SYMPTOM

Vaginal dryness

Vaginal dryness is reduced moisture in or around the vagina that may cause soreness, burning, or discomfort

WHAT IT FEELS LIKE
Dry, sore, itchy, or burning, especially during sex

WHERE IT IS FELT
In the vagina and around its opening

MOST COMMON CAUSES
Menopause, breastfeeding, and not enough arousal

WHEN IT IS URGENT
Severe pelvic pain with fever or heavy vaginal bleeding

USUALLY LASTS
Days to months, depending on hormones, irritation, and treatment

SEE A DOCTOR IF
It persists, recurs, or makes sex or urination painful

Overview

Vaginal dryness means there is less natural moisture in the vagina. You may also notice discomfort around the vaginal opening or vulva, which is the external genital area.

Dryness is common when estrogen levels fall, especially during perimenopause, menopause, and breastfeeding. Estrogen is a hormone that helps keep vaginal tissue moist, flexible, and healthy. Dryness can also be related to arousal, medicines, skin irritation, or another health condition.

It may be temporary or ongoing. Although it can affect comfort, sex, sleep, and daily activities, treatments are available. Vaginal dryness is a symptom rather than a diagnosis, so the best treatment depends on its cause.

What it may feel or look like

You may notice:

After menopause, dryness may occur with thinning and reduced flexibility of vaginal tissue.

These changes are sometimes called genitourinary syndrome of menopause, or GSM. This term includes vaginal, vulval, sexual, and urinary symptoms linked to lower estrogen levels.

Dryness alone does not usually cause a strong smell or unusual discharge. If these are present, an infection or another cause may need to be considered.

- Dryness, tightness, itching, burning, or tenderness
- Pain or friction during vaginal sex
- Light spotting after sex from irritated tissue
- Stinging when urine touches the vaginal opening
- Small cracks or redness around the opening
- A frequent or urgent need to urinate

Common causes

Hormonal changes are a frequent cause. Estrogen levels can fall during perimenopause and menopause, after childbirth, and while breastfeeding. Treatment that lowers or blocks estrogen, including some cancer treatments, can also cause dryness.

Not enough arousal before sex can reduce natural lubrication. Stress, tiredness, relationship concerns, pain, and some medicines may affect arousal. This does not mean the symptom is "just psychological"; physical and emotional factors often overlap.

Irritation can come from scented soaps, vaginal washes, bubble baths, douches, deodorants, or fragranced pads and wipes. Frequent washing may make dryness and soreness worse.

Medicines may sometimes reduce lubrication or affect sexual response. Examples include certain hormonal treatments and medicines used in cancer care. Do not stop a prescribed medicine without discussing it with the prescriber.

Less common causes include inflammatory skin conditions affecting the vulva, such as lichen sclerosus, and Sjögren disease, an immune condition that causes dryness in several parts of the body. Pelvic surgery or radiation treatment can also affect vaginal tissue.

Thrush, sexually transmitted infections, and other vaginal infections more often cause itching, discharge, smell, sores, or pain than dryness alone. However, they can make the area feel dry or irritated.

When to seek medical care

Book a routine appointment if the dryness persists, keeps returning, affects sex or daily life, or does not improve with simple self-care. Arrange an assessment if you also have unusual discharge, sores, ongoing itching, repeated urinary symptoms, or bleeding after sex.

Any vaginal bleeding after menopause should be checked promptly, even if it happens only once or seems light. Most causes are not an emergency, but the reason needs to be identified.

Seek same-day medical advice if dryness or pain occurs with fever, worsening lower abdominal or pelvic pain, foul-smelling discharge, or bleeding during pregnancy.

Go to urgent or emergency care for:

- Heavy vaginal bleeding, especially with weakness, fainting, or dizziness
- Sudden severe pelvic or abdominal pain
- Severe pain with fever, vomiting, confusion, or feeling very unwell

How the cause is found

A healthcare professional may ask when the dryness began and whether it is linked to menopause, childbirth, breastfeeding, sex, or a new medicine. They may ask about pain, bleeding, discharge, urinary symptoms, skin changes, and your menstrual pattern.

An examination is not always needed. If one is suggested, it may include looking at the vulva and gently examining the vagina for irritation, thinning, infection, or a skin condition. You can ask what the examination involves, request a chaperone, and ask for it to stop at any time.

A swab may be taken if infection is possible. Urine testing may help when there is burning or urinary urgency. Blood tests are not routinely needed for vaginal dryness, but they may be used if your wider symptoms suggest another condition.

Treatment and self-care

A vaginal moisturiser can provide longer-lasting moisture when used regularly according to its instructions. It is different from a lubricant, which reduces friction during sexual activity.

Water-based and silicone-based lubricants can make vaginal sex more comfortable. If you use condoms, check that the lubricant is condom-compatible. Oil-based products can damage latex condoms.

Avoid douching and fragranced products around the vulva. Wash gently with water or a mild, unperfumed cleanser, and avoid scrubbing inside the vagina. The vagina cleans itself.

If sexual activity is uncomfortable, allow more time for arousal and use lubricant. Stop if an activity causes pain. Non-penetrative intimacy may be more comfortable while symptoms are being addressed.

For menopause-related dryness, a clinician may offer low-dose vaginal estrogen. It comes in forms such as creams, tablets, or rings and acts mainly on local vaginal tissue. Other prescription options may be considered when estrogen is unsuitable or not preferred.

If you have unexplained vaginal bleeding or a history of an estrogen-sensitive cancer, discuss prescription hormonal treatment with the healthcare professionals involved in your care. The choice should reflect your symptoms, medical history, preferences, and current treatment.

Infections and vulval skin conditions need treatment aimed at the specific cause rather than dryness alone.

What to expect

Dryness related to temporary irritation or changes in arousal may improve within days after the trigger is removed. Hormonal dryness may continue while estrogen levels remain low.

Lubricants work when they are applied. Vaginal moisturisers and prescription treatments may need regular use before their full effect is clear. Symptoms can return after treatment stops, particularly after menopause.

Follow up if treatment is not helping, causes irritation, or new symptoms develop. A different product or a reassessment of the cause may be needed.

Common questions

Is vaginal dryness a normal part of menopause?

It is common during and after the menopause transition, but you do not have to put up with it. Self-care and prescription treatments can help.

Can vaginal dryness cause bleeding?

Dry or fragile tissue can cause light spotting, especially after sex. Bleeding can have other causes, so repeated bleeding, bleeding after menopause, or heavy bleeding should be assessed.

Does dryness mean I have an infection?

Not necessarily. Infections often cause other symptoms, such as unusual discharge, smell, sores, or marked itching. Testing may be needed if these are present.

Can drinking more water fix it?

Good hydration supports general health, but drinking extra water does not usually correct dryness caused by low estrogen or irritated vaginal tissue.

Can I use ordinary body lotion inside the vagina?

No. Body lotions may irritate vaginal tissue. Choose a product specifically labelled as a vaginal moisturiser or lubricant.

Sources

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