HEALTH BASICS

Vulva

The vulva is the group of external genital structures around the vaginal opening.

WHAT IT IS
External genital structures around the vaginal and urethral openings

WHERE IT COMES UP
Hygiene, sexual health, childbirth, skin changes, and genital examinations

WHY IT MATTERS
Protects openings and supports sensation, urination, sex, and childbirth

WHAT IT IS NOT
Not the vagina and not a disease

WHO TO ASK
Primary care, sexual health, gynecology, or dermatology clinician

HOW IT IS CHECKED
Visual examination; swabs or biopsy when a condition is suspected

Overview

The vulva is the external part of the genital area. It includes the structures you can see around the openings of the vagina and urethra. The urethra is the tube that carries urine out of the body.

The vulva is not the same as the vagina. The vagina is an internal muscular passage that connects the vulva with the cervix, which is the lower part of the uterus.

The main parts of the vulva include:

The perineum is the area between the vaginal opening and anus. It is closely connected with vulvar health, although it is not always included in the definition of the vulva.

Vulvas differ widely in shape, size, color, hair pattern, and symmetry. The inner labia may be longer than the outer labia, and one side may be larger than the other. These differences are usually normal.

- The mons pubis , the fatty area over the pubic bone
- The labia majora , the outer skin folds or "outer lips"
- The labia minora , the inner folds or "inner lips"

- The clitoris , a sensitive organ involved in sexual pleasure
- The clitoral hood , the fold of skin covering part of the clitoris
- The vestibule , the area containing the urethral and vaginal openings
- Small glands near the openings, including the Bartholin glands

How it works

The labia help protect the urethral and vaginal openings from friction and irritation. Vulvar skin also contains sweat glands, oil-producing glands, hair follicles, nerves, and blood vessels.

The clitoris has many nerve endings. Only part of it is visible; much of the clitoral tissue extends inside the body. During sexual arousal, blood flow to the vulva increases, and the tissues may become fuller or more sensitive.

The Bartholin glands sit near the vaginal opening and release a small amount of fluid. Other moisture can come from the vaginal walls and the cervix. Together, these fluids may reduce friction during sexual activity.

Urine leaves through the urethral opening. Menstrual blood and vaginal fluids leave through the vaginal opening. During a vaginal birth, the baby passes through the vagina and then the vulvar opening.

Hormones affect vulvar tissue. At puberty, the labia develop and pubic hair grows. Pregnancy can increase blood flow, color, and swelling. After menopause, lower estrogen levels may make vulvar and vaginal tissues thinner, drier, or less flexible.

Why it matters for your health

Knowing the correct word can help you describe where a concern is located. For example, vulvar itching is different from discomfort deep inside the vagina or pelvis. That distinction can guide which examination or test may be useful.

The vulva can be affected by skin disorders, irritation, infections, pain conditions, cysts, injuries, and, less commonly, precancerous or cancerous changes. Because many of these can look or feel similar, appearance alone may not identify the cause.

Vulvar health also matters during sexual activity, pregnancy, childbirth, menopause, and some medical treatments. Hormone changes, friction, skin products, medicines, and underlying conditions can all affect vulvar tissue.

Cervical screening does not examine the whole vulva. It collects cells from the cervix to look for cervical changes. A clinician may notice a vulvar change during the appointment, but cervical screening is not a test for vulvar cancer or other vulvar conditions.

What can go wrong

Irritant or allergic contact dermatitis is inflammation caused by contact with substances such as fragranced products, detergents, pads, adhesives, or some medicines applied to the skin.

Infections can involve the vulva, vagina, or both. Examples include thrush, genital herpes, and some other sexually transmitted infections. A test may be needed because irritation, sores, or discharge can have several possible causes.

Bartholin cysts form when the opening of a Bartholin gland becomes blocked. If infected, a cyst can become an abscess, which is a painful collection of pus.

Vulvodynia is persistent vulvar pain without a clear cause found on routine assessment. The pain may affect the whole vulva or one area, such as the entrance to the vagina.

Vulvar skin conditions include eczema, psoriasis, lichen planus, and lichen sclerosus. Lichen sclerosus causes inflammation and fragile skin, often with pale or white areas. These conditions may need long-term follow-up.

Vulvar intraepithelial neoplasia , often shortened to VIN, means abnormal cells are present in the vulvar skin. It is not cancer, but some types may develop into cancer over time.

Vulvar cancer is uncommon compared with many other cancers. A lasting lump, ulcer, thickened area, unexplained bleeding, or change in skin color or texture should be assessed. These changes often have non-cancerous causes, but an examination is important.

Arrange a routine appointment for a change that persists or returns, including itching, soreness, pain, a lump, an ulcer, bleeding, or a noticeable change in the skin. Seek prompt medical advice for a very painful or rapidly enlarging swelling, fever with a tender lump, or difficulty passing urine.

Get emergency help for uncontrolled bleeding, a serious genital injury, or immediate danger after an assault. Sexual assault services can also provide confidential medical care, testing, evidence collection, and emotional support.

What you can do

There is no test or treatment needed simply for having a particular vulvar shape, size, or color.

If you are concerned about whether an appearance is normal, you can ask a primary care, sexual health, or gynecology clinician to examine it.

You may choose to become familiar with your usual appearance using a hand mirror. This is not a required screening test. It may help you describe a new change, but it cannot confirm what has caused that change.

If a concern develops, record when it started and whether it relates to periods, sex, exercise, urination, a new product, or a medicine. Note any change in skin, pain, discharge, bleeding, or swelling. A photograph may help track a visible change, but store images securely and do not delay an examination if the area is worsening.

Wash the external area gently with water or a mild, unperfumed cleanser if needed. Avoid scrubbing and do not clean inside the vagina. Douching can disturb the vagina's usual environment and is not needed for vulvar hygiene.

A clinician may examine the vulva under good lighting. Depending on the concern, testing may include a swab for infection, a urine test, sexually transmitted infection testing, or a biopsy . A biopsy removes a small sample of tissue for examination under a microscope.

Useful questions to ask include:

- Could this be a skin condition, infection, cyst, or pain condition?
- Do I need a swab, urine test, STI test, or biopsy?
- Could a product or medicine be irritating the area?
- When should I return if the change does not settle?
- Which changes would need more urgent care?

Common questions

Is the vulva the same as the vagina?

No. The vulva is external. The vagina is an internal passage whose opening is within the vulva.

Is it normal for the inner labia to be visible?

Yes. Inner labia may extend beyond the outer labia, and one side may be longer than the other. There is a wide range of normal appearances.

Does the vulva need special cleaning products?

Usually not. The vulva can generally be washed gently with water. Fragranced washes, deodorants, wipes, and douches may irritate sensitive skin.

Can vaginal discharge touch or irritate the vulva?

Yes. Vaginal fluid leaves through the vaginal opening and may contact vulvar skin. A new change in discharge, especially with irritation, odor, pain, or bleeding, can be discussed with a clinician.

Does cervical screening check the vulva?

No. Cervical screening tests cells from the cervix. A separate visual examination is needed to assess a vulvar change.

Who examines vulvar concerns?

Primary care clinicians, sexual health services, gynecology teams, and dermatology clinicians may assess vulvar concerns. The most suitable service may depend on whether the main issue involves skin, infection, pain, or a lump.

Sources

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