



CARE OF VULVAL SKIN

What are the aims of this leaflet?

This leaflet has been written to help you understand more about the care of vulval skin. It gives general advice for women who have a diagnosed skin condition affecting the vulva or women who are experiencing symptoms such as itching, dryness or soreness in the genital region without any specific diagnosis.

What is vulval skin?

The “vulva” is the term used to describe the visible part of the female genitalia which includes the inner and outer “lips” (labia) and clitoris.

How should I care for my vulval skin?

- The skin of the vulva is sensitive and can be easily irritated by everyday products including panty liners, soap, bubble baths, shower gels, talcum powder, cleansing wipes and feminine hygiene wipes, perfumes, deodorants, antiseptics, fragranced washing powders and fabric conditioners.
- Avoid using any of the irritant products listed above on the vulva.
- Do not wash the vulva too often (once a day is usually enough) as washing too often may aggravate dryness and cause irritation.
- Apply an unscented emollient (moisturising) ointment, cream or lotion regularly to soothe, protect and act as a barrier.
- If shampoos and shower gels irritate the vulva during showers you can apply your emollient before having a bath or shower to prevent the skin from coming into contact with these products. You may find it more comfortable to wear loose fitting 100% cotton underwear and avoid tight fitting clothing such as jeans or leggings.

How should I wash my vulva?

Wash your vulva gently, using your hands. Avoid using a flannel or cloth as this can scratch the skin. Pat the area dry with a soft towel. It is preferable to always use an emollient ointment as a substitute for soap. Do not use cleansing wet wipes as these tend to irritate skin.

How should I apply an emollient?

An emollient will moisturise and soothe the vulval skin if it is sore, dry or itchy. A wide range of emollients are available, ranging from greasy products to creams. In general ointments are better than lotions and creams to use on vulval skin. Avoid perfumed products.

Some emollients can be bought over the counter or your GP can prescribe them.

The emollient should be applied directly to the vulval skin with your fingers and gently rubbed in. Ensure your finger nails are not rough or chipped as this may scratch the vulval skin. Emollients should be applied as often as you need, and there is no restriction on when and how much to use. They can also be used as a protective barrier prior to passing water or opening your bowels.

When should I apply other treatments?

Do not apply your emollient at the same time as other treatments such as steroid creams or other treatments prescribed by your doctor. This may reduce their effect and risk spreading the treatment to other areas. Leave an interval of at least 15-30 minutes between moisturising and applying other treatments.

What are the possible side effects of emollients?

Emollients are unlikely to cause serious side effects unless you are allergic to one of the ingredients. Occasionally they may irritate or sting if the skin is sensitive, in which case it is worth consulting your doctor and/or trying an alternative.

It is important to know that oil based emollients may cause latex condoms to be damaged or degraded, leading to possible breaks and splits.

CAUTION: This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils which can make it easier for dressings, clothing, bed linen or hair to catch fire. To reduce the fire risk, patients using these moisturising products are advised to be very careful near

naked flames to reduce the risk of clothing, hair or bedding catching fire. In particular, smoking cigarettes should be avoided and being near people who are smoking or using naked flames, especially in bed. Candles may also risk fire. Daily washing is advisable for clothing which is in regular contact with emollients and bed linen should be washed regularly.

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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