

Treatment of VVA Provider Card

General Principles:

- Symptoms:
 - Dysuria, frequency, urinary incontinence
 - Vulvar/vaginal burning/itching/dryness
 - Vulvar/vagina bleeding – from atrophy
 - Painful intercourse
 - Abnormal vaginal discharge →white cells, parabasal cells
- Therapy Options (not mutually exclusive):
 - Local OTC therapies – see below
 - Exercise/blood flow (vaginal renewal)
 - Prescription vaginal products – see below
 - Prescription pill
 - Physical therapy with provider certified with specialty training in Women’s Health Physical Therapy.
- Use stepwise approach, and consider severity of symptoms
- How long to use? Generally, symptoms improve within first 3-4 wks of starting treatment, and can be continued as long as distressful symptoms remain. Can often decrease dose or frequency of medications over time, titrating use to symptoms.
- Pts can be sensitive to some ingredients in these products. Have them rub a sample on inner wrist to test prior to vaginal use.

Mild Symptoms:

- Address washing and/or douching.
- Consider non-prescription therapies first.
- No generic local estrogen prescription products available. (They are expensive.)
- When using local estrogen creams or tablets to treat mild symptoms, start with lower doses (see below).
- For vaginal creams, instruct pt to place applicator deep in vagina prior to dispensing cream, as product will tend to remain in vagina, and be less messy.

More Severe Symptoms:

- Multi-modality approach is best.
- In patients with stenotic vaginal introitus, dilator therapy and/or vaginal renewal and/or pelvic floor therapy consult can be very helpful.
- May be helpful to start with local estrogen therapy for several weeks first, prior to initiating other treatments.

Long Standing Dyspareunia: often caused by vaginal dryness. Lubricant + encourage achieving comfort/ pleasure (more “warm up”) prior to attempting vaginal intercourse.

High tone of pelvic floor muscles including vaginismus: refer for pelvic floor therapy

Over the Counter Products:

No oil based lubricants and moisturizers are recommended due to concern about turning rancid/vaginal odor

Water based lubricants

Astroglide Natural
Liquid Silk
ONE Oasis
Pre-Seed
Slippery Stuff

Silicone based lubricants

Astroglide X
ONE Move
Pjur Eros

Moisturizers

HYALO GYN
Hyalofemme
Liquid Assets
Luvena
Me Again

Prescription Products:

Vaginal Creams		Dosages
17 beta-estradiol	Estrace Vaginal Cream (0.1 mg /gram)	Start ½ - 2 gm /day x 1-2 wks, then 1-3 times weekly
Conjugated estrogens	Premarin Vaginal Cream (0.625 mg /gram)	½ - 2 gm daily for 1-2 wks, then 1-2 times weekly 42.4 oz tube is least expensive
Vaginal Rings		
17 beta-estradiol	Estring (releases 7.5 ug/day x 90 d)	Insert vaginally, change q 90 days
Vaginal tablet		
Estradiol hemihydrate	Vagifem (10 ug)	1 daily x 2 wks, then 1 twice weekly
Oral Tablet SERM		
Ospemifene	Osphena (60 mg tablet)	1 tablet daily orally. Main side effect is hot flashes

No progestin needed with above medications at these doses.

Diagnosis codes:

	ICD9	ICD10
Vaginal atrophy	627.3	N95.2
Vulvar atrophy	624.1	N90.5
Dyspareunia due to medical condition, female	625.0	N94.1
Vaginismus	625.1	N94.2

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