pathways :



Classification:



ANATOMY	PATHOPHYSIOLOGY
Focal vulvodynia	Provoked
Generalised vulvodynia	Unprovoked
Hemi-vulvodynia	
Clitorodinia	



Onset and initial findings:



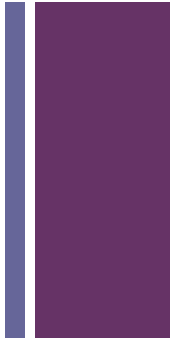
- Most prevalence between 18 and 25 years but 4% between 45 -54 years and another 4% aged 55-64 years
- Seven times more likely to report difficulty and pain with first tampon use
Evaluate hymen and the levator ani
- 50% the pain limited sexual intercourse

+ Associated features:

MEDICAL	SEXUAL
Candida infection	Dyspareunia
Vulvar dystrophies	Loss of libido
Neoplasms	Vaginal dryness
Contact dermatitis	Orgasmic difficulty
Hormonally induced atrophy	Sexual aversion
Painful bladder syndrome	
Endometriosis	
Irritable bowel syndrome	
Fibromyalgia	
Headache	
Pudendal neuropathy, MS	
MSK referred pain	
Surgery	
Radiotherapy	

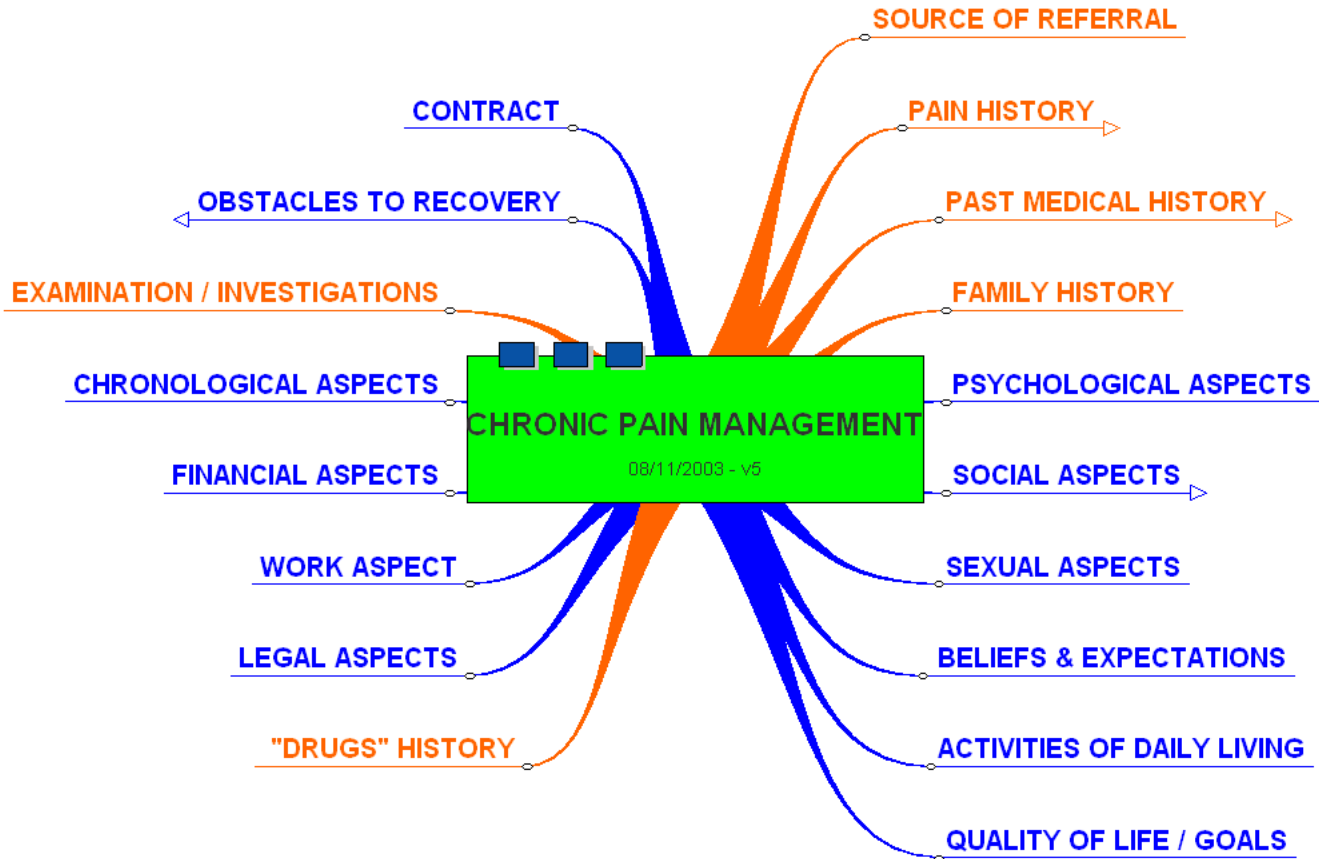
+ **Impact of vulvodynia:**

- **PHYSICAL:**
- **PSYCHOSEXUAL:**
- **SOCIETAL**

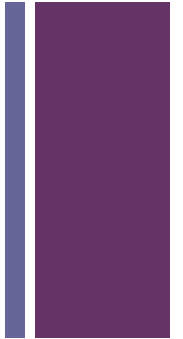




Chronic pain consultation:



+ Individual Variation



VULVODYNIA

Psychological Impact

Depression/Anxiety
Loss of Esteem
Psychiatric Illness

Sexual

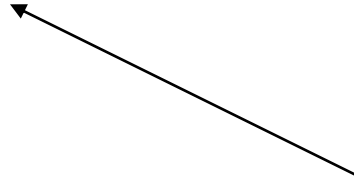
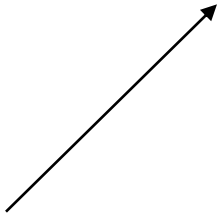
Libido
Arousal
Orgasm

Functional

Occupation
Finances
Societal

Psychological Predisposition

History
Personality
Tolerance

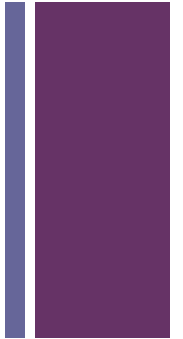




Targeted physical examination:

burning, irritation, stinging, raw feeling, crawling or pain down there”

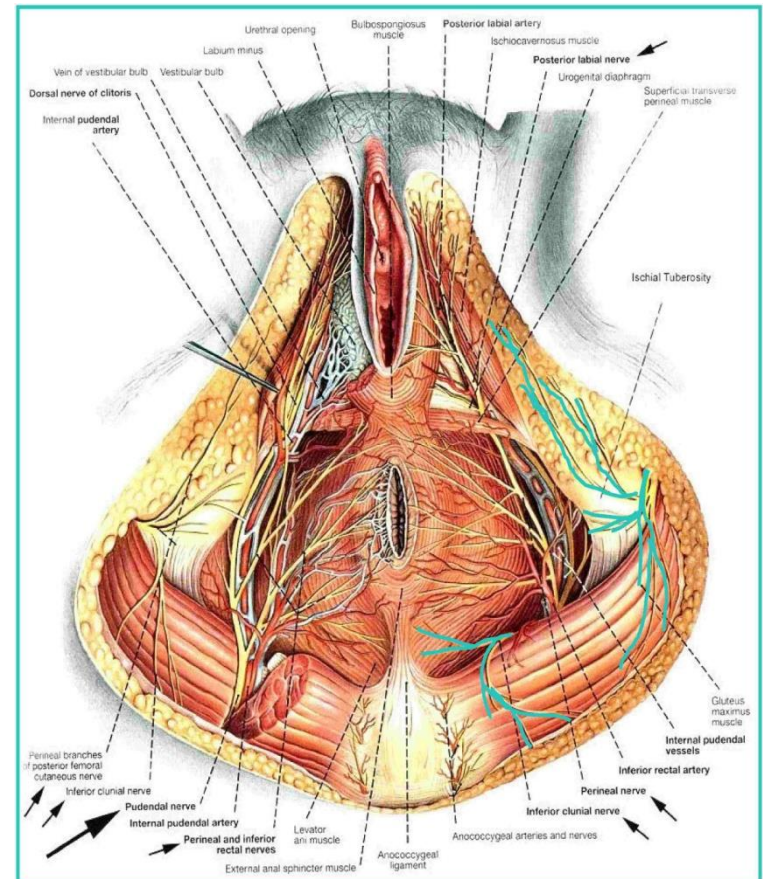
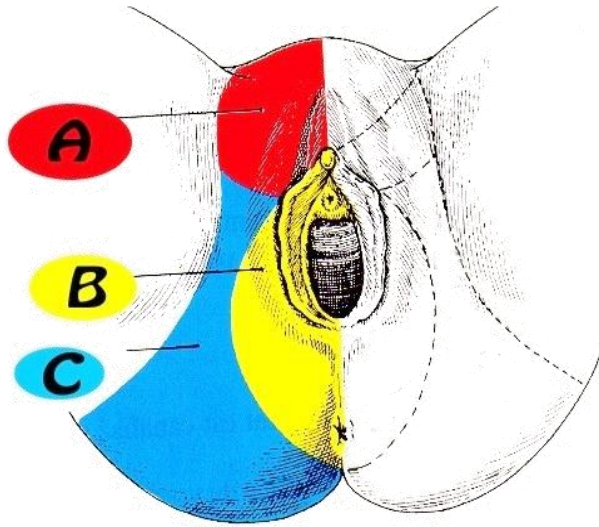
But no itching!

