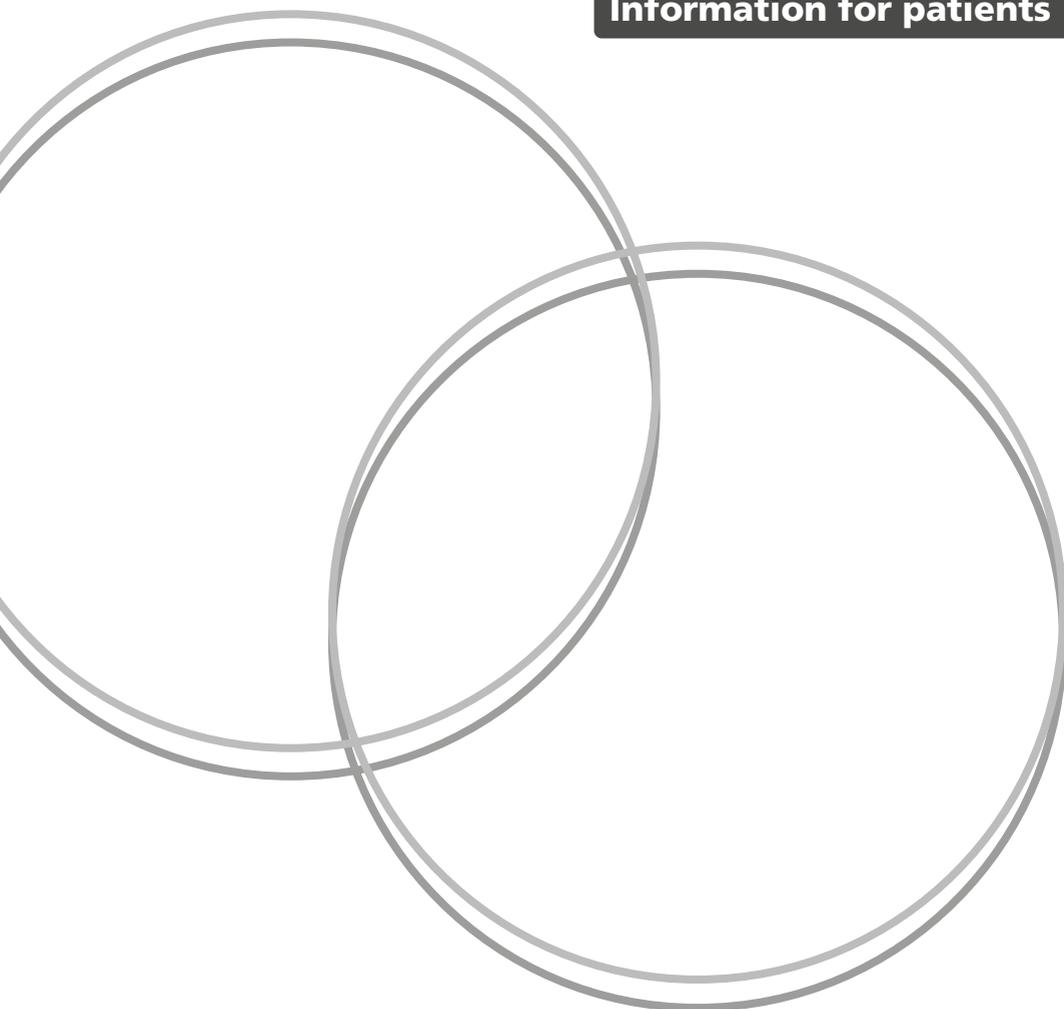




Oxford University Hospitals
NHS Foundation Trust

Topical lidocaine for vulval pain

Information for patients



What is vulval pain?

“Vulval pain” means ongoing pain in the vulva (the external genital area) when there is nothing abnormal to see and no cause for the pain is found such as infection or a skin condition. This is sometimes referred to as “vulvodynia”.

One type of vulval pain “vestibulodynia” is pain arising at the entrance of the vagina.

Sometimes the pain starts from an obvious cause such as childbirth, injury or infection. Sometimes the pain starts at a time of great stress. Other times the cause of the pain starting is not obvious.

