

Urogenital Atrophy Information Leaflet

What is Urogenital Atrophy?

Urogenital Atrophy is a condition which most often occurs during and after the menopause when the lack of the female hormone oestrogen affects the vagina, urethra & bladder trigone.

After the menopause the amount of oestrogen produced by the ovaries falls. The lack of oestrogen leads to a thinning of the tissues around the vaginal area and a reduction in the number of the small mucus producing glands. There is also a loss of fat around the genitals producing a different appearance than previously. As a result the vagina can become shorter, less elastic and dryer with less lubricating mucus; the genital skin also looks paler. These changes usually take months or years and vary between women.

How common is Urogenital Atrophy?

Vaginal dryness occurs in about 1 in 4 women leading up to the menopause, it becomes more common after the menopause when about 1 in 2 women are affected. About 7 in 10 women in their seventies have this problem.

What signs & symptoms can occur?

The changes described above may occur but without causing any symptoms or discomfort. However, some of the following symptoms may occur in some women. All of the following symptoms can be caused by other medical conditions but atrophic vaginitis is a common (and usually treatable) cause of these symptoms.

- **Painful intercourse** – as the vagina is smaller/shorter, drier and less likely to become lubricated during sex, intercourse can become painful. The skin around the vagina is more easily made sore and this aggravates the problem.
- **Vaginal bleeding** – as the vaginal and uterine tissue is thinner and more fragile it can occasionally lead to spotting and bleeding. If you notice any post-menopausal vaginal bleeding you must always report it to your GP.
- **Vulvo-vaginal Discomfort** – if the vulva or vagina becomes tender and inflamed some women can experience constant discomfort.
- **Infection and discharge** – the vagina is less resistant to infection after the menopause and sometimes becomes infected. An offensive (smelly) unpleasant vaginal discharge may need treatment from your GP.
- **Itch** – the skin around the vulva is more sensitive and more likely to itch in some women. This produces a tendency to scratch which then makes the skin more likely to itch. An itch/scratch cycle follows which can be both difficult to break and quite distressing.
- **Urinary problems (frequency/urgency to pass urine)**– these may be due to thinning and weakening of the tissue around the neck of the bladder or around the urethra (the opening for urine). A prolapse or weakening of part of the vaginal wall may also cause urinary symptoms which may increase with age. There is no evidence that topical oestrogens/hormone replacement will prevent or help urinary symptoms. Urinary symptoms that may occur include one or more of the following:
 - Passing water too often (frequency)
 - Not being able to hold on (urgency)
 - Pain when passing urine (dysuria)

What are the treatments for Urogenital Atrophy?

Not all women have all of the above symptoms. Treatment may depend on which symptoms are the most troublesome. Because the problem is mainly due to a lack of oestrogen it can be helped by replacing the oestrogen topically. This can be done in several ways:

- **Hormone Replacement Therapy (HRT)** – this means taking hormone drugs in the form of a tablet, gel, implant or patches. This may be the best treatment but some women don't like the idea that periods may return with this treatment, especially if it is many years since the menopause. You can discuss this more fully with your GP.
- **Oestrogen creams or Vaginal Pessary** – sometimes a cream or pessary containing oestrogen is prescribed. This replaces oestrogen to the vagina and surrounding tissues, usually the cream or pessary is used every night for 2 weeks and then twice a week for a further 4 weeks. This treatment is usually effective and can be repeated if the problem recurs.
- **Non-hormonal Lubricants & Moisturisers** – if vaginal dryness is the only problem or hormone creams are not recommended because of other medical problems, lubricating gels like KY jelly or moisturisers such as Replens, Regelle, SYLK or Hyalofemme may be obtained from the pharmacy or on prescription from your GP.

Useful websites

www.gpnotebook.co.uk/simplepage.cfm?ID=-771358705 – 17k

www.patient.co.uk/showdoc/40024656/

www.replens.co.uk

www.sylk.co.uk

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This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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