

## Vestibulitis/Vulvar Pain Syndromes:

If diagnosed early in the course of disease, you may respond to only one of the following treatments, if you have been dealing with this for awhile or your symptoms are quickly worsening, most women will need to be on multiple treatments for quickest benefit. Please do not self-wean or change dosing unless we have discussed. If you are better, weaning off a medicine can often result in a flare of your symptoms, often worse than before treatment. Most women will need to stay on a treatment plan for 3-6 months after symptoms have improved. Please call if you are having a flare or problems with medications.

### 1. Vulvar care:

- a. avoid perfumed soaps or detergents or bleach containing detergents, wearing mini-pads
- b. avoid feminine wipes, vagisil and Benadryl creams/lotions, over the counter yeast creams
- c. avoid harsh soap and scrubbing the vagina; consider Dove soap, better to rinse off with warm (avoid hot) water and air or blot dry
- d. Keep dry: cotton underwear, avoid tight, wet or sweaty clothes, at home consider wearing loose pants or gown or no underwear
- e. Lubricants for sex: coconut oil, replens, astroglide, vitamin E oil
- f. Some women scratch at night when asleep so if you have itching, consider wearing cotton gloves at night

2. Topical emollients: pure aloe, Vaseline, coconut oil, replens, vitamin E oil, place after showering

3. Physical therapy can be helpful especially if someone has pain in pelvic muscles

4. Interventions you can do at home to help reduce pain in pelvic muscles:

- A. Pelvic floor drops: also known as the “reverse kegel” or pelvic floor relaxation exercise. This is lengthening and opening of the pelvic floor muscles; the opposite action of a contraction where the muscles shorten and draw-in. Lie flat on your back with your knees and hips bent and slightly apart from each other. Your legs can be supported with pillows and blankets or free floating. Coordinating this with the breath, as you inhale. Imagine your pelvic floor is a flower and you are “blooming the flower” or try to open the muscles like you are passing gas. Practice this for 3-5 breaths daily and whenever you have pain.
- B. Diaphragmatic breathing: While lying on your back with knees bent towards your chest, take a breath in so that your belly rises higher than your chest. On the exhale, let the belly fall. Place one hand on the abdomen and one hand on the chest to help guide the belly hand to rise up on the inhale. Practice this 3-5 minutes daily and when you notice an increase in muscle tension or symptoms. You can practice breathing and pelvic floor drops together.
- C. Heat/sitz baths: Applying heat to the abdomen, lower back, and pelvis (with lots of towel layers to protect the skin from burning) for 10-15 minutes per day can help relieve muscle tension, spasms, and pain and improve blood flow. Warm (not hot) baths with epsom salt can also alleviate pelvic pain related to muscle tension, hemorrhoids, fissures, and irritated tissues. This can be done while practicing the diaphragmatic breath and pelvic floor drops.
- D. Child’s pose: the child’s pose position with the knees towards your chest and apart is the best position for the pelvic floor muscle relaxation. Because the pelvic floor muscles attach laterally to the obturator fascia,

the position of the hips can impact the position of the pelvic floor. Imagine the pelvic floor is a hammock; when the hips are in neutral or extended, the hammock is pulled taut. When the hips are flexed and externally rotated, the hammock is slackened, which allows the muscles to lengthen and drop. This pose for 1-5 minutes combined with breathing and pelvic floor relaxation can relieve pain and improve.

E. Foam rolling the posterior hip muscles: the hip position and surrounding muscles can impact the function of the pelvic floor muscles. Trigger points in the obturator internus and piriformis muscles can aggravate pelvic pain. Foam rolling these muscles at home can reduce trigger points, improve blood, nerve function, and relieve pain.

### 5. Medications:

#### A. topical:

1. 5% topical lidocaine ointment - apply to cotton ball and place on back of vagina every evening for 2 months or can be placed at the back of your vagina in small amounts before intercourse
2. Compounded creams: amitriptyline, gabapentin and baclofen (medications that have fewer side effects when used as a cream instead of taking by mouth)
3. estrogen cream 1-2gm 1-2x/day for 2 weeks then 2 times/week (if there is associated thinning of tissue)

#### B. Meds by mouth (helpful for nerve hypersensitivity)

1. gabapentin: 300 qHS and increase 300 every 3 days
2. TCA’s: amitriptyline 25-100 mg each evening, increased weekly, may take 4-6 weeks to see improvement; desipramine 10mg qHS and increase to 100qHS (do not stop these meds suddenly, must be weaned off)
3. effexor: 37.5mg and increase up to 150mg
4. Cymbalta

### 6. Websites:

[www.nva.org](http://www.nva.org),  
[www.vulvarpainfoundation.org](http://www.vulvarpainfoundation.org)  
[pelvicpainrehab.com](http://pelvicpainrehab.com)