

Vulval Skin Care

This leaflet provides information about vulval skin care. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is vulval skin?

The “vulva” is the medical term used to describe the external visible part of the biologically female genitalia. It includes the clitoris and both the inner and outer labia (“lips”).

What skin conditions can affect the vulva?

Any skin disease can affect the vulva but inflammatory conditions include dermatitis, psoriasis, lichen sclerosis and lichen planus. These can be long-term skin conditions which vary in severity and fluctuate in terms of symptoms.

What symptoms can develop?

Common symptoms include itch and discomfort and if untreated the skin can sometimes become painful due to cracks or breaks in the skin (erosions), tightening of the skin or cause discomfort on passing urine and during sexual intercourse.

How should I care for and wash vulval skin?

The skin of the vulva is sensitive and can be more easily irritated than other parts of your skin:

- Use non-fragranced emollients or emollient-based soap substitutes to clean the skin with water gently using your hands only; avoid cloths/sponges which can be abrasive or cause too much friction on the skin.
- Pat dry gently using a soft towel or a hair dryer on a cool setting.

- Do not insert sponges / cleaning materials inside the vaginal (internal) canal; it is self-cleansing.
- Avoid washing too often and ideally wash maximum once daily only; washing more often can aggravate dryness and cause irritation.

Irritants to avoid:

- Fragranced / perfumed panty liners, feminine hygiene products, soaps or cleansers.
- Wet wipes or deodorants applied to the vulva.
- Dettol or bleach containing agents or washes.
- Spermicidally lubricated condoms / contraceptive creams.
- Regular use of haemorrhoid creams.

What kind of underwear should I wear?

Ideally wear 100% cotton underwear which is more breathable and avoid synthetic materials or tight fitting clothing.

How should I apply a medicated cream / ointment?

If a medicated cream / ointment has been prescribed or recommended by your doctor, then it can be safely used on the vulva up to once daily (usually bedtime is best). Apply directly over all the affected skin using clean fingers until the skin feels a little greasy and leave on overnight. Steroid ointments and emollients can be applied in any order but leave an interval of at least 15-30 minutes between applying them to allow full absorption of each.

How should I apply an emollient (moisturiser)?

Emollients can be bought over the counter (or sometimes prescribed) and are commonly used alongside medicated agents. They should be applied in the morning or throughout the day as often as needed when soothing relief is required. They can also be used for barrier protection when necessary.

Emollients come in a range of different types; some are thick and greasy (ointments) whilst others are lighter (creams). In general, ointments are better and longer lasting to use on the vulval skin. You should gently apply the emollient with clean fingers directly onto the skin and there is no restriction on how much or how often to apply.

What should I do if passing urine is painful?

It can be helpful to apply a thick emollient to the skin as a protective barrier prior to going to the toilet to reduce contact of urine / stools onto the skin. If symptoms persist, your doctor may consider referral to a uro-gynaecologist.

What should I do if sexual intercourse is painful?

Treatment options include using barrier emollients onto the vulval skin prior to sex, using water-based lubricants and lidocaine ointment (for pain relief). Vaginal dilators can also be used, under the guidance of female health physiotherapists. If symptoms persist, see your doctor who can ascertain if this is superficial or deep pain and refer you to the appropriate specialty.

How can I examine or monitor my skin condition in the vulval area?

In lichen sclerosis there is a small increased risk of skin cancer, especially in patients with severe, untreated disease. If you notice any skin changes which do not respond to your usual treatments, in particular any skin thickening or lumps, open sores or ulcers that last longer than two weeks, you should see your doctor as you may require referral for a possible biopsy. You may find a handheld mirror will help you to examine yourself to monitor for any changes.

What should I do if topical treatments aren't working?

If the medicated cream / ointments you are using are not helping your symptoms enough despite using the correct way up to the maximum prescribed, then speak to your dermatologist to explore why this is happening and discuss further options.

For example, some patients may benefit from topical oestrogen if they have symptoms due to menopause (e.g. vaginal atrophy) rather than an inflammatory skin condition.

Useful sources of information:

- Patient information leaflets on skin conditions:
[Home - BAD Patient Hub \(skinhealthinfo.org.uk\)](http://skinhealthinfo.org.uk)
- Skin and your mental wellbeing:
[Skin & Your Wellbeing - BAD Patient Hub \(skinhealthinfo.org.uk\)](http://skinhealthinfo.org.uk)
- Patient support groups:
[Patient Support Groups - BAD Patient Hub \(skinhealthinfo.org.uk\)](http://skinhealthinfo.org.uk)

Contact us

If you have any questions or concerns about, please contact the dermatology department on 020 8725 2500 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

