City and Hackney Vaginal Discharge Pathway

Manages treatment of women age 12 onwards

Homerton University Hospital NHS Foundation Trust

NHS City and Hackney Clinical Commissioning Group

PATIENT PRESENTS WITH 1

- Vaginal discharge

HISTORY 2

- Discharge colour, consistency, odour, new ulcers
- Itch, soreness, superficial dyspareunia
- Intermenstrual bleeding, post-coital bleeding, dysuria, dyspareunia, pelvic pain
- Pattern of discharge: before/after period? After sex with/without condoms?
- Risk of STIs and pregnancy
- Smoking

Factors for consideration, please click here for more info.

⚠ RED FLAG

Women aged 55+ with unexplained symptoms of vaginal discharge consider a direct access ultrasound scan to assess for endometrial cancer

Please see here for more information

⚠ RED FLAG

Arrange urgent admission, if PID suspected in women who are:

- **pregnant or**
- **have severe symptoms/ signs (e.g. nausea, vomiting, fever >38C)**

DIFFERENTIAL DIAGNOSES 3

- **Physiological:** No identifiable infective or non-infective causes and no clinical clues from history/examination, reassure discharge is probably physiological
- **STIs**: Chlamydia, gonorrhoea, trichomonas vaginalis, cervical herpes simplex
- **Bacterial vaginosis (BV):** Associated with raised vaginal pH (pH >4.5); typically thin white creamy discharge with "fishy" odour; can occur regularly with menstrual cycle (blood is alkaline); can occur after unprotected sex (semen is alkaline); more common in smokers
- **Retained tampon**
- **Vulval, vaginal or endometrial cancer**
- **Vulvo-vaginal candidiasis (Thrush)**

  Image PIL

  Vulval itch, soreness, non-offensive thick white discharge, superficial pain during sex, external dysuria, can occur regularly in menstrual cycle. For women with suspected vaginal candidiasis, prescribe empirical treatment. Click here for further info

EXAMINATION AND INVESTIGATIONS 4

- Offer self-taken vulvovaginal swab for chlamydia, gonorrhoea and trichomonas, if sexually active. For further info on how to self swab click here, and swab types click here
- Offer pregnancy test if at risk

If symptoms suggest vulval pathology, Pelvic Inflammatory Disease (PID) or BV click here for further info.

MANAGEMENT 5

- Reassure women that discharge +/- smell is common and may be normal
- Advise women on: basic personal hygiene and safe sexual behaviours and practices. For further info please click here
- Even in women diagnosed with thrush or Bacterial vaginosis previously, recurrent discharge may be physiological. For treatment options, please click here
- Avoid feminine products, douching. Wash with water or soap subsitute e.g. Epimax
- For treatment on TV please click here

ADVICE AND GUIDANCE
Available on e-RS

SPECIALIST REFERRAL 6

1. Consider referral to **Homerton Sexual Health Services** Referral form
- STI treatment failure in primary care

2. Consider referral to **Homerton Psychosexual Service** Referral form
- Primary problem is sexual function e.g. pain during sex or difficulties with arousal or desire

3. Consider referral to **Homerton Gynaecology** (refer through e-RS)
- For recurrent distressing vaginal discharge and treatment failure in primary care
- Confirmed candida not responding to antifungal therapy
- Recurrent BV, associated with significant distress, not responding to treatment or lifestyle measures

Authors: Anita Coutinho (GP Clinical Lead for Gynaecology)
Katherine Coyne (Consultant Sexual Health & HIV)

Publication date: Nov 2019
Review date: Nov 2022

HISTORY 2

For consideration:

- Knowledge about normal physiological discharge
- Impact on self-esteem
- Impact on sexual function
- Any interventions should strike a balance between accepting that some discharge is normal and treating conditions which can cause problematic discharge

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EXAMINATION AND INVESTIGATIONS 4

If symptoms suggest:

1. **Vulval pathology** (itch, soreness, superficial dyspareunia)
   - Examine vulva +/- speculum examination to look for signs of thrush or dermatitis
   - Consider vaginal swab for candida/anaerobes
2. **PID** (IMB, PCB, deep dyspareunia, dysuria, pelvic pain)
   - Speculum examination + bimanual examination
3. **BV** (thin white smelly discharge without itch or soreness)
   - Examination to exclude other pathology e.g. retained tampon
   - Test pH of vaginal fluid. pH ≥ 4.5 is a sensitive test for BV but not specific. pH <4.5 excludes BV. Narrow range pH paper (pH4-6) can be obtained directly from here

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MANAGEMENT 5

Uncomplicated Thrush:

Advise patient that intravaginal / topical clotrimazole and oral fluconazole can be purchased OTC.
If symptoms do not resolve within 7-14 days, patient should contact their GP.

- Fluconazole Capsule orally 150mg stat (avoid in pregnancy)
- **Intravaginal treatment:** Clotrimazole Pessary 500mg stat nocte or Clotrimazole 10% vaginal cream stat nocte or miconazole 2% vaginal cream BD for 7 days
- 1% Clotrimazole cream topically to vulva may relieve itching (can be used in addition to oral/intravaginal treatment)

Thrush in pregnancy:

- Clotrimazole pessary 100mg nocte for 6 nights – care should be taken when using applicator

Recurrent thrush:

- Consider predisposing factors: diabetes, immunosuppression, hypothyroidism, steroids, antibiotics, hyperoestrogenaemia (including HRT or COC), atopy or psoriasis, contact dermatitis or latex allergy.
- Consider prophylactic treatment in frequent symptomatic recurrences e.g. symptoms >4 times a year – give induction therapy followed by maintenance therapy (e.g. for 3 months). The risk of driving resistance is low.
- **Induction therapy:** Fluconazole 150mg orally every 72 hours for 3 doses
- **Maintenance therapy**: Fluconazole 150mg orally once a week or Clotrimazole 500mg pessary nocte once a week. Review after 3 months, consider underlying factor and email Community Gynaecology for advice.

Bacterial vaginosis:

- Education about prevalence (up to 50% in some groups). Normally transient
- Encourage smoking cessation

OTC options:

- Vaginal lactic acid gels. No good scientific evidence that they work
- Vaginal probiotic capsules. Some evidence they reduce frequency of recurrences of BV

Antibiotics:

- Offer deferred treatment
- Metronidazole oral 2g stat (if pregnant, avoid 2g stat dose) or 400mg bd for 7 days
- Metronidazole 0.75% vaginal gel, 5g intravaginally nocte for 5 nights. Ensure vaginal gel is selected on EMIS
- Clindamycin 2% cream, 5g intravaginally nocte for 7 nights

Trichomonas vaginalis

- New diagnosis of TV is treated with Metronidazole 400mg bd 5/7 or Metronidazole 2g stat (stat dose contraindicated in pregnancy), according to patient choice.
- Partners should be treated with the same choice of regimen.
- Repeat NAATs "test of cure" - at least 3 weeks after treatment started.
- If TV persists after 2 courses of standard treatment then consult sexual health team for advice
- If unsure, please click here to see local guidelines

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