**Why perform vulval self examination?**

There is NO screening programme for **cancer of the vulva** and the many skin disorders capable of affecting intimacy and quality of life. There is NO education programme. A woman needs to know the signs and symptoms of disorders that can affect her genitals. Early recognition of problems, diagnosis and treatment are essential. Women are embarrassed to visit their doctor and delay diagnosis by self treating.

**What is the Vulva?**

The Vulva is the correct name for the external female genitalia. It is the area on the outside, bearing pubic hair, extending from the top of the pubic hair region down to the anus. It comprises the labia (both inner and outer lips) and the clitoris, a woman’s most erogenous zone. It is not the Vagina. The Vagina is on the inside and cannot be seen unless the inner vulval lips are parted.

**What are the dangers of not calling a vulva a vulva?**

Describing your genitals as ‘vagina’ may mislead your doctor who will part the inner labia to see the vagina and may miss subtle early signs of disease in the outside skin folds, resulting in no diagnosis or missed diagnosis.

**How do I examine my own vulva?**

Find a safe and private space, such as your bedroom or the bathroom. Choose a place with good lighting. Use a large magnifying mirror. Hold the mirror in one hand or use a mirror on a stand. Either lie down, put one foot on a chair standing up or sit in a position anywhere where you can see your vulva with your legs astride.

- Check at the top of the pubic hair and using your fingers move over the entire vulval skin.
- Look at every area of skin.
- Inspect inside all the skin folds, including around the clitoris.
- Touch every area of skin down to the anus, to look for lumps or any raised or warty areas of skin. The diagram in this leaflet shows the different parts of he vulva. Perform examination either once a month in between your period or at least every 3 months. Start today by looking at your vulva and getting know what is normal for you. It will then be easier to identify any changes.

**What do I need to look for?**

- Any changes in skin colour, either darker or paler and white and any unusual or new dark spots
- Any areas of thickened skin, such as warts, lumps or skin tags
- Any ulcers, blisters or sores, particularly those that do not heal or recur regularly
- Any symptoms of persistent itching, soreness or pain over a period of months that are not responding to any treatment you may be having must be reported to your family doctor who needs to refer you to a vulval dermatologist or a gynaecologist who works at a dedicated vulva clinic together with a dermatologist.

Cancer of the vulva is described as being rare and yet at least two women will die every day of the year. Many could be saved if early diagnosis and treatment had taken place.

**Lichen Sclerosus** is a rather common, incurable vulval skin condition. Between 1% and 3% of women, are affected worldwide (statistics obtained from published medical papers). In the UK there are approximately 300,000 to 900,000 cases, rising steadily each year. According to one gynaecologist, around 20,000 new cases may arise in the UK each year. Lichen sclerosus increases the risk for cancer of the vulva and requires early and ongoing treatment. For more information [www.lichensclerosus.org](http://www.lichensclerosus.org).

**Vulval Intraepithelial Neoplasia (VIN)** is considered to be rare but the incidence is growing each year. Pre-cancer cells of the vulva, mainly arising as a result of HPV. See [www.vhac.org](http://www.vhac.org).

**Poor Relation?**

Vulval disease - a new, low profile and still to be discovered health issue for women worldwide. VHAC believes every woman is important and deserves the very best of information, education and care. Visit [www.vhac.org](http://www.vhac.org) for more information.

**Share this leaflet with your doctor**

Encourage your doctors to visit the VHAC website, where they can find information about how to learn more to help patients. Share with your friends, relatives and local health clinics.

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**Fight for every woman**

- Mons pubis
- Clitoris
- Labia majora
- Urethra
- Labia minora
- Vestibule (entrance to vagina)
- Perineum
- Anus