



**OFFICIAL**

**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Vulvodynia

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at WNHS

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General information may be found:

- The British Society for the Study of Vulval Diseases Guideline Group (BSSVD) guidelines: [Guidelines for the Management of Vulvodynia](#).

The above guidelines have been prepared by the BSSVD Guideline Group. They describe treatment using evidence-based guidance, which includes the strength of evidence available at the time of preparation of the guidelines.

## Background

Vulvodynia has been classified by the International Society for the Study of Vulvovaginal Diseases (ISSVD). The pain can be classified as vulvar pain caused by a specific disorder or vulvodynia (vulvar pain of at least 3 months duration, without clear identifiable cause, which may have associated factors). Vulvodynia may be further described by the anatomical site of the pain (e.g. generalised, localised, mixed), by whether pain is provoked or spontaneous, as well as onset and pattern.

Clinical care follows the principles of general chronic pain management. Holistic treatment assists to focus not only on the primary pain site but on the subsequent impact on the patients' lifestyle and sexual functioning. Evaluation of different treatments is difficult because published literature may be limited by poor patient selection, limited follow-up data and a lack of randomised clinical trials (RCTs).

Refer to ISSVD for [Current ISSVD Terminology and Classification of Vulvar Diseases \(external website\)](#).



## Quick reference guide- BSSVD recommendations

Refer to link above for more details (and evidence grading) on the below.

- An adequate pain history, and categorise by subgroup of vulvodynia
- If appropriate, sexual history to identify sexual dysfunction
- The diagnosis of vulvodynia is clinical
- Consider referral to other health professionals e.g. psychosexual medicine, physiotherapy, pain management teams
- Combining treatments should be encouraged
- Provide information- explain the diagnosis, provide written information, how to take medication
- Consider role of medications
- Only a minority of patients may be suitable for surgery. If surgery is offered, adequate counselling and support is given both pre- and postoperatively.
- Pelvic floor muscle dysfunction should be addressed in patients with vulvodynia who have sex-related pain.
- May consider acupuncture in the treatment of unprovoked vulvodynia
- May consider intralesional injections in patients with provoked vulvodynia

## Other resources include:

- ISSVD: [2013 Vulvodynia Guideline Update](#)
- Melbourne Sexual Health Centre (MSHC): [Vulvodynia Treatment Guidelines](#)









## References

### Bibliography

British Society for the Study of Vulval Diseases Guideline Group (BSSVD) guidelines: Guidelines for the Management of Vulvodynia. 2010. Available from <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2133.2010.09684.x>

International Society for the Study of Vulvovaginal Diseases (ISSVD). Current ISSVD Terminology and Classification of Vulvar Diseases. Jan 2016. Available from <https://www.issvd.org/wp-content/uploads/2016/03/terminology-vulvar-pain-BornsteinCURRENT-ISSVD-TERMINOLOGY-AND-CLASSIFICATION-OF-VULVAR-DISEASES.pdf>

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## Version history

Version number	Date	Summary
1	Aug 2025	<p>First version.</p> <p><b>History:</b> In Aug 2025 this guideline was split back into an individual document. Previously: In Sept 2017 amalgamated five individual guidelines (from section Gynaecology), dated from 2001, into one document 'Gynaecology (non-oncological)'. The content in this guideline formed one chapter of that document. Prior to Sept 2017, these chapters were individual guidelines. Contact OGD Guideline Coordinator for previous versions. Original titled as 'C7.8 Vulvar Dynia' / 'Vulvar Vestibulitis'.</p> <p><b>Changes in this version:</b></p> <ul style="list-style-type: none"> <li>• Content reviewed and decision to add links to external resource where general information may be found.</li> <li>• Introduction and recommendations from BSSVD Guideline Group</li> </ul>

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