LOCALISED PROVOKED VULVAR PAIN (Vestibulodynia)

What is it?

Localized provoked vulvar pain (vestibulodynia) is a term used to describe pain upon penetration of the vagina. There is also tenderness to touch around the vaginal opening (vestibule) during physical examination. It occurs in women of all ages. It is estimated that approximately 15 percent of women (about 1 in 7) will experience this type of vulvar pain sometime in their lifetime. Other names used in the past to describe this pain included vulvar vestibulitis syndrome, superficial dyspareunia, and vulvodynia.

What causes it?

Researchers are studying vestibulodynia to learn more about the cause of the pain. In the last two decades, they have shown that the painful tissue of the vestibule has increased nerve endings and signs of inflammation. Although the cause is unknown at this time, there are theories that chronic inflammation from frequent yeast infections, hormonal changes, poor sexual arousal, or chronic skin conditions may trigger the pain. It is likely that there is a combination of factors involved in the cause of vestibulodynia.

What are the symptoms?

Pain with vaginal penetration during sexual activity is the most common symptom experienced by most women with vestibulodynia. The pain can be described many different ways, including burning, searing, stinging, tearing, throbbing, and occasionally itchy. Some women may experience pain for several hours or days after intercourse. Some women may also have pain with tampon insertion, or with speculum insertion during a routine gynecologic exam. Most women have pain only with touch to the vestibule, and are otherwise not bothered by pain.

What do I see?

The appearance of the vulva can vary with each woman. Some women may have redness at the vaginal opening. However, for most women with vestibulodynia, the vulva and vestibule look entirely normal.

How is it diagnosed?

Vestibulodynia is a clinical condition, which means that there are no laboratory tests or imaging studies to confirm the diagnosis. However, it is important that you see a health care provider who is experienced in the diagnosis and management of vulvar conditions. By

listening to your history and performing a physical examination, your provider can rule out other reasons for your pain. Your physical examination may include a "Q-tip test": this is when your provider gently touches the different parts of your vestibule with a Q-tip to determine if and where you have pain. Your health care provider may feel that other tests are necessary; these could include swabs to rule out infections, or a biopsy to exclude skin conditions.

How can I help myself?

It is important to minimize irritation to the vulva and vagina. Avoiding soaps, detergents and scented products is ideal. Bland, unscented lubricants are best for sexual activity. Ask your health care provider for suggestions. White cotton underwear is best; thongs, G strings, synthetic fabrics, and tight clothing against the vulva should be avoided. Lidocaine, in the form of a liquid, gel, or ointment, can provide relief when it is applied directly to the vestibule. This can be used before sexual activity as a way to reduce the pain. If you experience sexual difficulties, it may be helpful to see a sex therapist. It may be best to avoid penetrative intercourse until your symptoms improve.

What is the treatment?

Many different treatment options have been tried for vestibulodynia. Some women experience a great sense of relief just knowing that the pain they are experiencing is real and has a name. With a supportive team that may include a spouse or a partner, gynecologist, physical therapist (physiotherapist), sex therapist, pain specialist, and psychologist, most women will eventually have improvement of their pain. Often, different treatment options are combined to maximize the benefit.

Since research supports that there may be changes in the nerve endings in this condition, some of the treatment options target the nervous system of the vulva. These are sometimes called "neuromodulators" or "chronic pain medicines". Examples of these medicines include the oral tricyclic medications like amitriptyline, nortriptyline, imipramine, and desipramine. These medications are used in high doses as an anti-depressant, but they do not work in this way when they are used in smaller doses
to treat pain problems. In the case of vestibulodynia, they are used to reduce the hypersensitivity of the nerve endings. Other medicines that have been tried include gabapentin, pregabalin, and duloxetine. Recent research has also looked into these medicines made into creams, then applied directly to the vestibule where the pain is occurring. These include gabapentin cream and baclofen-amitriptyline cream.

Other therapies that have been studied for the treatment of vestibulodynia are physical therapy (physiotherapy), sexual therapy, psychological therapy, and surgery. Physical therapy means working directly with a therapist that specializes in rehabilitating the muscles of the pelvis. Many women with vestibulodynia experience sore, tight muscles of the pelvis which contribute to their distress. Learning to relax and work with these muscles can reduce pain. Tools that the physical therapist may use include vaginal massage, heat therapy, biofeedback, and dilator work. Each of these will be tailored to the special need of the patient.

There is also evidence that women who have vestibulodynia often suffer from sexual problems. This can include low desire (poor libido), difficult arousal (poor natural lubrication

or wetness), and lack of orgasm. Many couples feel troubled by their sexual problems. Engaging in sexual counseling has been shown not only to help couples with intimacy, but often reduces pain. Finding ways to have sexual activity in a non-painful way is very important towards healing.

Finally, surgery is another option that has been studied for the treatment of vestibulodynia. This is performed by gynecologists who specialize in vulvar conditions. The surgery, called a vestibulectomy, literally involves removing the superficial skin of the vestibule (painful skin), then advancing a piece of non-painful skin over the excised area. Surgical outcomes are best when it is coupled with both physical therapy and sexual therapy.

Vestibulodynia is a challenging and difficult disorder for women and couples to manage. Many vulvar experts believe that there is no single treatment that will cure this disorder. Using a combination of treatments, incorporating physical therapy, sexual therapy, and direct treatment for the vestibule skin, is often the most successful in reducing pain. With this combined approach, most women will have improvement of their pain.

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