

## Patient information

# Atrophic vaginitis / genitourinary syndrome of the menopause

Vaginal atrophy (atrophic vaginitis) is thinning, drying and inflammation of the vaginal walls that may occur when your body has less oestrogen. Vaginal atrophy occurs most often around or after the menopause.

For many women, vaginal atrophy could lead to bleeding; cause painful intercourse and lead to distressing urinary symptoms. Because the condition causes both vaginal and urinary symptoms, doctors use the term "genitourinary syndrome of menopause" (GSM) to describe vaginal atrophy and its accompanying symptoms.

## Causes of vaginal atrophy

Vaginal atrophy occurs as a result of the lack of oestrogen production in the body. This results in thinner, drier and less elastic vaginal tissue. There are several things which cause vaginal atrophy:

- The menopause
- The years leading up to menopause (perimenopause)
- Pelvic radiotherapy
- Chemotherapy
- Hormonal cancer treatments (such as anti-estrogen medications eg Tamoxifen®)
- Removal of both ovaries (surgical menopause)
- An underlying condition like diabetes or Sjogren's syndrome, but these are less likely causes
- Breastfeeding

## Symptoms

Genitourinary syndrome of menopause (GSM) signs and symptoms may include:

- Vaginal dryness
- Vaginal burning
- Vaginal discharge
- Genital itching
- Burning with urination
- Urgency with urination
- Frequent urination
- Recurrent urinary tract infections
- Light bleeding related to intercourse
- Discomfort with intercourse
- Decreased vaginal lubrication during sexual activity
- Shortening and tightening of the vaginal canal

Genitourinary syndrome of menopause increases your risk of:

- **Vaginal infections:** Changes in the acid balance of your vagina make vaginal infections more likely.
- **Urinary tract infections**
- **Urinary problems:** Urinary changes associated with GSM can contribute to urinary problems. You might experience increased frequency or urgency of urination or burning with urination. Some women experience more urinary tract infections or urine leakage (incontinence).

## Diagnosis

Diagnosis of genitourinary syndrome of menopause (GSM) will involve a pelvic examination. Your doctor / nurse will feel your pelvic organs and visually examine your vulva, vagina and cervix to check for signs of GSM.

## Treatments

- **Topical vaginal oestrogen**

Vaginal oestrogen has the advantage of being effective at lower doses which limits your overall exposure to oestrogen because less reaches your bloodstream. It may also provide better direct relief of vaginal symptoms than oral systemic oestrogen does.

Vaginal oestrogen therapy comes in a number of forms. You may try a couple of them before you decide which one is best for you.

- **Vaginal oestrogen cream (Ovestin®, Gynest®):** You insert this cream directly into your vagina with an applicator, usually at bedtime. Typically, women use it daily for one to three weeks and then one to three times a week thereafter, but your doctor / nurse will let you know how much cream to use and how often to insert it. Some women find using a cream a bit messy so prefer the vaginal suppository form.
- **Vaginal oestrogen tablet (Vagifem®):** You use a disposable applicator to insert a vaginal oestrogen tablet into your vagina. Your doctor will let you know how often to insert the tablet. You might, for instance, use it daily for the first two weeks and then twice a week thereafter.

For those who don't want to use topical oestrogen, a number of vaginal moisturisers and lubrications are available for you to use. They don't treat the GSM like topical vaginal oestrogen does, but they can make the vagina more comfortable and help to relieve symptoms.

- **Vaginal moisturisers:** Vaginal moisturizers such as Replens®, YES-VM® and Hyalofemme® are used to restore moisture in the vagina. You will need to insert the moisturizer into the vagina every few days. The effects of a moisturizer generally last a bit longer than those of a lubricant.
- **Water-based lubricant:** These lubricants (YES- WB®, YES-OB®, Sylk®) are applied to the vulva and vagina just before sexual activity. They lubricate the vagina which can reduce discomfort during intercourse. Avoid petroleum jelly or other petroleum-based products for lubrication if you're also using condoms, because petroleum can break down latex condoms on contact.

**If you have a history of breast cancer** you may want to consider:

- **Non-hormonal treatments:** Try moisturizers and lubricants as a first choice.

- **Vaginal oestrogen:** In consultation with your cancer specialist (oncologist), your doctor might recommend low-dose vaginal oestrogen if non-hormonal treatments don't help your symptoms.
- **Systemic oestrogen therapy:** Systemic oestrogen treatment generally isn't recommended, especially if your breast cancer was hormonally sensitive.

## What you can do to prepare for your appointment

- **Make a list of any signs and symptoms you're experiencing.** Include those that may seem unrelated to the reason for your appointment.
- **Make a note of key personal information.** Include any major stresses or recent life changes.
- **Make a list of all medications that you take.** Include prescription and non-prescription drugs, vitamins and supplements and note the doses.

## For further advice and information

Please contact:

Gynaecology Clinic                                      01284 713601

Gynaecology Specialist Nurse                      01284 713255

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

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