



Women's Wellness Center
www.womenswellnessnow.com

Managing Vaginitis

Vaginitis is an annoying problem that many women face in their lives. In many cases, a course of treatment resolves the symptoms and the problem is gone. For a number of women, however, the problem keeps coming back. In these cases, the goal is manage the symptoms and reduce the number of episodes.

Common Causes: Yeast Infection and Bacterial Vaginosis

- Yeast infection—overgrowth of yeast that are normally in the vagina in small numbers
- Bacterial vaginosis (BV)—overgrowth of bacteria that are normally in the vagina in small numbers
- Both yeast infection and BV develop when the number of lactobacilli (the “good” bacteria that produce lactic acid and hydrogen peroxide) is reduced. This allows the pH (acid-base balance) of the vagina to shift from acidic to alkaline, and the troublesome organisms get out of control. Often, both are present at the same time.
- Being sexually active increases the chance of developing vaginitis, but these are NOT sexually transmitted infections.

Factors that Increase the Risk of Yeast Infections and BV

- Douching—rinses out the good bacteria that keep the pH normal.
- New sexual partner—some studies suggest there may be a protein produced by some men that destroys the good bacteria.
- Receiving oral sex—some experts think this changes the vaginal pH.
- Not using condoms; having multiple sexual partners; having intercourse more than two times per week—semen is alkaline. The more semen the vagina is exposed to, the more likely it is that the pH will shift.
- Ethnicity—studies show that the vaginal pH of black women is more alkaline than it is for other ethnic groups. So far, there has been no explanation for this ethnic difference.
- Using antibacterial soaps on the vulvar and vaginal area—these soaps can destroy the “good” lactobacilli.
- Hormones—this varies from woman to woman.
 - Vaginal infections can be more common at certain times in the menstrual cycle, such as right before your period.
 - Certain hormonal birth control methods, like pills or the vaginal ring, can increase the likelihood of vaginal infections. However, for many women they decrease the likelihood.
- Menstruation—menstrual blood is alkaline. Some women with heavy periods have more trouble with vaginal infections.
- Antibiotics—some antibiotics (like those used to treat respiratory or urinary infections) also destroy the vaginal lactobacilli.

Treatment Options

- For yeast infections: oral or vaginal antifungal medications (“azoles”).
 - Over-the-counter products—Monistat, Myconazole, Clotrimazole, Butaconazole
 - Prescription medications—Diflucan (oral tablet), or a cream: Terazol, Mycolog, Gynazole-1
- For bacterial vaginosis: oral or vaginal antibacterial medication—all are prescription medications
 - Oral—Flagyl (metronidazole), Cleocin (clindamycin)
 - Vaginal—Metrogel (metronidazole gel), Cleocin (clindamycin) ovules, Clindesse
- Difficult cases usually respond better to longer courses of therapy.

Preventing Recurrences

- Avoid douching unless specifically prescribed by your health care provider.
- Use condoms to reduce the exposure to semen and keep the vaginal pH acidic.
- Limit your number of sexual partners, which also reduces the risk of acquiring a sexually transmitted infection.
- Avoid using antibacterial soaps and shower gels in the genital area.

- Try using a vaginal gel that restores the acidic pH.
 - RepHresh® is an over-the-counter product that is available at most stores that carry personal hygiene products.
 - Use the product at those times when you are most prone to vaginal infections, such as right before or after your period, after having intercourse, or when taking antibiotics.
- Consider taking a probiotic supplement—many people are convinced that yogurt prevents vaginal infections; the lactobacillus species in yogurt is specific to the intestinal tract, not the vagina. You need a product that contains a very specific strain of lactobacillus. RepHresh Pro-B® is one example of these products.
- Using the antifungal medication or antibiotic on a routine basis—your provider may prescribe the medication for you to use once or twice each week to prevent the return of vaginitis. Many women can stop the medication after several months and their symptoms do not return.

An Uncommon Cause: Lactobacillosis

- Lactobacillosis is an overgrowth of the “good” bacteria in the vagina.
- The cause and risk factors are poorly understood.
- Symptoms of vaginal discharge, burning, and “bleachy” odor are due to the excessive lactic acid and hydrogen peroxide produced by the lactobacilli.
- Symptoms do not improve with the treatment measures used for yeast or BV.

Treatment for Lactobacillosis: Baking Soda

- Baking soda soak (sitz bath)
 - Mix 4 tbsp baking soda in 2 inches of warm bath water.
 - Soak 10-15 minutes, allowing the water to reach the vulvar and vaginal areas.
 - Soak 2 more times in the first week.
 - Soak 1-2 times weekly, as needed if symptoms return.
- Baking soda rinse (douche)
 - This is the ONLY time douching is recommended.
 - Mix 1 tsp baking soda in 6 ounces of warm tap water.
 - Use a reusable douche kit or the empty bottle from a commercial douche product (such as Massengill).
 - While seated on the toilet, insert the tip of the douche into the vagina approximately 3-4 inches (similar to inserting the applicator for yeast infection medication). Gently squeeze the bottle, allowing the solution to rinse the vaginal canal and drain into the toilet.
 - Repeat the rinse once more in the first week.
 - Repeat the rinse 1-2 times weekly, as needed if symptoms return.

A Note About General Vulvar Care

Vaginal infections are uncomfortable, but heat and chemicals can aggravate your symptoms. You very likely have already tried some of the following suggestions, so this is just a reminder.

- Avoid pantyhose.
- Avoid synthetic underwear and thongs—wear cotton panties. Sleep without underwear.
- Change out of swimsuits, leotards and lycra garments as quickly as possible.
- Use UN-scented soaps, detergents and fabric softeners.
- Avoid bubble baths.
- Use white, unscented toilet paper and feminine hygiene products.
- Dry the vulva by gently patting with a towel; don’t rub dry or use a hair dryer.

IMPORTANT: Contact the office if any of the following occurs as you may need to be re-evaluated in the office.

- Your symptoms are not improving, in spite of using one of the recommended treatments
- Your symptoms are getting worse
- You develop new symptoms
- You have vulvar burning pain