What is topical lidocaine?

Lidocaine is a local anaesthetic that gently numbs the skin surface for a short time. It takes 5-10 minutes to work and lasts for less than an hour.

“Topical” means you put it directly on the skin, where the pain is.

This advice applies to use of:

- 2% lidocaine gel = Instillagel or Optilube Active
- Over the counter cream containing 2% lidocaine = Vagisil
- 5% lidocaine ointment (ointment is better on vulval skin than creams – creams contain more preservatives which can sting).

Topical lidocaine for vulval pain

Using topical lidocaine for vulval pain is an example of an off-label use of a medication. This means using a medication in a way that is different to that described in its product licence.

Topical lidocaine is widely used in this way and is safe as recommended by current national bodies the British Association of Dermatologists and the British Association of Sexual Health & HIV.

If you would like further information about using an off label medication see this leaflet on the Oxford University Hospitals website:

www.ouh.nhs.uk/media/wcniy5dl/72458unlicensed.pdf

Occasionally long-term use of topical lidocaine can cause an allergy to lidocaine but this is rare.

If you are pregnant or breastfeeding please discuss using topical lidocaine with your doctor.

You can use topical lidocaine with other medicines and creams.

For lidocaine to work properly, it should be applied to the skin before any other creams or ointments. If you put a different cream or ointment on directly before lidocaine then the lidocaine probably won't reach the skin and so won't be effective.

A plain moisturiser can be used on the vulval skin after topical lidocaine if this has also been suggested. Steroid cream or ointment can be used after lidocaine, or at a different time of day, if this has been prescribed.

2% lidocaine gel

Available on prescription and you can buy it from some pharmacies (ask to speak to the pharmacist, as it won't be on the shelf).

These gels also contain chlorhexidine. If you have an allergy to chlorhexidine, please speak to your doctor/ healthcare professional.

Two different versions are available:

- **Instillagel** and **Optilube Active** contain the same ingredients but are from different manufacturers.

They come in boxes of ten syringes that are either 6ml or 11ml.

The gel is in syringes because it is used for different things as well as vulval pain.

It is much easier to apply it to your vulva if you do not use the syringe that it comes in. We suggest squirting the contents of the syringes into a small cleaned empty bottle or pot. Then you can put the amount you want on your finger and put it where you need to on the genital skin. Be generous! It would do no harm to use a whole syringeful at a time – but you almost certainly won't need or want this much. If you do use the syringe to apply the gel directly to your vulva or vagina then discard the syringe with any unused gel after use.

5% lidocaine ointment

Available on prescription.

- If 2% gel is not effective enough you can try 5% lidocaine OINTMENT (not cream, that tends to sting). It comes in tubes of 15g and is a thick greasy ointment not a watery gel. Some people find this sticks to the skin better, and so is more effective. The ointment can also act as a barrier keeping irritants such as clothing and urine from directly touching the skin.

You can also be generous with this – a large blob up to the size of a peanut, or two, is fine.

Vagisil Medicated Creme

- This contains 2% lidocaine and is available to buy at pharmacies without a prescription. The other ingredients in the cream seem to have a greater chance of causing sensitivity in the genital area – but there is no harm in using this preparation if it suits you.

How to use topical lidocaine

The very first time just try rubbing a pea sized amount into the skin on your inner thigh – to check it doesn't cause a reaction or allergy. Wait 24 hours to assess the response – then you can use it on your vulva.

You can try different ways of using topical lidocaine until you find what is most helpful for you.

A. Use the topical lidocaine regularly for example:

- twice a day when you get dressed, and undressed.
- four times a day.
- every time you go to the toilet.

B. Use the topical lidocaine before activities that you know will cause the pain, for example:

- before exercise.
- before riding a bicycle.
- before wearing certain clothes.
- before sex.

You can do a mixture of A & B – experiment until you find a strategy that minimises your pain.

None of these preparations should cause your sexual partner a problem, or any significant numbness. You can gently wipe off excess gel/ointment before sex.

Condoms

✓ 2% lidocaine gel is safe to use with condoms.

