CONDITION

Vulvodynia

Vulvodynia is persistent pain in the vulva without a clear medical cause.

WHAT IT IS
Persistent vulvar pain without an identifiable cause

BODY SYSTEM
Reproductive and nervous systems, pelvic floor muscles

MAIN SYMPTOMS
Burning, stinging, rawness, pain with touch

WHAT CAUSES IT
Unknown, likely involving nerves, muscles, and inflammation

HOW IT IS DIAGNOSED
Clinical assessment and tests excluding other causes

MAIN TREATMENT
Multimodal pain care and pelvic floor therapy

CAN IT BE CURED?
Sometimes - symptoms improve greatly or resolve

IS IT AN EMERGENCY?
No - heavy bleeding, fever, or rapid swelling are urgent

LONG-TERM OUTLOOK
Symptoms often improve, but may persist or recur

Overview

Vulvodynia is pain in the vulva that lasts for at least three months and has no clear cause that fully explains it. The vulva is the external genital area, including the labia and the tissue around the vaginal opening.

The pain is real even when the skin looks normal and routine tests do not find an infection or injury. Vulvodynia is considered a chronic pain condition, not an infection, sexually transmitted infection, or form of cancer.

Pain may affect the whole vulva or one area. Pain focused around the vaginal opening is often called localized provoked vulvodynia or vestibulodynia. "Provoked" means that touch or pressure triggers it. Other people have pain without touch, called spontaneous pain, or a mixture of both.

Vulvodynia matters because it can affect sitting, exercise, sleep, sexual activity, medical examinations, and emotional well-being. Finding the right combination of care can take time, but symptoms can improve.

Symptoms

People describe vulvodynia in different ways. Common descriptions include:

Pain may be constant or come and go. It can affect one small area, both sides, or the whole vulva. Some people feel pain only when the area is touched. Others have pain while resting.

The vulva may look normal. Mild redness can occur, but visible redness does not show how severe the pain is.

Vaginal discharge, open sores, marked swelling, or bleeding are not typical features of vulvodynia. These symptoms may have another cause and should be assessed.

- Burning, stinging, soreness, rawness, or aching
- Sharp, throbbing, or electric-shock-like pain
- Pain with sex, tampon use, tight clothing, or a pelvic examination
- Pain after sitting, cycling, exercise, or other pressure on the vulva

Causes and risk factors

There is no single proven cause of vulvodynia. It may develop through several overlapping changes in how the nerves, muscles, immune system, and brain process pain.

Possible contributing factors include increased sensitivity of vulvar nerves, an overactive or painful pelvic floor, and inflammation following irritation or infection. The pelvic floor is the group of muscles supporting the bladder, bowel, uterus, and vagina. These muscles may tighten in response to pain, which can then increase pressure and discomfort.

Hormonal factors, inherited sensitivity to pain, previous pelvic procedures, and repeated vulvar irritation may also play a part for some people. Research has not established one set of risk factors that applies to everyone.

Some people first notice symptoms after repeated yeast infections, childbirth, an injury, sexual activity, or a period of hormonal change. This does not necessarily mean that the original event remains the cause.

Vulvodynia is not caused by poor hygiene. It is not contagious, and it cannot be passed to a

sexual partner. Stress does not create the condition, although stress, poor sleep, and fear of pain can make an existing pain system more sensitive.

Diagnosis

There is no blood test or scan that confirms vulvodynia. Diagnosis is based on your symptoms, an examination, and checking for other conditions that could explain the pain.

A clinician will usually ask where the pain occurs, how long it has been present, what triggers it, and how it affects daily life. Questions may cover skin problems, infections, bladder or bowel symptoms, menstrual or hormonal changes, medicines, sexual activity, and previous treatments.

The examination should begin with a careful look at the vulvar skin. With your permission, the clinician may gently touch different areas with a cotton swab to map where pain occurs. They may also assess whether the pelvic floor muscles are tight or tender. You can ask to pause or stop the examination at any time.

Tests are chosen according to your symptoms. A swab may be used to check for yeast or another infection. A small skin sample, called a biopsy, may be needed if there is a persistent sore, thickened area, unusual colour change, or another visible skin problem. A biopsy is not routinely needed when the skin appears normal.

Conditions that may need to be excluded include yeast infection, herpes, eczema, lichen sclerosus, low-estrogen tissue changes, nerve injury, and other pelvic pain conditions. Finding one of these does not rule out vulvodynia; sometimes more than one condition is present.

Treatment and management

Treatment aims to reduce pain, restore comfortable movement and sexual function, and improve quality of life. There is no single treatment that works for everyone. A combination is often more useful than one approach alone.

Gentle vulvar care can reduce irritation. This may include washing with water or an unperfumed cleanser, avoiding scented products, and choosing loose clothing when tight fabric worsens symptoms. These changes can help with flares, but they are not a cure.

Pelvic floor physical therapy is a central treatment when the muscles are tight, painful, or difficult to relax. Therapy may involve breathing and relaxation work, gentle manual treatment, movement exercises, and biofeedback. Pelvic floor strengthening exercises are not automatically helpful; strengthening already tight muscles may increase pain.

