



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ127
GYNECOLOGIC PROBLEMS

Vulvodynia

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What is vulvodynia?

Vulvodynia is chronic (long-lasting) pain and discomfort of the **vulva** that is not caused by an infection, skin disease, or cancer. It is likely that many factors, including those related to the body's nerves, **hormones**, or **immune system**, are involved.

What are the different types of vulvodynia?

Two types of vulvodynia are recognized: generalized vulvodynia and localized vulvodynia. In generalized vulvodynia, the pain is felt over the entire vulvar area. In localized vulvodynia, the pain is felt on a specific area of the vulva.

What is vulvar vestibulitis syndrome (VVS)?

Vulvar vestibulitis syndrome (VVS) is a specific form of localized vulvodynia. In VVS, the pain is felt only in the **vestibule** (the area around the opening of the vagina), usually in response to touch or pressure.

What does the pain of vulvodynia feel like?

The three most common ways that the pain is described are burning, stinging, and rawness. Additional ways that vulvodynia can be described include itching, aching, soreness, throbbing, and swelling.

When do symptoms of vulvodynia occur?

Symptoms can start and stop without warning or they may occur only when the area is touched, such as while inserting a tampon, having sex, or wearing snug underwear. Some women report symptoms when doing certain activities, such as during exercise, after urinating, or while sitting or resting. The pain also may have no relationship to touch or pressure and may be constant.

What causes vulvodynia?

Vulvodynia is a complex pain disorder. Many factors acting together are believed to be involved. Some of these factors include the following:

- Damage or irritation of the nerves of the vulva
- Increased number of nerve endings in the vestibule
- Increased production of chemicals by cells in the vulva that lead to **inflammation**
- Long-term reactions to certain infections
- Changes in responses to hormones
- Weakening of the muscles of the **pelvic floor**

How is vulvodynia diagnosed?

Your health care provider will try to rule out other known causes of pain first. Your health care provider most likely will perform a physical exam and may order specific tests. You may be asked questions about your symptoms and medical history, such as when symptoms occur, what treatments you have tried, and whether you have any chronic infections or skin problems.

What is involved in the physical exam?

Your health care provider will examine the vulva and vagina carefully. If any skin changes are found, tests may be done. A swab test may be done to find out whether the pain is generalized or localized. In this test, the health care provider uses a cotton swab to touch areas of the vulva and vestibule. The goal is to find where the pain is and whether it is mild, moderate, or severe.

What is the first step I can take that may lessen the pain of vulvodynia?

The first step in vulvodynia treatment usually involves avoiding products, clothing, and other items that come in contact with the vulva and that may be irritating, such as soaps and products containing deodorants, perfumes, and dyes. Wear cotton underwear and switch to cotton menstrual products if regular ones are irritating. Pay close attention to what makes your symptoms worse, and avoid the things that provoke your pain. While you are experiencing pain, applying cool gel packs may bring relief.

Can changing my diet help with vulvodynia?

For some women, certain foods make symptoms worse, while other foods help relieve symptoms. An elimination diet may help you identify these foods. In this kind of diet, you cut out one type of food at a time and note whether this makes your symptoms better or worse. Foods that commonly are associated with triggering symptoms include caffeine, foods high in sugar, acidic foods, and processed foods.

What medications are used in the treatment of vulvodynia?

The following medications have been found to be helpful in treating vulvodynia:

- Local **anesthetics**—These medications are applied to the skin for short-term pain relief, or they can be used for extended periods.
- **Antidepressants** and anti-seizure drugs—Drugs used to treat **depression** and to prevent seizures also may help reduce the signs and symptoms of vulvodynia.
- Hormone creams—**Estrogen** is a hormone that is produced by the **ovaries**. Estrogen cream applied to the vulva may help relieve vulvodynia in some cases. Another hormone, called **testosterone**, also is used as a topical treatment for vulvodynia.

How may physical therapy help treat vulvodynia?

Physical 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 to 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 break up the trigger point and relax muscles. An anesthetic drug also can be injected into the trigger point to provide relief.

What is a nerve block and how can it 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.

Can psychotherapy, or talk therapy, help in the treatment of vulvodynia?

A counselor can help you learn to cope with chronic pain. This may help reduce stress and help you feel more in control of your symptoms. Sexual counseling can provide support and education about this condition for both you and your partner.

When is surgery an option for vulvodynia?

Vestibulectomy, the removal of the painful tissue from the vestibule, can be used for women who have VVS for whom other treatments have not worked. The procedure may help relieve pain and make sex more comfortable. It is not recommended for women with generalized vulvodynia.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Anesthetics: Drugs used to relieve pain.

Antidepressants: Medications that are used to treat depression.

Depression: Feelings of sadness for periods of at least 2 weeks.

Estrogen: A female hormone produced in the ovaries.

Hormones: Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

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

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and produce hormones.

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

Testosterone: A hormone produced by the testes in men and in smaller amounts by the ovaries and other tissues in women that is responsible for male sex characteristics such as hair growth, muscle development, and a lower voice.

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.

Vulvar Vestibulitis Syndrome (VVS): Inflammation of an area near the opening of the vagina, the vestibule.

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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