



Vulvodynia

- **What is vulvodynia?**
- **What does vulvodynia feel like?**
- **What are some of the possible causes of vulvodynia?**
- **How is vulvodynia evaluated?**
- **How is vulvodynia treated?**
- **What are some steps that I can take to help with my pain?**
- **What medications are used to treat vulvodynia?**
- **Can physical therapy help with vulvodynia?**
- **What is trigger point therapy?**
- **Can a nerve block help relieve pain?**
- **What is cognitive behavioral therapy?**
- **When is surgery recommended for vulvodynia?**
- **Glossary**

What is vulvodynia?

The external female genital area is called the **vulva**. Pain that affects this area is very common. **Vulvodynia** is pain that lasts for 3 months or longer and is not caused by an infection, skin disorder, or other medical condition.

What does vulvodynia feel like?

Vulvodynia most commonly is described as burning, stinging, irritation, and rawness. Aching, soreness, throbbing, and swelling also may be felt. The entire vulva may be painful or pain may be centered in a specific area. Symptoms of vulvodynia may be constant or they may come and go. Symptoms can start and stop without warning, or they may occur only when the area is touched.

What are some of the possible causes of vulvodynia?

Vulvodynia is likely caused by many factors working together. Some of these factors include the following:

- Damage or irritation of the nerves of the vulva
- **Inflammation** of the vulva
- Long-term reactions to certain infections
- Certain **genetic disorders**
- Sensitivity to certain foods
- Dysfunction of the muscles of the **pelvic floor**
- Conditions that affect nearby muscles or bones

How is vulvodynia evaluated?

If you have vulvar pain, your **gynecologist** or other health care professional will try to rule out the most common causes of vulvar pain first. You may be asked questions about your symptoms, sexual history, and medical and surgical history.

You may be asked when symptoms occur, what treatments you have tried, and whether you have any allergies, chronic infections, or skin problems.

Your gynecologist also will examine the vulva and vagina carefully. A sample of discharge from the vagina may be taken. Your gynecologist may use a cotton swab to touch areas of the vulva. The goal is to find where the pain is and whether it is mild, moderate, or severe. You also may have a **biopsy** of the vulvar skin.

How is vulvodynia treated?

Many kinds of treatment are available. No one method works all the time for everyone. It can take a few months before any relief is noticed. Sometimes more than one treatment may be needed. Keeping a pain diary can help you track your symptoms and how they respond to different therapies. In some cases, your gynecologist or other health care professional may refer you to a pain specialist. A pain specialist may use techniques such as **ultrasound** and electrical stimulation to relieve pain.

What are some steps that I can take to help with my pain?

If you have vulvodynia, gentle care of the vulva is best. Avoid products and other items that may be irritating. The following may be helpful in relieving or reducing symptoms:

- Wear 100% cotton underwear.
- Do not wear underwear while sleeping.
- Avoid douching.
- Avoid irritants, such as perfumes, dyes, shampoos, detergents, and deodorants.
- Clean the vulva with water only.
- Switch to 100% cotton pads if regular pads are irritating.
- Use lubricants during sex, but avoid lubricants with flavor or cooling/warming sensation.
- Rinse and pat the vulva dry after urinating.
- After bathing, apply a thin layer of a preservative-free oil or petroleum jelly to hold in moisture and protect the skin.
- Avoid using a hair dryer to dry the vulvar area.
- Use cool gel packs on the vulva.

What medications are used to treat vulvodynia?

Several medications can be used to treat vulvodynia. Medications can be taken in pill form (oral), injected into the affected area, or applied to the skin (topical). The following medications have been found to be helpful in treating vulvodynia:

- **Local anesthetics**—These medications are applied to the skin. They may be used before sexual intercourse to provide short-term pain relief, or they can be used for extended periods.
- **Antidepressants** and antiseizure drugs—Drugs used to treat depression and to prevent seizures also may help with the symptoms of vulvodynia. It may take a few weeks for these medications to work. Some types of antidepressants can be provided in the form of a cream that is applied to the skin.
- **Hormone** creams—**Estrogen** cream applied to the vulva may help relieve vulvodynia in some cases.

Can physical therapy help with vulvodynia?

Physical therapy is another option for treating vulvodynia. This type of therapy can relax tissues in the pelvic floor and release tension in muscles and joints. **Biofeedback** is a form of physical therapy that trains you to strengthen the pelvic floor muscles. Strengthening these muscles may help lessen your pain.

What is trigger point therapy?

Trigger point therapy is a form of massage therapy. A trigger point is a small area of tightly contracted muscle. Pain from a trigger point travels to nearby areas. Trigger point therapy involves soft tissue massage to relax the tight area of muscle. A combination of an anesthetic drug and a steroid also can be injected into the trigger point to provide relief.

Can a nerve block help relieve pain?

A nerve block is a type of **anesthesia** in which an anesthetic drug is injected into the nerves that carry pain signals from the vulva to the spinal cord. This treatment interrupts the pain signals and can provide short-term and sometimes long-term pain relief. Injection of a drug called botulinum toxin A (also known as Botox) has been used to treat vulvodynia. This drug relaxes muscles of the pelvic floor.

What is cognitive behavioral therapy?

Cognitive behavioral therapy may be suggested if you have vulvodynia. A counselor can help you learn to cope with chronic pain. This may reduce stress and help you feel more in control of your symptoms. Sexual counseling can provide support and education about this condition for you and your partner.

When is surgery recommended for vulvodynia?

A **vestibulectomy** is the removal of the painful tissue from the part of the vulva called the **vestibule**. It can be used for women who have vulvodynia specific to this area and for whom other treatments have not worked. It is not recommended for women with vulvodynia that is not limited to the vestibule.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Anesthetics: Drugs used to relieve pain.

Antidepressants: Medications that are used to treat depression.

Biofeedback: A technique used by physical therapists to help a person control body functions, such as heartbeat or blood pressure.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Estrogen: A female hormone produced in the ovaries.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

Gynecologist: A physician with special skills, training, and education in women's health.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which is one of the hormones that control the function of female reproductive organs.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Pelvic Floor: A muscular area at the base of the abdomen attached to the pelvis.

Ultrasound: Sound waves that can be used to examine internal structures or as a treatment for certain conditions.

Vestibule: The space within the labia minora into which the vagina and urethra open.

Vestibulectomy: Surgical removal of painful tissue of the vaginal vestibule.

Vulva: The external female genital area.

Vulvodynia: Long-lasting pain of the vulva that is not caused by an infection or skin disease.

If you have further questions, contact your obstetrician–gynecologist.

FAQ127: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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