

# Provoked Vestibulodynia (PVD)

## Key Information for Patients

### What is vulvodynia?

The “vulva” refers to the external female genitals. People who experience an uncomfortable sensation, such as burning, rawness or stinging, of the vulva may have a condition called vulvodynia.<sup>1</sup> Vulvodynia is a chronic vulvar pain condition that does not have a clear identifiable cause.<sup>2</sup> The pain may be localized to the opening of the vagina, called vestibulodynia, or it may be more generalized to other areas around the vulva. The pain may be triggered by things such as a tampon or sex, or it may be spontaneous and be present even without a trigger.<sup>1,2</sup>

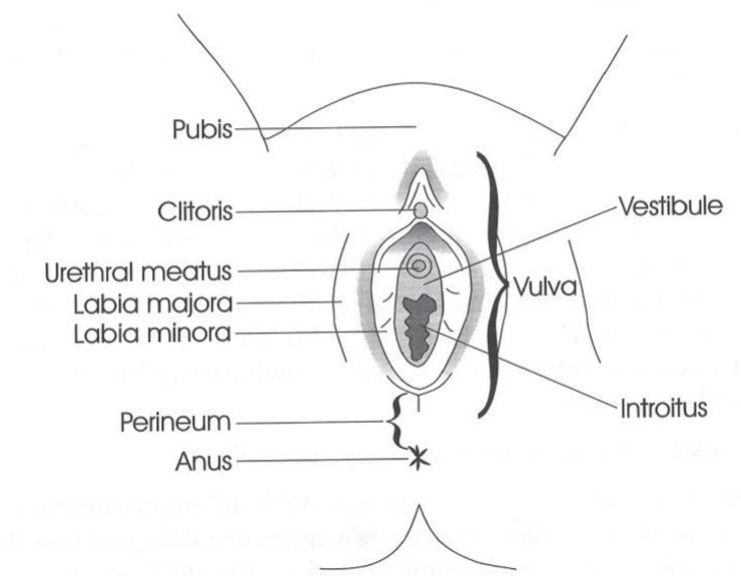
### What are the symptoms?

Provoked vestibulodynia (PVD) is thought to be the most common cause of painful sexual intercourse in women.<sup>3</sup> PVD can cause pain during sexual activity, this pain may be present the first time someone attempts to have penetrative sex.<sup>3</sup> People will also describe pain or discomfort when inserting a tampon, menstrual cup, during a pelvic examination (e.g., pap smears), while bike-riding or when wearing tight clothing.<sup>4</sup>

### How is PVD diagnosed?

PVD is diagnosed by clinical examination. The diagnosis of this condition is based on the description of symptoms and a physical examination.<sup>5</sup>

1. Typical symptom: Severe discomfort when something is inserted into the vagina.
2. During a clinical exam: the vulva usually looks normal, but when the doctor lightly touches the opening of the vagina, it feels very tender or painful.



*Vulvar Anatomy. Adapted from A Self-Help Guide by the National Vulvodynia Association (2016).*



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## What causes PVD?

Doctors don't know exactly why PVD develops, but research suggests several possible reasons:

- 1. Sensitive nerves in the skin:** The nerves in the vulvar skin may become extra sensitive, sometimes after an infection or irritation from things like soaps, detergents, or other allergens.<sup>5,6</sup>
- 2. Changes in hormones and nerve growth:** A change in sex hormones might cause more nerves to grow in the vulvar area, making it more sensitive to touch and pain.<sup>6</sup>
- 3. Changes in how the body processes pain:** Some people are born with a higher risk of developing vulvar pain. Stress, anxiety, depression, or past trauma can change how the brain and nervous system respond to pain, making normal sensations feel painful.<sup>7</sup>
- 4. Tense pelvic floor muscles:** The muscles around the painful opening of the vagina become very tense over time and this can increase the discomfort. The muscles can also go into spasm (tighten up suddenly) to try and protect the vagina when something is inserted.<sup>7</sup>

Living with PVD often leads to anxiety, depression, reduced sexual desire, vaginal dryness, and ongoing problems with the pelvic floor muscles.<sup>8</sup>

## How can PVD be managed?

There are a variety of treatments available. While most therapies result in an improvement, more than one therapy may be needed in order to restore sexual health.

- 1. Education and Support** - Information about PVD can help people with vulvas and their partners feel less isolated and introduce ways to cope. Watch this online video "when sex hurts" at [www.bcvulvarhealth.ca](http://www.bcvulvarhealth.ca). Explore the resources in this online toolkit: [vulvodyniatoolkit.com](http://vulvodyniatoolkit.com)
- 2. Vulvar Skin Care** - Good skin care is an essential step in managing this condition. See [this handout](#) for more information. Some people find topical moisturizers or barrier creams can help soothe and protect the skin.
- 3.** Explore **lubricants** during sexual activity to prevent rubbing or friction.
- 4.** There is some evidence that using a numbing medicine called **lidocaine** on the vulvar area every day may help calm down sensitive nerves and reduce pain. It is not recommended to use lidocaine right before sex. This can reduce options for intimacy, like oral sex.<sup>9</sup>
- 5.** For PVD oral medicines are not usually helpful. However, for people who have ongoing vulvar pain that happens without touch or pressure (sometimes called unprovoked or spontaneous pain), research shows that certain **nerve-pain medicines** may help. These include medications like tricyclic antidepressants, gabapentin, or pregabalin, which are commonly used to treat nerve pain in other parts of the body.<sup>10</sup>



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6. Working with a **pelvic floor physiotherapist** can help relax the muscles around the vaginal opening. Sometimes biofeedback is used, which means special sensors give you feedback so you can learn how to better control and relax those muscles.<sup>10</sup>
7. In some cases, **Botox** can be used to help relax muscles that stay too tight in the pelvic floor.<sup>9</sup>
8. **Psychological counselling** - Research supports the use of mindfulness-based cognitive behavioral therapy. This can be explored in programs designed specifically for vulvodynia or with a vulvodynia-aware therapist.
9. **Sexual counselling** - Experiencing pain with sex often leads to anxiety and avoidance of sex. These natural reactions can result in less sexual interest, lower sexual arousal, and over time a reflex tightening of the pelvic floor muscles with sex. These reactions, in turn, can result in more pain during sex. Addressing these emotions as well as avoidance can help reduce pain and improve sexual pleasure.<sup>11</sup>
10. **Surgery** has been found to be helpful for people who have not experienced sufficient improvement with other treatments.<sup>9,12</sup>

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