



PATIENT INFORMATION

Vulval Care and Treatment

General advice for care of the vulva

Vulval skin is very sensitive so it is important to avoid irritants that may make symptoms worse.

Washing:

- Washing with water and soap may cause dry skin and make itching worse. Using soap substitutes can be soothing and protective, and will stop the skin from becoming as dry and irritated. Aqueous cream (a special type of moisturiser available without prescription from your pharmacy or on prescription from your doctor) can be used instead of soap. It can be kept in the fridge and also be dabbed on to cool and soothe the skin.
- Too much washing can make the symptoms worse so you should clean the vulval area only once a day. If possible, have a shower rather than a bath, but if you do have a bath it is helpful to add an emollient (see below). Don't use antiseptics. Avoid using sponges or flannels to wash the vulva as these can irritate the skin. To dry, pat the area with a soft towel or use a hairdryer on a cool setting held well away from the skin.
- Avoid wearing panty liners or sanitary towels on a regular basis. Avoid coloured toilet paper.

Clothing:

- Wear loose-fitting cotton or silk underwear (rather than synthetic, dyed underwear). White or light-coloured underwear is preferable as dark textile dyes may cause allergies.
- Avoid clothes such as tights, leggings, tight jeans and cycling shorts. At home, you may find it more comfortable to wear loose-fitting clothes without underwear. Sleep without underwear.
- Avoid using fabric conditioners and biological washing powders.

Irritants:

- Avoid using soaps, shower gels, scrubs, bubble baths, deodorants, baby wipes and douches as all of these may contain skin irritants.
- Be careful when using over-the-counter preparations as some of those available may aggravate allergies and prolong symptoms, e.g. baby or nappy creams, herbal creams (tea tree oil, aloe vera) and thrush treatments.
- If you tend to scratch your skin, keep your nails trimmed if possible and avoid wearing nail polish.

Emollients:

Emollients (moisturising creams and ointments) help protect the skin. They are available over the counter or on prescription. Using a moisturiser even when you do not have symptoms can prevent flare-ups. It is important to find the one that suits you best – if the first one you try does not relieve your symptoms, it is worth trying a different one.

Treatment:

Most symptoms respond to simple measures, such as avoiding irritants, using a soap substitute for cleansing and making sure the skin is moisturised, but sometimes treatment is needed.

The type of treatment will depend on which skin condition you have. Medication such as antihistamines or anti-itching drugs may help, especially if you are having difficulty sleeping.

If you have lichen sclerosus or lichen planus, you may need to use steroid ointment. This will improve symptoms for most women. Once treatment is completed, the colour and texture of your skin may not return to normal. Women under the age of 50 tend to respond best to these treatments. Unfortunately, symptoms often come back and long-term treatment may be needed. About 1 in 10 women with lichen sclerosus have symptoms that do not improve with steroids. If this happens, you should be referred to a specialist clinic.

The aim of treatment is to get to a stage where you only get 1-2 flare ups in a year. If your skin is pale, which suggests a lack of estrogen, you may be offered a short course of estrogen cream. If your symptoms persist despite treatment, it is important to tell your GP, who should refer you to a specialist.

Barrier Creame (Diprobase/ Zinc & Castor oil ointment/ Sudocrem)

- This is a barrier cream and can be used liberally as many times as is feasible for you.
- Ideally you should use it at least twice a day, first thing in the morning and last thing at night.
- If possible a third application at midday would be even more beneficial.
- This cream protects the skin from losing moisture, and improves integrity of the skin thereby reducing your symptoms.

- The application of this cream needs to occur in the long-term, and it is best to set a regime just like brushing teeth. This cream needs to be applied on a daily basis irrespective of whether or not you have any symptoms. This cream is safe for your skin, will need to be used for life, and will help to keep your symptoms away.

Steroid Cream (Dermovate/ Clobetasone propionate 0.05%)

- This is a steroid cream and should only be used sparingly, almost the size of a pea on your finger and spread it over all of the affected area.
- This should be used only when you have symptoms.
- You should use it every night regularly for one week. This needs to be applied 30 minutes before the application of Barrier Cream.
- After one week of use on a nightly basis, it is advisable to miss one night for the following week.
- Hopefully your symptoms will remain at bay, and if that is the case you can skip two nights in the week after, and only use it on a weekly basis the following week.
- In this way you are trying to wean yourself off of the steroid cream once you have had symptomatic relief.
- In the initial part of your treatment you may find that coming off the steroid cream brings your symptoms back. If this happens you will need to go back to using the cream on a nightly basis again, until you are symptom free.
- As soon as you get symptomatic relief you can start the process again of trying to wean yourself off of the steroid cream.

The table below describes an example of a treatment regime that could be prescribed. Your clinician may suggest an alternative regime if that is more appropriate.

Steroid treatment schedule	
Week 1	Apply every night
Week 2	Apply every alternate night
Week 3	Apply twice a week
Week 4	Apply once a week
Week 5	Consider stopping application
If symptoms return on stopping steroid cream	Restart application as in Week 1