

Frequently Asked Questions (FAQs) Vulvodynia

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Frequently Asked Questions (FAQs) Vulvodynia

What is vulvodynia?

Vulvodynia is pain that is felt around the entrance of the vagina for longer than 3 months. Sometimes the pain can be felt around the 'perineum' which is the area below the vagina and towards the anus. The pain may spread as far as the top of the vulva and even inside the vagina. About 14 million American women have this type of pain. The pain can be severe enough to cause problems with work, school, physical activity, and sexual relations.

What are signs and symptoms of vulvodynia?

Women with vulvodynia may feel a burning, stinging, irritation, or rawness in the vaginal area. Sometimes there is throbbing, swelling and redness at the vaginal entrance. The pain can happen sometimes, or all the time and it can happen with light touch or without provocation. The pain may be felt all over the vaginal area or just in one specific spot.

What causes vulvodynia?

Vulvodynia can be caused by many things. It can start after long-lasting vaginal infection, trauma, or inflammation. Many women can have this type of pain because of a problem with the functioning of the vaginal and pelvic muscles. One out of five women that have vulvodynia also have chronic pain in other areas of the body or they may have other chronic pain conditions such as endometriosis, irritable bowel syndrome, fibromyalgia, migraines, painful bladder syndrome (also known as interstitial cystitis) and chronic low back pain. Mental health conditions like anxiety can also worsen vulvodynia and contribute to the cycle of pain and disability.

What is the long-term result of living with vulvodynia?

Many women with vulvodynia may also have problems sleeping and feeling tired. It can also cause problems with memory, learning or concentration and trouble with physical activity, social, personal and sexual relationships. Women with vulvodynia many times live isolated lives because they are not helped by their peers and clinicians. This isolation and lack of medical care can contribute to more severe pain.

How is vulvodynia diagnosed?

There is no single test that can help make the diagnosis of vulvodynia. Instead, clinicians rely on your medical history and physical examination. They will first rule out the most common causes of vaginal pain such as infection or skin conditions that cause chronic inflammation

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such as allergies. The doctor will then examine the vulva and vagina carefully with a cotton-tipped applicator, a single-digit internal examination, and a speculum. They may send vaginal secretions to be examined for infections. Sometimes they may take a closer look at the skin of the vaginal entrance with a large microscope called a colposcope. Rarely, the doctor may take a biopsy of the skin.

How is vulvodynia treated?

Treatments are chosen based on your symptoms and examination. For example, if the pain is caused by a muscle problem, your clinician may recommend pelvic physical therapy. If you have pain due to a skin or inflammation problem, the clinician may recommend medications and creams or ointments to put on the skin. You may be prescribed pills that are not specific to vulvodynia but instead are used to manage pain and the consequences of being in pain such as problems with sleep and mood. For severe pain, injections into the muscles (trigger points) and the nerves of the vagina (nerve blocks) may be recommended. Generally, medications and injections provide only temporary relief. So far, research shows that the therapies that work best for vulvodynia are physical therapies and behavioral therapies from mental health specialists. For women that have pain focused over a pin-point area, surgery may be an option. This surgery is called a vestibulectomy. The surgeon removes the painful tissue. After healing from the surgery, women may need additional treatment with medications, physical therapy, and behavioral therapies.

Every person responds differently to treatments, but usually a combination of drug and non-drug treatments is most effective in reducing the severity of pain and improving quality of life, this is called **multi-modal** and **interdisciplinary therapy**. This type of pain management requires careful discussion with your health care provider. It can take some time and trial-and-error to find treatments that work best for you without producing negative side effects. A **mind-body** approach, combining therapies from more than one clinical discipline, through **shared-decision making** between you and your provider, has been proven to reduce pain severity, increase function and improve overall quality of life.

What can you do to help your pain?

It is important to be gentle with the vaginal skin and avoid irritants such as perfumed soaps, tight clothing, douching, frequent washing (more than once a day) and over-drying the vagina. Use lubrication during intercourse and keep the vaginal area moist even when not sexually active. Cool packs and rinsing the semen after intercourse may also help. Avoid stress and

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anxiety as they can worsen pelvic muscle spasms and worsen vaginal pain. Practice stress relieving activities such as mindfulness, relaxation, and yoga. Acupuncture and massage can also help with relaxation. Dietary changes and supplements are not well studied in vulvodynia, but you should avoid certain foods if you notice they worsen your pain.

Resources for management of chronic pelvic pain

National Vulvodynia Association: www.nva.org

International Pelvic Pain Society Patient Education Pamphlets: www.pelvicpain.org