WHAT EVERY WOMAN NEEDS TO KNOW

A Woman’s Guide to Vulval Self-examination

March is Vulval Health Awareness Month

Visit the official campaign web site: www.vhac.org

Creating a FIRST in Women’s Health Awareness

Vulval Health Awareness Campaign ©

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Why perform vulval self-examination?

There are many conditions that affect the vulval skin such as infections, thrush, skin diseases e.g. lichen sclerosus, pre-cancerous cells and skin cancer (see list on back page). Many women avoid consulting their doctors because they feel embarrassed but the sooner treatment can be obtained, the less likely you are to suffer from symptoms and this may potentially reduce the extensiveness of treatment. The key to dealing with all vulval disorders, is early detection and correct diagnosis.

What is the ‘Vulva’?

This term refers to a woman’s external genital organs which includes the inner and outer lips (labia) and clitoris. The vulva is not the same as the vagina, the vagina is inside, the vulva is outside.

How do I make a self-examination?

Find a private place such as your bedroom or the bathroom, somewhere you can feel safe and will not be disturbed. Hold a mirror in one hand or use a magnifying shaving mirror on a stand. Either lie down on a bed or on the floor and position the mirror so that you can see, with your legs astride. Or you can put one foot on a small stool or on the lid of the toilet seat and hold a mirror between your legs. Try and get a good view of the vulval area by separating the outer lips.

The diagram in this leaflet indicates the different parts of the vulva (external genitalia) which should be examined individually. Each area can be both looked at and touched gently. Start at the top with the ‘mons pubis’ which is the area above the vagina around the pubic bone where the pubic hair is located. Then work down checking the clitoris, labia minora, labia majora, perineum (area between the vagina and anus) and finally the anus.

What do I need to look for?

Some examples of changes in the vulval skin include:

- Any changes in the colour of the vulval skin such as whitening or an increase in skin pigmentation
- Any thickening of the skin such as warts, lumps or skin tags
- Any ulcers/blisters or sores in the skin, particularly those that do not heal or recur regularly
- Any symptoms of persistent itching, soreness or pain over a period of weeks or months are best not being ignored or ‘self treated’ with over the counter products from the chemist or health shop, as sometimes these may aggravate or increase symptoms and delay a correct diagnosis. Any itching or soreness that does not respond to treatment by a GP within 6 months would be best seen and examined by a consultant dermatologist, gynaecologist or genito-urinary practitioner.

Cancer of the vulva is a lesser known cancer. Doctors describe it as being rare but VHAC prefers to describe it as a less common cancer. There are 1000 new cases diagnosed each year. Even though the risk of vulval cancer is slight, it’s really important to make sure that any vulval skin changes are seen by a doctor as soon as possible. There is more than one kind of vulval cancer. Some are skin cancers and some are believed to be related to HPV. There may be an increased risk for skin cancers in smokers, those who have a family history of cancer and those who have lichen sclerosus or lichen planus.

How often should vulval self-examination be performed?

Once a month in between periods or at any time when you develop vulval itching or pain, pain on sexual penetration or bleeding during or after sex or when you feel lumps or thickening of the skin or any type of vulval discomfort.

Who should perform vulval self-examination?

Women who are sexually active and all women over the age of 18 years on an ongoing basis.

Although skin cancer of the vulva is uncommon, it is better to be certain. Report all changes to your doctor. Statistics for vulval cancer are not published on a regular basis but recent surveys record an average of 1,000 diagnosed new cases of vulval cancer each year in the UK.

If you are uncertain about performing self-examination:

Ask the nurse at your local GP clinic to talk you through the procedure. Take this leaflet and a hand-mirror with you and do not be afraid to ask questions. If you learn what looks ‘normal’ for you today, then it will be easy to detect any changes. It is important to learn the correct names for the parts of the vulva, it will help you to explain to your doctor or consultant exactly where the symptoms are located, and it will help your doctor too! Remember – the vagina is an internal organ, the vulva is the area outside.

Your vulva is the essence of your femininity and sexuality. Learn to take care of it as you would care for other aspects of your femininity, such as your breasts, hair, skin and fingernails. Remember that perfumed soaps, toilet/bath and shower products may irritate your vulval skin. Consider using an emollient product instead. Ask your local chemist for details of the wide variety of emollients available.

This information has been made available for your use but only you can take responsibility for your own health and well being by performing self-examination regularly. Make a regular appointment in your diary to remember this important health routine.

Women have the same basic genital equipment but it is presented differently and uniquely in everyone. Get to know what your vulva looks like today and what is ‘normal’ for you. If you detect any changes, seek medical advice early.