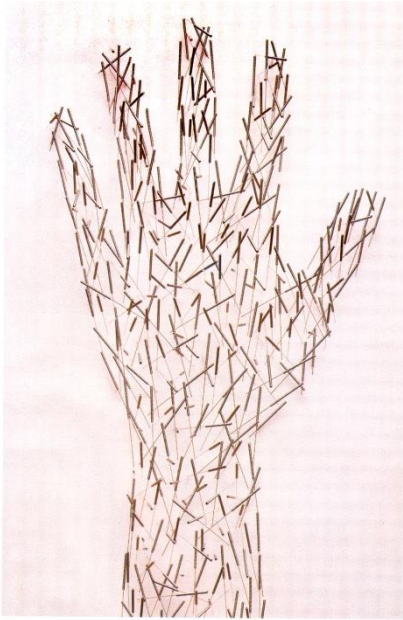


- **Vulvar examination:**
- **Pelvic floor evaluation:**
- **Vaginal inspection:**



Investigations: Differential diagnosis:





HEALTH ALTERNATIVE TREATMENTS

Beyond Drugs How alternative treatments can ease pain

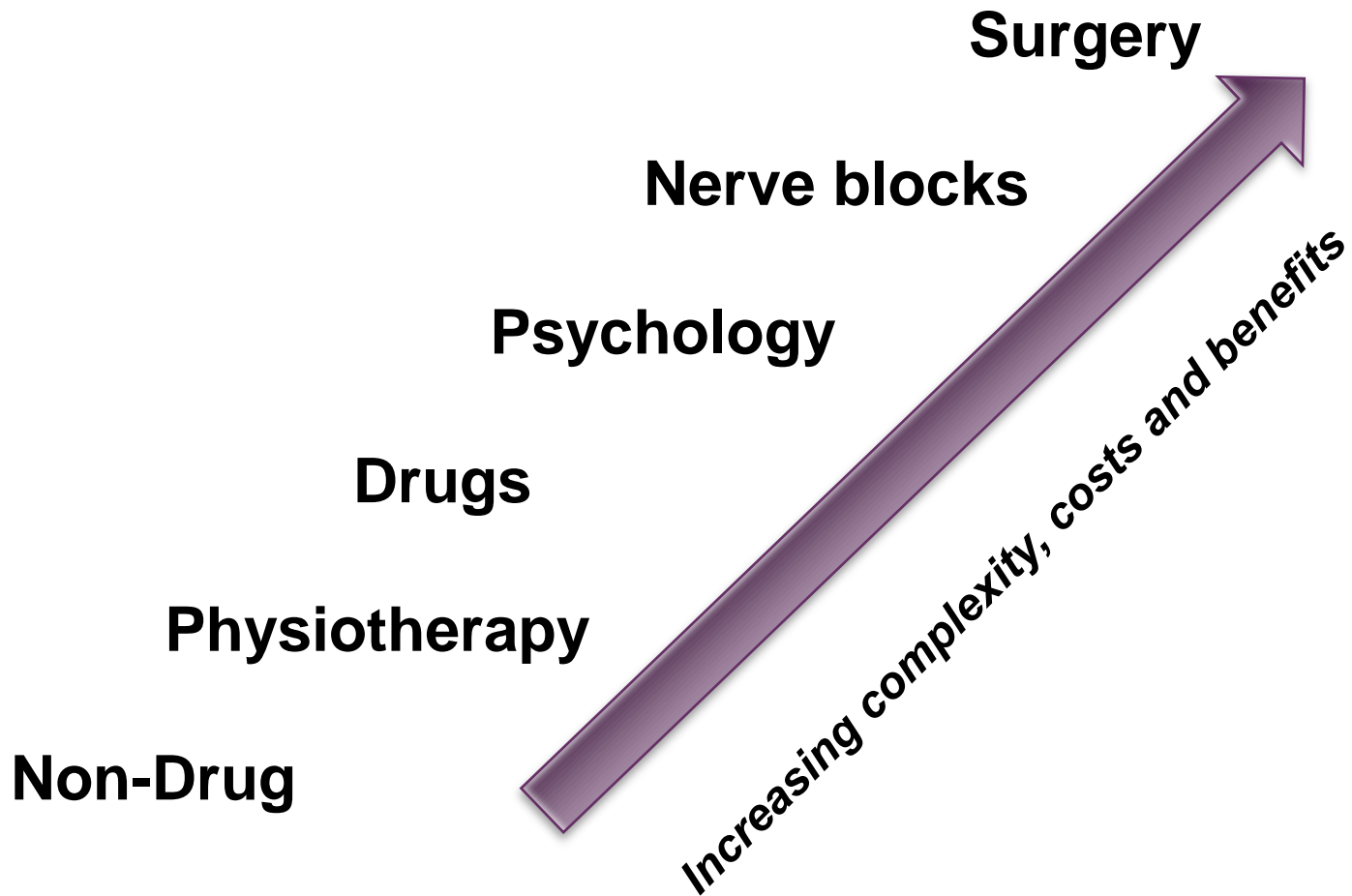
BY JOHN CLOUD



CAUTION:
**Every therapy works sometime of the time for
some of the people !**

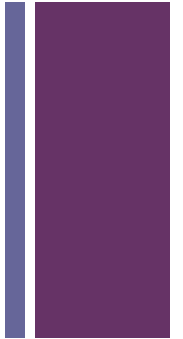
+ Therapeutic Choices

- Bio-medical v Bio-psycho-social approach





Non-Drugs



- **Explanation**

- **Reassurance**

- **Cling Film**

- **Heat/Cold**

- **Massage**

- **Pressure**

- **Vibration**

- **Exercise**

- **Physiotherapy**

- **TENS**

- **Mirrors**

- **Education**

- **Peer Support
Groups**

- **Relaxation**

- **Imagery**

