



ANZ Vulvovaginal Society

Vulval care advice

Why does the vulva need special care?

The vulva includes the mons pubis, the labia minora and majora, the clitoris, the vestibule, and the perianal area (See *Vulval anatomy*). The skin of the vulva is most similar to the lips of your mouth. Both areas are exposed to irritating surfaces and substances. Both can become dry or chapped. Neither needs to be cleaned with soap or scrubbed. Instead, the lips and the vulva prefer to be moisturised with an oil or paraffin-based ointment used as often as needed to protect the skin. There are many ways you can help keep the vulval skin healthy. Below are suggestions from specialised vulval clinics. Everyone is different - find out what works best for you.

What clothing and underwear are best for my vulva?

Underwear:

- Cotton-rich underwear with a full backside is best. It doesn't matter what colour it is. Try to avoid ones with elastic at the leg and waist openings.
- 'Leak-proof' or period underwear is usually a better option than wearing liners or pads. Underwear should be washed in hypoallergenic laundry products.
- If possible, do not wear underwear while you sleep. If you feel uncomfortable with this, loose cotton boxer shorts or pajama bottoms are an option.

Clothing:

- Avoid tights, hose, yoga pants, body shapers, and other close-fitting clothes, particularly clothes made of synthetic fibres like polyester, lycra, and rayon.
- Tight pants and jeans may increase vulvovaginal pain or irritate the skin.
- Remove wet bathing suits or wetsuits as soon as you can.

Laundry:

- Try to find hypoallergenic laundry products.
- Rinse detergents from clothes thoroughly, perhaps with a double rinse cycle.
- Use half the recommended amount of detergent.



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- Avoid fabric softeners and dryer sheets. Do NOT use products that claim to be antibacterial, antiviral, or anti-yeast in your washer or dryer.

What should I do to clean, moisturise, and groom the vulva?

Showering:

- Try to avoid using soap on the vulva. Instead, use an emollient like sorbelene cream, aqueous cream, or emulsifying ointment. If you decide to use soap, choose a mild unscented and undyed product.
- Avoid getting shampoo on the vulva.
- Use your hands to clean the vulva - washcloths and scrubbers irritate skin.
- Pat the skin dry gently.
- A hair dryer on a cool setting can dry hard-to-reach areas.
- Over-cleaning can make symptoms worse, especially if soaps are used.

Bathing:

- “Sitz” baths are helpful for vulvar healing after surgery or biopsies. Fill a bathtub or large basin with plain warm water. Sit in it for 10-20 minutes, 2 to 3 times a day. A pinch of epsom salt, sea salt, or bicarbonate soda may be used. Do not add soap.
- Soapy bubble baths are a common cause of irritation in children and adults.

Toileting and bowel health:

- Rinsing the skin with water after using the toilet is less irritating than wiping with paper. A squirt bottle (peri-bottle) can be helpful for this.
- If using toilet paper, avoid perfumed, dyed, or aloe products.
- Use a barrier ointment prior to bowel movements to protect the skin from toilet tissue. Mineral oil on toilet paper helps to clean after a bowel movement.
- Avoid baby and adult wipes – they are full of perfumes and chemicals.
- To prevent constipation, drink at least 2L of water a day.
- Eat high-fibre fruits and vegetables and use fibre supplements as necessary.
- Go to the toilet when you have the urge, rather than holding it until at home.
- Maintain a regular exercise routine to keep your bowels moving well.

Hair down there:

- It is healthy and natural to have pubic hair. If you wish to have shorter pubic hair, trim close to the skin with clippers.



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- Shaving increases your risk of infection and skin problems.
- Hair removal creams contain irritating chemicals.
- Laser hair removal is an option for some people.

Emollients / protective oils and ointments:

- Use an emollient at least once daily to protect and moisturise the skin.
- Vegetable, coconut, or olive oil, Dermeze (white soft paraffin & liquid paraffin), emulsifying ointment, and Vaseline (white soft paraffin) are all options.
- If the emollient you choose burns, stings, or causes redness, then it may have an ingredient that causes a reaction. Try different options until you find one that feels soothing.
- If you scratch while asleep, apply a layer of protective ointment or oil before bed. Some people with itchy conditions wear cotton gloves at night to prevent fingernails from damaging the skin.

