



# Vaginal, Vulval and Bladder Problems in the Menopause

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This information leaflet is aimed at patients assigned female at birth. When using the term “patients” it refers to this population group.

Many patients notice changes in their vagina, vulva and bladder during and after the menopause. These changes may cause vaginal dryness, soreness and discomfort or pain during penetrative sex. Sometimes they can also lead to itchiness in the vagina or vulva. Often they also cause bladder symptoms such as lack of bladder control, frequency or urgency to pass urine, pain when passing urine or recurrent symptoms of urinary tract infections.

These “local” symptoms do not get better with time while hot flushes or night sweats usually do. Many patients do not seek help as they are too embarrassed or feel they do not want to trouble their doctor or nurse with these symptoms. Fortunately, these symptoms usually improve with treatment. Treatment options include lubricating gels (lube), vaginal moisturisers, vaginal (“topical” or local) oestrogen preparations or systemic hormone replacement therapy (HRT) in the form of oral tablets, skin patches or gel.

## **What causes vaginal, vulval and bladder problems in the menopause?**

Before the menopause, the skin and tissues around the vagina are kept supple and lubricated by fluids and mucus made by glands at the neck of the womb (cervix). The hormone oestrogen affects these glands. Oestrogen has also an effect on the tissues in and around the vagina, causing the lining of the vagina to be thicker and more elastic, and stimulates the cells that line the vagina to produce glycogen. Glycogen is a compound which encourages the presence of helpful bacteria which protect the vagina from infections.

After the menopause, the ovaries produce less oestrogen. The lack of oestrogen leads to thinning of the tissues around the bladder, urethra (duct which carries urine from the bladder), vulva and vagina and a reduction in the number of glands at the neck of the womb (cervix) that produce mucus. Patients may also lose some fat tissue from around the genital area and their labia (lips) and clitoris seem to get smaller. Their vagina also becomes slightly shorter, less elastic and drier. These changes may make the genital area look slightly different to how it looked before the menopause.

These changes due to lack of oestrogen usually take months or years to develop after the menopause and vary in severity from patient to patient.

“Vulvovaginal atrophy” or, more recently, the “genitourinary syndrome of the menopause” are the medical terms for when these changes produce troublesome symptoms in the vulva, vagina or bladder.

### **How common are these urogenital problems in the menopause?**

After the menopause at least half of patients have some symptoms related to the lack of oestrogen in their vulva, vagina and bladder. Patients are also more likely to experience symptoms as more years pass after the menopause.

### **How is the “genitourinary syndrome of the menopause” diagnosed?**

The diagnosis of the “genitourinary syndrome of the menopause” is based on your age, your history, your symptoms and, ideally, an examination. Sometimes a vaginal or urine infection is excluded first before making the diagnosis.

**You should see your doctor if your symptoms do not improve after a few months of treatment, as sometimes these symptoms can be due to other causes like vulval skin conditions. In this case it is essential to be examined by a health care professional.**

It is also very important to see your doctor if you have any bleeding from your vagina in the menopause, even if you believe the bleeding comes from your vagina due to trauma during penetrative sex.

### **What are the treatments options?**

#### **Topical (local) preparations**

Very effective treatments are vaginal tablets, creams, gels, pessaries or rings containing oestrogen. These preparations work to restore oestrogen to the vagina and surrounding tissues (vulva, urethra, bladder) without giving much oestrogen to the whole body. The hormone levels in your blood when using vaginal tablets over a whole year are equivalent to taking one HRT tablet once. These preparations are therefore considered to be safe even in older patients and for most patients with medical contraindications to systemic (“whole body”) HRT.

The small vaginal tablets, creams or gels are inserted with the help of a narrow vaginal applicator. A pessary can be inserted directly. The vaginal ring is a small, soft, flexible ring which releases a steady, low dose of oestrogen each day and lasts for three months.

**Vaginal oestrogen can and often takes several weeks or even months to make a difference. Please be patient with the treatment and persevere – it is worth it!**

Symptoms may come back after stopping the treatment. Therefore, vaginal oestrogen preparations are usually prescribed long-term for many years and as long as they are needed.

Vaginal oestrogen can be prescribed additionally to systemic (“whole body”) HRT when needed. Around 10% of patients on systemic HRT also need vaginal oestrogen.