- **Distraction**

- **Psychotherapy**

- **Hypnosis**

- **Counselling**

- **Biofeedback**

- **Prayer**

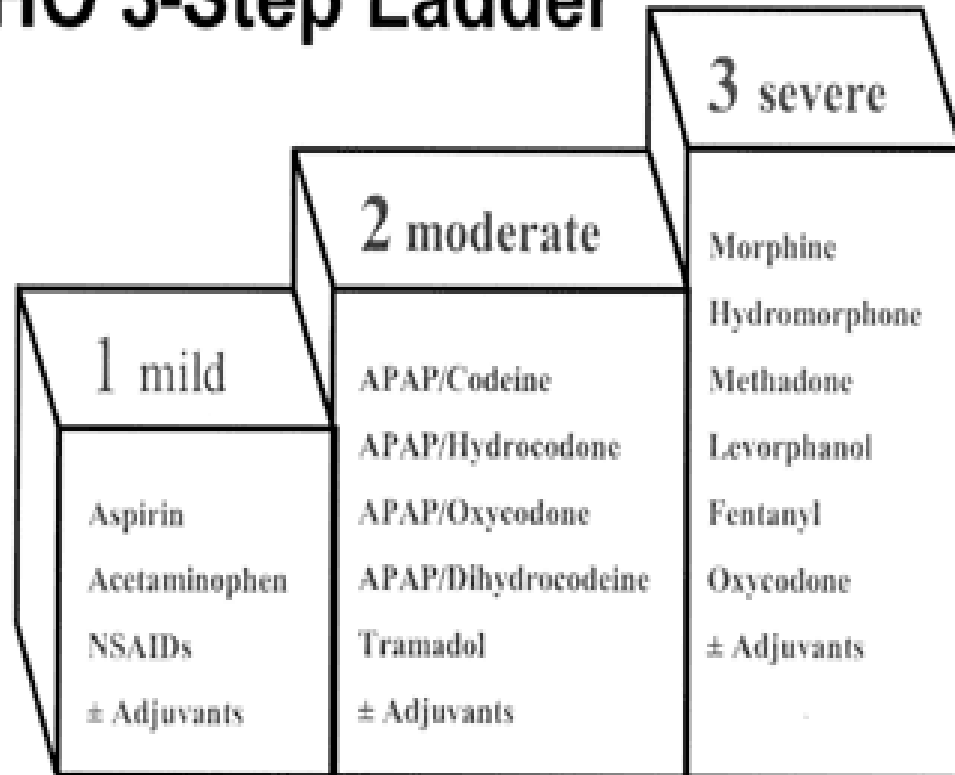
+ Drugs

- NSAID/Coxib
- LA
- Steroids
- Opioids
- **Adjuvants:**

Anti-Depressants

Anti-Convulsants

WHO 3-Step Ladder



World Health Organization. *Cancer Pain Relief, with a Guide to Opioid Availability*. 1996.

+ Opioids

Tolerance - Chronic use leads to decline in potency

Dependence – Physiological “cold turkey”

Addiction – Sociopathic or criminal behaviour

■ Problems

1. Respiratory Depression
2. Constipation
3. Endocrine dysfunction
4. Itch
5. Cognitive dysfunction
6. Reduction in immunity

Types

Codeine

Tramadol

Morphine

Oxycodone

Fentanyl

Buprenorphine

Tapentadol



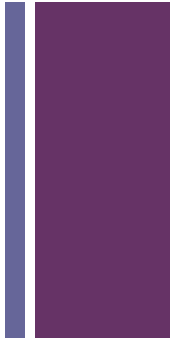
Treatment of vulvodynia:



- Reduction of triggers and irritating stimuli
- Reduction in pain
- Treating pelvic floor dysfunction
- Treating psychosexual ramifications

+ Reduction of triggers:

- Avoid vulval irritants
- Adequate water soluble lubrication for intercourse
- Apply ice pack, rinse with cool water post coitus
- All white cotton underwear
- Loose fitting clothes
- Use approved intimate detergents
- Use soft white unscented toilet paper
- Avoid shampoo
- Avoid scented soaps
- Prevent constipation
- Avoid exercises that put direct pressure or friction
- Use 100% cotton tampons



+ Reduction of pain:

- Topical lidocaine ointment/gel

- Topical estradiol

- TENS

- TCA

- SNRI

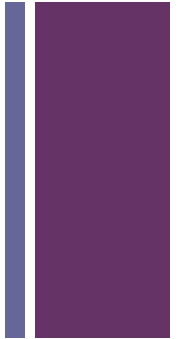
Start low, go slow and don't stop abruptly!