Products to avoid:

- Anything with benzocaine or neomycin in it
- 'Feminine' deodorants, douches, or 'anti-itch' creams
- Bleaches and disinfectants
- Powders containing cornstarch or talc
- Bubble baths and shower gels
- Lanolin, tea-tree, aloe, eucalyptus, and paw paw-based product
- Aim to use only products that have been advised by your vulval specialist
- Do not buy products recommended by chemists or doctors who have never examined you.

What about periods, incontinence, sex, and other activities?

Periods and bladder leakage:

- Vulval skin becomes irritated when anything wet sits against it. Pads and liners may contain allergy-causing chemicals and perfumes.
- Reducing the frequency and amount of your period may be helpful. Options include continuous oral contraceptive pills (OCP), continuous vaginal ring, progesterone-containing intrauterine devices, the progesterone rod in the arm, or the progesterone injection.



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- If it is not possible to avoid bleeding, tampons, a menstrual cup, or 100% cotton unscented pads are good options.
- Period or 'leak-proof' underwear may be more comfortable and less expensive over the long-term than throw-away pads and tampons.
- Bladder leakage is common in people of all ages. Talk to your GP, local continence service, or a specialist about how to manage this.
- Avoid bladder irritants like tea, coffee, energy drinks, and fizzy drinks.
- Work with a pelvic floor physiotherapist to reduce bladder leakage.

Sex:

- Some people find sex to be uncomfortable or not pleasurable (see *Painful sex*). Engage in activities that are not painful, and make sure you are aroused before anything goes in the vagina.
- After menopause, many people find oestrogen cream or pessaries are helpful to continue having comfortable sex. For those who cannot use oestrogen, vaginal moisturisers are another option.
- Condoms should be used if there is a risk of sexually transmitted infections. Condoms should be combined with water-based or silicone-based lubricants, NOT oil-based lubricants. Spermicides are NOT recommended.
- Some people find condoms irritating to the skin. If you are using condoms for birth control rather than disease prevention, consider switching to another method to prevent pregnancy.
- After sex, urinate and rinse the skin with cool water. If there is burning after sex, try a cool pack or a sitz bath and apply a barrier ointment. If this continues each time, make an appointment to see your doctor or nurse.

Lubricants:

- Lubricants are helpful in many situations - when using of sex toys and condoms, during life phases of low oestrogen like breastfeeding and menopause, for anal sex, and to generally to improve comfort. However, they are not a replacement for foreplay with a gentle and knowledgeable partner.
- Water-based lubricants should have a pH around 4.5 and an osmolality below 1200 mOsm/kg. Many of the commercially available products have high osmolality. This may damage and dry the vaginal skin. Online sources list the results from testing different products



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(<https://www.womensvoices.org/osmolality-ph-properties-commercial-lubricants/>).

- Silicone-based lubricants avoid the issue of osmolality but may have a higher (neutral) pH. They tend to be more slippery and longer-lasting than water-based lubricants. They cannot be used with silicone-based toys and may stain fabrics. They are a more expensive option and can be difficult to find. They seem to be a better option for people having frequent sex.
- Oil-based lubricants include unscented undyed oils like olive oil, coconut oil, vitamin E oil, or other bland oils. These should not be used with condoms. These are usually focused on the vulva and vestibule, rather than inside the vagina. They are inexpensive and readily available. It is important to try on other skin surfaces before using for sex.

Other activities:

- If you have vulval discomfort and sit for long periods at work, consider buying a foam donut to sit on.
- Chlorinated pools and hot tubs can irritate the skin. Salt-water pools may be better. Change out of the wet swimming costume as soon as possible.
- Bicycling and horseback-riding may make vulval pain worse.
- If the pelvic floor is overactive, intense core muscle training can make symptoms worse. A pelvic floor physiotherapist may be able to help with this.

What if my symptoms keep getting worse?

- Try to avoid self-diagnosis and treatment. Many conditions cause pain and itch besides thrush. Many chemist products cause irritation or allergy, and they may cause inaccurate results when you see your doctor.
- Try the suggestions described above and consider taking an antihistamine tablet to help with itching.
- Call to make the soonest appointment available. If your doctor or nurse does not examine you, find another healthcare provider who does. Keep in mind that many people see several doctors before they are given a diagnosis and helpful treatment.