✗ **Lidocaine creams and ointments can be used 10 minutes before sex but must be wiped off fully before condom use – the oil-based ingredients in them can damage condoms making them more likely to split.**

Lubricants for sex

You can use any lubricant designed for sex after using topical lidocaine. Remember only use water based lubricants with condoms.

Gradual desensitisation with topical lidocaine + touch

One of the things that can happen with persistent vulval pain is that the nerve pathways up from the genitals to the brain become hypersensitive. When this happens, a normal feeling like touch or wearing tight jeans results in a pain signal. Whatever started it – trauma, a period of painful sex, infection, thrush, childbirth – it can become a vicious circle. Every time touch causes pain the pathway becomes MORE sensitive.

If topical lidocaine helps reduce your pain and allows touch without pain (even for a period of 15 minutes), then you can use it to help re-train the nerve pathways. Every time you touch and it DOESN'T hurt, the nerve pathway is signalling normally – and becoming less sensitive.

You can use this principle to help your vulval pain:

- Apply lidocaine to where the pain is.
- Wait the 5-10 minutes until it has worked.
- Then do some deliberate, gentle, touching of that area of skin – so you experience touch without pain.
- Start with 30 seconds of touch and build up to a few minutes.
- This can be self-touch (usually easiest as you can set a little routine, for example doing this when you get out of the shower / get dressed every day) or touch with your partner.

This works best if it is repeated for a very short time EVERY DAY. It rewires the skin to brain nerve pathway to experience non-painful touch, and eventually the pathway will learn the new pattern – become less sensitive – and you'll be able to stop the lidocaine and not experience pain from touch.

This takes **months** of repetition, for example 5 days a week for 6 months, but is really worth it if it means long-term you will be pain free.

If you are interested in reading more about the effects of chronic (long term) pain look at:

“Understanding Pain in less than 5 minutes, and what to do about it!”

www.youtube.com/watch?v=C_3phB93rvI

Other treatments for vulval pain

- Appropriate skin care is recommended for everyone with vulval pain – washing with plain water or an emollient (for example Hydromol, Cetraben, Aveeno), and keeping the skin well moisturised with a plain moisturiser (for example Hydromol, Certraben, Epaderm).
- Avoid soaps and shower gels which dry the skin, and bubble bath / bath soaks / bath bombs.
- “Feminine washes” are **not recommended**.
- “Douching” or washing inside the vagina is **not recommended**.
- Medication taken as tablets are sometimes prescribed for vulval pain – for example amitriptyline, duloxetine, gabapentin and pregabalin can help long term pain.
- Specialist treatment with a pelvic floor physiotherapist can help treat the muscle tension that often arises when a person has vulval pain.

All of these treatments can be used alongside topical lidocaine.

Another tip – Pelvic floor relaxation

Very commonly people with vulval pain get problems with their pelvic floor muscles.

When the genitals are painful, the muscles just under the skin react by squeezing tight– these are your pelvic floor muscles. This is an automatic reflex – just as you would blink if a bit of grit flew towards your eye or snatch your hand away from the hot stove as you burned yourself.

If your pelvic floor muscles squeeze every time your vulva is touched 2 things happen:

1. The muscles are squeezing on those hypersensitive nerves, making them even more irritable
2. The muscles are squeezing around the entrance to the vagina – making the entrance smaller and tighter, making sex more difficult and possibly a lot more painful.

So it is a good idea for anyone with vulval pain to get familiar with where their pelvic floor muscles are, and how to take control of them, and relax them.

These resources will help:

www.hopeandher.com

www.pelvicexercises.com.au/pelvic-floor-relaxation-exercises

An example of a very helpful daily routine would be:

- Set aside 10 minutes when I can be relaxed: before or after I get in the shower, before getting dressed or after getting undressed.
- Apply my topical lidocaine 2% or 5%.
- Do 5 minutes of pelvic floor relaxation exercises whilst waiting for the lidocaine to take effect.
- Do 1-2 minutes of gentle self-touch to the vulva, with a relaxed pelvic floor – if I am aware of the muscles tightening again in response to the touch take care to get them relaxed again.
- Congratulate myself for being one step nearer recovery.
- Repeat at least five days a week.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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