- Gabapentin/Pregabalin

- Trigger point injection

- Pudendal nerve block

- Vestibulectomy





Treatment of pelvic floor dysfunction:

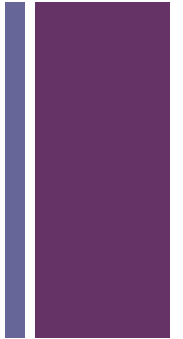


- Pelvic floor exercises
- External/internal soft tissue self massage
- Trigger point pressure
- Biofeedback
- Use of vaginal trainers/dilators



Treatment of psychosexual ramifications:

- Counselling
- Sex therapy
- Cognitive – behavioural therapy
- Psychotherapy

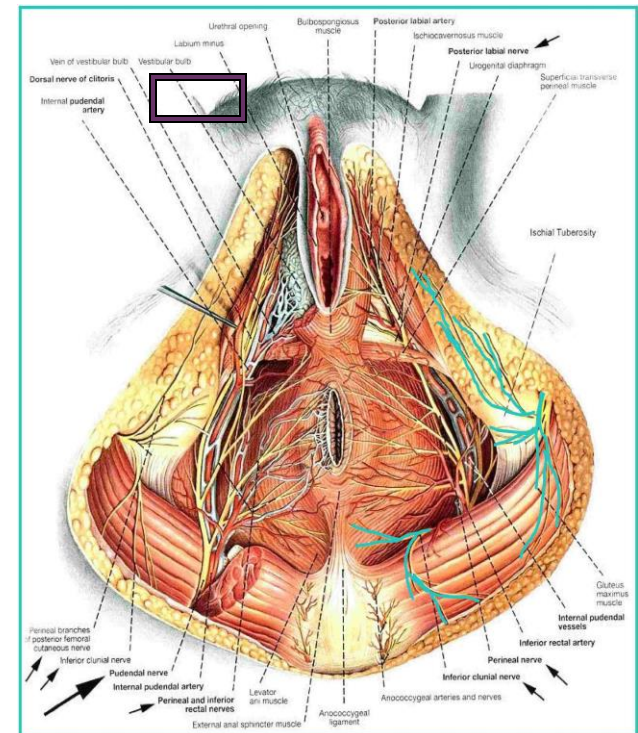


Invasive techniques:

LOCAL ANAESTHETIC + STEROID INFILTRATION:

PUDENDAL NERVE BLOCK:

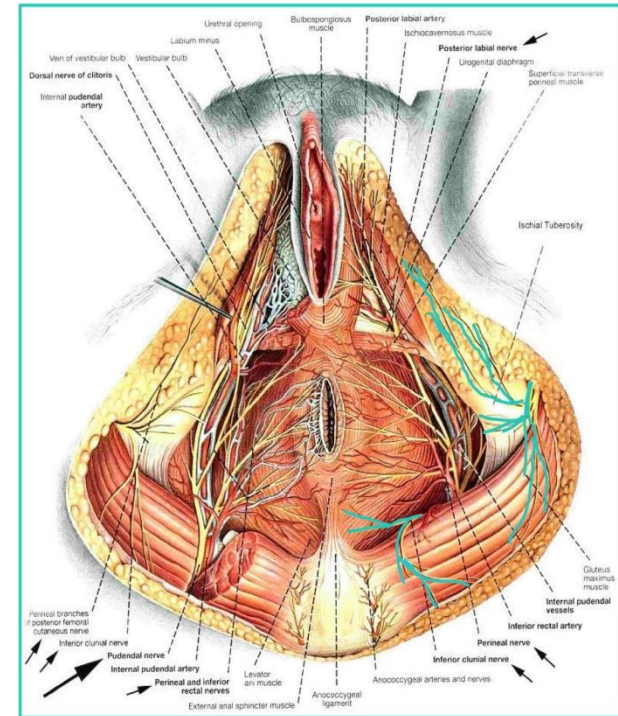
OTHER BLOCKS:





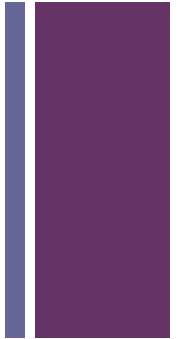
Summary of BSSVD guidelines for the management of vulvodynia. Mandal et al (2010)

