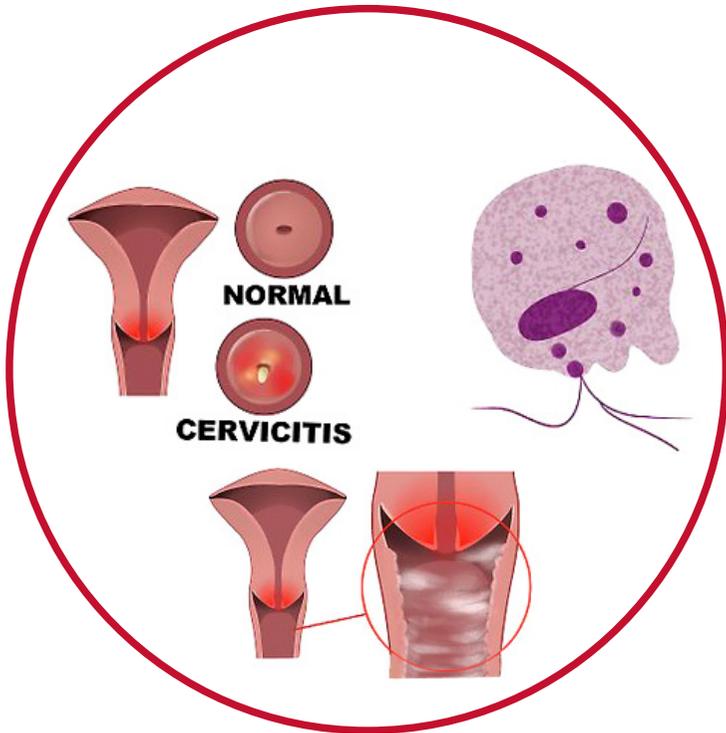


PERSISTENT VAGINAL DISCHARGE



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Vaginal discharge is one of the most common symptoms affecting women of all age groups. There are many possible causes of vaginal discharge and the type of treatment depends on the cause.

What is Normal Discharge

A small amount of clear or cloudy white fluid normally passes from a woman's vagina daily. It consists of secretions from the reproductive tract. This discharge keeps the tissues moist and healthy. The phase of the menstrual cycle influences the quantity and quality of normal discharge.



During the first half of the menstrual cycle, there is a gradual increase in vaginal discharge under the influence of oestrogen (hormone), peaking at ovulation. After ovulation (second half of the cycle), the discharge becomes more viscous and thick due to progesterone (hormone) effect.

During pregnancy, there can be increased discharge due to the influence of hormones.

The vagina also contains some healthy bacteria that are important to its normal function. A change in the normal balance of bacteria can result in vaginitis.

Causes of Vaginal Discharge

- Physiological, as described above
- Infections
- Diabetic, immunosuppressed women, pregnant, postmenopausal and prepubertal individuals are more prone to infections (e.g. yeast infections)
- Foreign bodies e.g. retained pessary
- Lesions in genital tract e.g. polyps, growths, cancers
- Broad spectrum antibiotic therapy
- Dermatologic conditions

Associated Symptoms

- Itching, soreness and redness around the vagina, vulva or anus
- Offensive odour
- Pain or burning sensation while passing urine
- Painful intercourse, bleeding after intercourse
- Fever, abdominal pain, painful and heavy menses when infection spreads to upper genital tract

Diagnosis

It is important to investigate an offensive, purulent or bloody discharge, or a discharge with associated symptoms. A gynaecological examination is performed. Necessary investigations like wet mount of the discharge, culture and sensitivity of the discharge, Pap smear cytology, urine culture and sensitivity, blood sugars, blood counts and ultrasonography, may be carried out when indicated.

Treatment

Treatment depends on the cause identified :

- Treatment may be a vaginal pessary or a cream for external application

- Oral antibiotics / medications (anti-fungals) may be prescribed when indicated
- It is important to complete the treatment course even if the discharge or other symptoms go away before finishing the medication. Stopping the treatment early may cause symptoms to recur
- If symptoms do not subside after the treatment is finished, or if they recur, one must consult the doctor
- Partner may be advised treatment in some situations

Do's and Don't's

There are a number of things one can do/not do, to reduce the risk of getting vaginitis.

- Feminine hygiene sprays or scented deodorant tampons should be avoided.
- Douching is not recommended. It is better to let the vagina cleanse itself.
- Plain warm water should be used to clean the vulva. Soaps and detergents can change the normal balance of organisms inside the vagina.
- Diaphragms, cervical caps and spermicide applicators should be cleaned thoroughly after each use.
- Condoms should be used during intercourse.