**Note:** The oestrogen cream may damage latex condoms and diaphragms. If you are using these types of contraception then it would be better to use vaginal tablets or the vaginal ring.

## **Vaginal lubricants and moisturisers**

If vaginal dryness or soreness is a problem, lubricating gels (lube) or moisturisers may help. They can be used additionally to vaginal oestrogen or systemic HRT.

Vaginal lubricants are only used during sex and can make both penetrative and non-penetrative sex more comfortable and enjoyable. Popular brands particularly suitable for menopausal patients are Yes<sup>®</sup>, Sylk<sup>®</sup> and Liquid Silk<sup>®</sup>. They can be purchased from your pharmacy or online where you can request free samples.

Vaginal moisturisers are helpful for those whom experience symptoms of vaginal dryness and soreness even without sex. They need to be used regularly, just like moisturisers you would use on your skin, and can be used in addition to lubricants. They are prescribed by your GP.

### **Note:**

Vaseline<sup>®</sup> and baby oil are not recommended as lubricants as they are not smooth or slippery enough. They can also break down the latex in condoms.

If condoms are required, please check if the individual product is latex compatible before using.

Some vaginal moisturisers and lubes contain preservatives called parabens, which may have some oestrogen-like properties and should be avoided if you have been told to avoid hormones due to hormone-dependent medical conditions like breast cancer.

Some lubricants contain shellfish or kiwi fruit extracts which may be a problem you are allergic to these. Ask your pharmacist for advice in this case.

## **Hormone replacement therapy (HRT)**

Hormone replacement therapy (HRT) means taking oestrogen in the form of an oral tablet, gel, patch or spray. This is often the most suitable treatment if you are also experiencing other symptoms of the menopause as it works systemically (in the whole body), not just locally. There are advantages and disadvantages of using HRT. Please see our "Menopause and HRT leaflet" for more information about this treatment option.

## **Other ideas and treatment options**

Emollient lotions may be helpful for washing and moisturising vulval skin. Ask your GP or the Sexual and Reproductive Health Clinic to suggest the best products for you.

Some patients find that massaging their vulva regularly (with fingers or with the help of a small external vibrating sex toy) helps with their symptoms as it increases elasticity of the skin and local blood flow.

Regular pelvic floor exercises can also increase the blood flow into the genitals and therefore help with their recovery.

Thinking about creative ways to connect (sexually) with your partner which do not involve penetration also can give your vulva and vagina time to get better and also bring a new sparkle in your relationship.

Some patients find the use of vaginal trainers (dilators) helpful. Your GP or the Complex Menopause Clinic team at the Tayside Sexual and Reproductive Health Service can supply them and explain their use.

The menopause can affect the way you feel about yourself and it is not uncommon to experience loss of interest in sex, not only because of the discomfort it can cause. Tayside Sexual and Reproductive Health Service offer a psychosexual counselling service which can help.

**For more information:**

**Patients Health Concern (WHC):**

Excellent information from the patient branch of the British Menopause Society (BMS):  
[www.patientss-health-concern.org/help-and-advice/factsheets/urogenital-problems/](http://www.patientss-health-concern.org/help-and-advice/factsheets/urogenital-problems/)

**Royal College of Obstetricians and Gynaecologists (RCOG):**

Menopause Hub of the Royal College:  
[www.rcog.org.uk/en/patients/menopause/sex-and-relationships-after-the-menopause/](http://www.rcog.org.uk/en/patients/menopause/sex-and-relationships-after-the-menopause/)

**Sexual Advice Association:**

UK site with fact sheets and leaflets about low sex drive, sex and growing older etc.:  
[www.sexualadviceassociation.co.uk](http://www.sexualadviceassociation.co.uk)

**North American Menopause Society (NAMS):**

Good resource addressing different aspects of sex during and after the menopause:  
<http://www.menopause.org/for-patients/sexual-health-menopause-online>

**Tayside Sexual Health & Reproductive Health Service Clinics:**

**Dundee**

Tayside Sexual & Reproductive Health Service  
Level 7  
South Block  
Ninewells Hospital  
Dundee  
DD1 9SY

**Perth**

Tayside Sexual & Reproductive Health Service  
Drumhar Health Centre  
North Methven Street  
Perth  
PH1 5PD

**Central telephone line: 01382 42 55 42**

Developed by Tayside Sexual and Reproductive Health Services

Revised: 08/2022   Review: 08/2024   LN0660

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