1. **Take an adequate history**
2. **Take a sexual history if there is dyspareunia**
3. **Diagnosis is a clinical one**
4. **Take an MultiDisciplinaryTeam (MDT) approach**
5. **Combine treatments**
6. **Give an adequate explanation**
7. **Caution with topical agents**
8. **Nortriptyline/Amitriptyline +/- Gabapentin/Pregabalin**
9. **Surgical excision is sometimes indicated**
10. **Identify pelvic floor dysfunction if there is sex related pain**
11. **Acupuncture is unproven but may help some patients**
12. **Injections may help**



+ So Why is Pain Control Difficult?

- Time & expertise (education)
- Managing expectations
- Co-existent morbidity
- Concurrent medications/analgesics/allergies/drug side effects and interactions
- Age related changes
- Individual response to pain
- Difficulties in assessing pain
- Cognitive impairment
- Opiophobia
- Costs
- Poor attitude to suffering
- Cultural factors



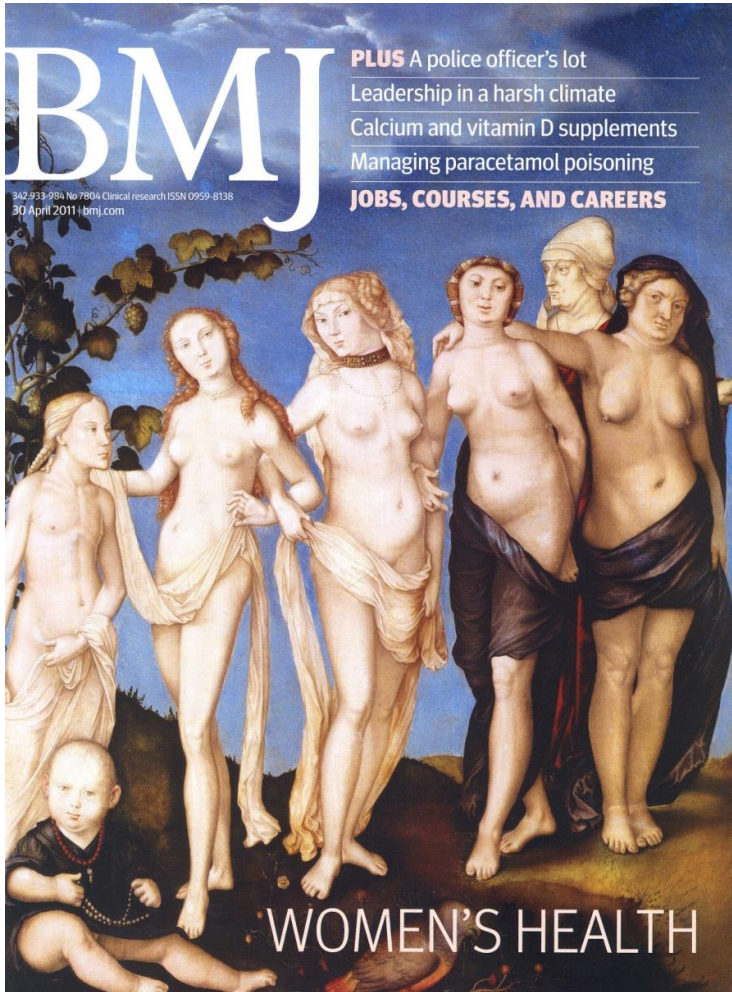
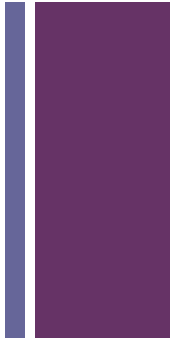
+ Conclusion:

- Vulval pain is commoner than we think
- Strive for a multidisciplinary approach
- Don't go looking for a cure; concentrate on function
- Pain and suffering are horrible twins!





Thank you for your attention!



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**Acknowledgement to patients and colleagues
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