Vulvar Vestibulitis

The term vulvar vestibulitis refers to burning or irritation at the opening of the vagina. The term vulvar vestibulitis may sound impressive and give the impression that a diagnosis has been made, but this term is really simply a description. It simply means inflammation and vestibule is that area of the vulva at the opening of the vagina. Therefore, the term vulvar vestibulitis, or irritation of the vestibule, is like saying headache, or ache of the head. We do not know what causes vestibulitis.

First, lets clarify some definitions.

In many conversations and much of the literature, a woman's genital area is described generally as the vagina or "down there." Knowing some details is helpful in managing vulvovaginal symptoms. The term, **Vulva,** refers to the outer genital skin and structures—the labia majora, the labia minora (inner lips), and the clitoris. The term, **Vagina**, refers to the birth canal, the tube of tissue that connects the womb to the outside. The term, **Vestibule**, refers to the ring of tissue that connects the vagina to the vulva. It lies just outside the hymeneal ring and the urethral opening and just inside the inner lips. The vestibule is quite sensitive to lowered vaginal estrogen. For many women, the area that is painful is the vestibule, not the entire vulva and vagina.

Patients with vestibulitis have pain to any kind of pressure at the vestibule. This includes intercourse, binding by tight pants or blue jeans, and riding bicycles. Many women with this conditiion are unable to place tampons. There is sometimes redness of the skin of the vestibule.

Women with vestibulitis have overactivity of the nerves supplying sensation to the nerves of the vestibular area. Treatment is geared toward decreasing the overactivity of these nerves.

After menopause, women often develop soreness from vestibulitis due to low vaginal estrogen. Treatment with vaginal estrogen cream for 6-12 weeks increases the thickness of vaginal tissue and decreased the number of nerve endings.

We recommend that you use 1/2 gm (1/2 inch) of estrogen cream every other night just inside the vagina at bedtime-you may use your finger or the applicator.

With this cream there is a package insert that lists many potential medical issues which could be worsened by using estrogen. This information was obtained in studies of women who were on higher doses of estrogen given in pill form every day for a number of years. There is no evidence that using less than 2 milligrams of vaginal estrogen cream per week will have any of these effects on you.

What the cream will do is improve irritation both to the walls of the vagina, and to the urethra and bladder. It will lessen the chance of getting bladder infections, help correct pain with intercourse, urinary dribbling and urgency. It will also make further treatments such as wearing a pessary or using medications for bladder urgency and frequency more successful.

For more information, visit the website: **National Vulvodynia Association**
https://www.nva.org/learnpatient/

There is a long patient information brochure that is very well written.

For immediate (but short) relief, lidocaine jelly applied to the vaginal opening numbs the small pain nerves near the surface of the vaginal skin without interfering with sensation during sexual activity. You may not need to use this after the vaginal estrogen takes effect.

The third and very important part of treatment form most women is physical therapy. Most women with vestibulitis have spasm and pain in the vaginal muscles which over time become more painful and worsen the pain. The combination of this treatment will result in improvement in about 70% of women. Because this condition is chronic, most women will need to continue with intermittent therapy

In women who do not respond to the above, surgical removal of this area can result in improvement in pain in 60-80% of women. Even with surgical removal, most women need to continue with regular physical and medical therapy.

In all cases, cure is uncommon but control to the point where the patient considers her problem a minor aggravation is very common. Most patients are able to resume intercourse and to enjoy it.

There are ongoing research trials that investigate the cause and treatment for this disease. In addition, research studies have shown this to be an extraordinarily stressful condition for women, not only because of the pain and their inability to have comfortable sexual intercourse, but also because of the damage that it does to a woman's self-image and sexuality.

Using topical lidocaine for pain at the vestibule (vaginal opening)

There are several choices and each has its specific uses.

Lidocaine aqueous 4%. Recent excellent research shows that this is highly effective in treating pain at the vaginal vestibule. This lidocaine comes in a liquid form. You can apply it by soaking 1-2 cotton balls (or makeup pads) and placing the cotton ball at the vaginal opening for 2-5 minutes. You can determine how much time is best for you. Some women have difficulty finding the right spot. You may want to take a mirror with you to your next visit with your clinician and ask him/her to show you exactly. Some women worry that they may “lose” the cotton ball or small pad if it gets too far inside the vagina. Another option is to apply the liquid lidocaine with a large cotton swab (a cotton ball on a stick, named Scopette or Procto swab).

This liquid form of lidocaine numbs only the painful spots on your vaginal skin and doesn’t cause any numbness for your partner. A personal lubricant, one that is designed for sexual activity, will replace the natural lubrication that is reduced when vaginal estrogen is low. Silicone lubricants have been shown to be highly effective when used with liquid lidocaine in women with breast cancer.

Pelvic floor muscle spasm and pain. If there is internal pain despite treating the skin, you may have painful muscles that can be treated by a physical therapist. A gynecologist can check your muscles (the ones used for Kegel exercises) to determine whether the muscles are contributing to painful sex. The physical therapist knows techniques to help relax the muscles and she can teach you relaxation skills to keep the muscles from becoming too tight.

The friction of sex can annoy the tissue and cause burning and irritation for several hours or days afterward. Longer lasting forms of lidocaine--ointment or gel--are more effective for this than the liquid form of lidocaine.

Lidocaine jelly 2% is a water-based gel that relieves pain for shorter period of time, but it doesn't usually cause as much burning with application. Lidocaine jelly isn't a good lubricant itself, but it doesn't interfere with other lubricants. Lidocaine jelly may also cause some partner numbness.
Lidocaine ointment and jelly can be used for everyday activities that cause pain, such as inserting a tampon, having a pap smear, visiting your physical therapist or riding a bike.

Lidocaine cream 5% is the strongest form available. It can be placed on a cotton ball in the vaginal opening overnight to provide continuous pain relief like a "lidocaine patch." Many women report that the cream causes about 15 seconds of a burning sensation just when the ointment is applied. The cream is not a good lubricant for sexual activity, so it is best not to use it prior to being sexually active. Some sexual partners report a mild numbness when you use lidocaine cream before sex.

Despite these preparations, both you and your partner may find that you are feeling anxious about having sex. Your partner may be very worried about hurting you. You may be thinking about how you are going to "tolerate" sex enough for his pleasure, and not looking forward to your ability to enjoy sex yourself. Sharing your worries with your partner can often lessen the burden of holding the worry alone. Sharing your concerns may give your partner some emotional space to share his/her worries. Start slowly and carefully, and try to build your confidence together. Remember, it takes two to tango. If it seems that concerns and worries are always interfering, there are counselors with expertise to help you or you and your partner to navigate these changes in intimacy.