



## Vaginal Dryness

### What is vaginal dryness?

Vaginal dryness can happen as part of natural menopause or as a side effect of cancer treatments, such as radiation, hormone therapy, and chemotherapy, that lead to early menopause. The drop in hormone levels due to menopause can cause thinning of the vagina's walls, which can cause a drop in the amount of moisture produced. Vaginal dryness can range from being a mild problem to being one that significantly impacts quality-of-life.

### Signs and symptoms of vaginal dryness

- Pain during sex
- Burning during sex
- Loss of interest in sex
- Light bleeding or spotting during or after sex
- Soreness
- Urinary tract infections (UTIs) that don't go away or that recur
- Vaginal itching or stinging

### How do you diagnose vaginal dryness?

Any burning, itching or discomfort in the area is worth a call to your doctor. They'll ask about your past health and how long you've had symptoms and what seems to make symptoms worse or better. If necessary, your doctor may do a pelvic exam to check your vagina for any thinning or redness. The exam will help rule out other possible causes for your discomfort, including a vaginal infection. Your doctor may also check to see if you have a urinary tract infection.

### How do you treat vaginal dryness?

There are several treatment options for women with vaginal dryness. Vaginal moisturizers or lubricants are available without a prescription. Other treatments, including vaginal estrogen replacement, require a prescription and discussion with your physician based on your risk assessment.

Vaginal lubricants and moisturizers do not contain any hormones and have virtually no body-wide side effects. Possible local side effects include irritation or a burning feeling after application. Hand and body lotions and moisturizers should not be used to relieve vaginal dryness, as they can be irritating to the vaginal tissues.

**Vaginal moisturizers** improve vaginal moisture and tissue quality. They can be used at any time, but work best when used at bedtime and should be used several times a week for overall vaginal health and comfort. Vaginal moisturizers are different from lubricants, which are used during sexual activity.

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**Vaginal lubricants** are designed to reduce friction and discomfort from dryness during sexual intercourse. The lubricant is put on the opening of your vagina and on whatever is being placed in or near your vagina, such as an applicator, dilator, finger, object, or your partner's penis. Avoid colored, flavored or warming lubricants because they can be irritating. Never use petroleum jelly (such as Vaseline®) as a lubricant. Petroleum jelly is hard to wash off and it can irritate your vagina or increase your risk for vaginal infection.

**Vaginal estrogen** is another option if moisturizers or lubricants don't help with symptoms. Although not usually the first choice, it is sometimes necessary to prescribe vaginal estrogen, even with your breast cancer history. Talk to your doctor or oncologist about the potential risks and benefits of vaginal estrogen.

**Pelvic floor physical therapy** involves exercises to encourage relaxation and strengthening of the muscles of the lower pelvis. Pelvic floor physical therapy can help address sexual problems by improving chronic vaginal or pelvic pain and urinary incontinence. Typically, you need several months of pelvic floor physical therapy to achieve satisfactory results.

## Additional Resources

- Siteman Psychology Service: To make an appointment, call 314.747.5587
- Talk to your gynecologist. Ask for a referral if needed.
- National Institutes of Health – Menopausal Hormone Therapy Information: [nih.gov](http://nih.gov)
- Washington University Program in Physical Therapy: [pt.wustl.edu](http://pt.wustl.edu)
- STAR (Sports Therapy and Rehabilitation) BJC HealthCare: [barnesjewishwestcounty.org/star](http://barnesjewishwestcounty.org/star)

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