Medicines may be considered to change how pain nerves send signals. Options can include topical local anaesthetics or oral medicines also used for nerve pain. Benefits and side effects differ, and improvement may be gradual. Repeated antifungal treatment is unlikely to help unless testing or examination supports a yeast infection, and unnecessary products may cause further irritation.

Psychological pain therapies, including cognitive behavioural therapy, can help reduce fear, distress, and disruption caused by persistent pain. This does not mean that symptoms are imaginary. Sex therapy or couples counselling may help with communication, intimacy, and finding comfortable alternatives to painful activities.

For persistent localized pain, specialist options may include trigger-point injections, nerve blocks, or other procedures. Surgery to remove painful tissue around the vaginal opening, called vestibulectomy, is reserved for carefully selected people with localized provoked pain that has not improved with less invasive treatment. It is not a usual treatment for widespread vulvar pain.

Complications

Vulvodynia does not usually damage vulvar tissue or develop into cancer. Its main complications come from persistent pain and its effects on daily life.

Pain may lead to pelvic floor tightening, reduced physical activity, sleep problems, anxiety, low mood, or avoidance of medical examinations. It can also affect body confidence, relationships, and sexual well-being. Anticipating pain may make the body tense before touch, creating a cycle of pain and muscle guarding.

Vulvodynia does not directly cause infertility. However, pain during penetration or examinations may affect sexual activity or make some aspects of reproductive care more difficult.

Prevention

There is no reliable way to prevent vulvodynia because its underlying cause is not fully understood.

Avoiding products that irritate your skin may reduce symptom flares, but it cannot guarantee that the condition will not develop or return. Treating confirmed infections appropriately may prevent ongoing irritation. Repeatedly treating presumed thrush without testing does not prevent vulvodynia and may worsen sensitivity.

If you already have symptoms, pacing activities and addressing pelvic floor tension early may help prevent a short flare from becoming more disruptive.

Living with it and what to expect

Vulvodynia often follows a changing course over months or years. Symptoms may improve gradually, remain stable, or return after a pain-free period. Flares can follow pressure, sexual activity, illness, stress, hormonal changes, or no obvious trigger.

Improvement is often measured in steps rather than by pain disappearing at once. You may first notice that flares are shorter, sitting is easier, or touch is less painful. Treatment plans often need adjustment as clinicians learn which factors are most important for you.

Many people continue working, exercising, having relationships, and enjoying sexual intimacy, sometimes with temporary changes. Lubricants, different sexual activities, pacing, and stopping before pain builds can help. Pain should not be pushed through as a test of progress.

A flare does not necessarily mean the condition is permanently worsening. Keeping a simple record of symptoms, triggers, menstrual or hormonal changes, and treatments may reveal useful patterns without requiring you to monitor every sensation.

Regular follow-up is appropriate when symptoms are changing, treatment is causing side effects, or pain continues to limit daily life. A clinician experienced in vulvar pain, pelvic floor therapy, pain medicine, or sexual health may be helpful when initial treatment is not enough.

When to get medical help

Arrange a routine appointment if vulvar pain lasts for several weeks, keeps returning, or interferes with sitting, sleep, exercise, tampon use, sex, or examinations. Earlier assessment can identify treatable causes, even before the three-month definition of vulvodynia is reached.

Seek a prompt appointment for a new lump, persistent sore, skin thickening, colour change, unusual discharge, bleeding after sex, or symptoms of an infection. These findings are not typical of vulvodynia and need their own assessment.

Seek urgent medical care for:

Call emergency services for trouble breathing, swelling of the face or throat, loss of consciousness, or another immediate threat to safety. These are not usual features of vulvodynia.

- Rapidly increasing redness or swelling, especially with fever

- Severe new pain after an injury or procedure
- Heavy bleeding, fainting, or feeling seriously unwell
- Inability to pass urine
- Severe symptoms during pregnancy

Common questions

Is vulvodynia the same as thrush?

No. Thrush is a yeast infection and may cause itching, soreness, redness, and discharge. Vulvodynia is persistent pain without an infection or another clear cause. Because the symptoms can overlap, testing may be useful before using repeated antifungal treatments.

Can vulvodynia go away?

Yes, symptoms can improve greatly or resolve, but this cannot be predicted for one person. Some people have continuing or recurring symptoms. Treatment often focuses on gradually reducing pain and restoring activities rather than expecting one immediate cure.

Can I have sex if I have vulvodynia?

You can have sexual activity that feels comfortable and wanted. Penetration may need to be paused or adapted during painful periods. Lubrication, slower pacing, different positions, and non-penetrative intimacy can help. Continuing through significant pain may increase muscle guarding and sensitivity.

Does vulvodynia mean something is wrong with my nerves?

Nerve sensitivity appears to be one part of vulvodynia for many people, but it does not usually mean that a nerve is permanently damaged. The pain system can become over-responsive, and treatment may help calm that response.

Why does it hurt when everything looks normal?

Pain can come from sensitive nerves and tight pelvic floor muscles even when the skin appears healthy. A normal-looking vulva does not make the pain less real. Examination and testing are still important to check for conditions that may not be obvious at first.

Will vulvodynia affect pregnancy or fertility?

Vulvodynia does not directly reduce fertility. Pain may make intercourse, pelvic examinations, or some pregnancy care uncomfortable. Planning with your maternity team and pelvic floor therapist can help make examinations and birth-related care more manageable.

Sources

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