

PATIENT INFORMATION

Atrophic Vaginitis

Vaginal Dryness

WHAT IS ATROPHIC VAGINITIS?

Atrophic Vaginitis is a condition which most often occurs during and after the menopause (the “change”) when lack of the female hormone oestrogen, affects the level of mucus in the vagina. The lack of oestrogen leads to a thinning of the tissues around the vaginal area and a reduction in the number of the small mucus producing glands. There is also a loss of some fat tissue from around the genital area; this causes the vulva (“lips”) and vagina to look slightly different than before the menopause. As a result, the vagina can become shorter, less elastic and drier with less lubricating mucus, and the genital skin also looks paler.

These changes usually take months or years to develop following the menopause, and vary between women.

HOW COMMON IS ATROPHIC VAGINITIS?

Vaginal dryness occurs in about 1 in 4 women leading up to the menopause. It becomes more common after the menopause, when about 1 in 2 women are affected.

WHAT SIGNS AND SYMPTOMS CAN OCCUR?

The changes described above may occur without causing any symptoms or discomfort. However, some of the following symptoms may occur in some women. These symptoms can be caused by other medical conditions, but Atrophic Vaginitis is a common and usually treatable cause of these symptoms.

- **Painful intercourse** – as the vagina is smaller, drier and less likely to become lubricated during sex, intercourse

can become painful. It is easy for the skin around the vagina to become sore and this aggravates the problem.

- **Vaginal bleeding** – as the vaginal and uterine tissue is thinner and more fragile, it can occasionally lead to spotting and bleeding. If you notice any post menopausal vaginal bleeding or vaginal bleeding between periods, you must always report it to your GP.
- **Vulvo-Vaginal discomfort** – if the vulva or vagina becomes tender and inflamed, some women can experience constant discomfort.
- **Vaginal discharge** – a white or yellow discharge may occur. Sometimes this is due to infection because the vagina is less resistant to infection after the menopause. Infection is more likely if the vaginal discharge is smelly and unpleasant.
- **Itch** – the skin around the vagina is more sensitive and more likely to itch. This can make you more prone to scratch, which then makes the skin more likely to itch, and so on. This is called the “itch/scratch cycle” which can become difficult to break and can be distressing.
- **Urinary problems** – Atrophic Vaginitis may be a contributing factor to various urinary problems. This is due to thinning and weakening of the tissues around the neck of the bladder, or around the urethra (opening for urine). For example, urinary symptoms that may occur include frequency of going to the toilet, urgency to get to the toilet, pain when passing urine and reoccurring urinary infections.

A prolapse or weakening of part of the vaginal wall may also cause urinary symptoms which may increase with age. There is no evidence that topical oestrogens/hormone replacement will prevent or help urinary symptoms.

WHAT ARE THE TREATMENTS FOR ATROPHIC VAGINITIS?

Not all women have all of the above symptoms. Treatment may depend on which symptoms are the most troublesome. Because the problem is mainly due to lack of oestrogen, it can be helped by replacing the oestrogen in the tissues. This can be done in several ways.

- **Hormone Replacement Therapy (HRT)** – This means taking oestrogen in the form of a tablet, gel, implant or patches. This may be the best treatment for relieving the symptoms, but some women do not like the idea that periods may return with this treatment, especially if it is many years since the menopause.
- **Vagifem Pessary** – Vagifem vaginal pessaries are easy to use and each tablet is packaged in its own disposable applicator. The tablet is placed inside the vagina with the help of the applicator. The quantity of oestrogen in Vagifem is so small that although it is sufficient to relieve localised symptoms, it is unlikely to have an effect on other parts of the body.
- **Gynest Cream** – Gynest should be used in the vagina of adult women. Always use this medicine exactly as your doctor has told you. It comes with a plastic applicator that you screw onto the tube, this will help you to put the right amount into your vagina. Gynest replaces the hormone

oestrogen in the vaginal area when your body is not producing enough.

- **Estring Vaginal Ring** – Estring vaginal ring is a type of hormone therapy that acts locally in the vagina to maintain adequate levels of oestrogen and the ring is inserted high into the vagina. It does not treat other symptoms of menopause such as hot flushes and sweats. Always use the ring as directed by your doctor. Each ring should be worn continuously for 3 months and then replaced by a new ring. The maximum continuous therapy is 2 years.
- **Lubricating Gels** – If vaginal dryness is the only problem, or hormone pessary or creams are not recommended because of other medical problems, lubricating gels may help. There are various gels which are specifically designed to help the problem of vaginal dryness by replacing moisture, ie Replens, Sylk or Senselle. These may be obtained on prescription or from your local chemist.

USEFUL WEBSITES

www.patient.co.uk

www.sylk.co.uk

www.replens.co.uk

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9am – 5 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT THE HOSPITAL PREMISES

If you have been given a prescription for your medication, please take it to Rowlands Chemist located to the right of the main hospital entrance at Southport District General Hospital for dispensing. Further supplies will be prescribed by your own GP.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Any adverse reaction, discontinue use and contact one of the telephone numbers below.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

- Linda Baldwin, Urogynae Nurse Specialist, Ormskirk District General Hospital
(01695) 656953
- Gynaecology Ward, Ormskirk (01695) 656601 or
(01695) 656901

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you
need this leaflet in an alternative
format**

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ Tel:
(01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN Tel:
(01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached Friends and Family Test**.

Alternatively, you can complete the *Friends and Family Test* on-line by going to:
southportandormskirk.nhs.uk/FFT **Thank you**

Owner: Karen Shaw

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