

3. Unexplained vaginal discharge

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Causes of Vaginal discharge:

Take history with particular care to elicit clues suggestive of the presence of an STI and other causes. PV and speculum will help to exclude other causes.

- A discharge that is heavier or thicker than usual
- Pus-like, or white and clumpy discharge
- Greyish, greenish, yellowish or blood-tinged discharge
- Foul-smelling (fishy or rotting meat) discharge
- Discharge accompanied by itching, burning, a rash or soreness

Non-infective causes:

- Cervical Ectropion – if negative for infection, reassure and consider switching to lower dose oestrogen COCP or to POP if on them. Consider using silver nitrate cautery in primary care if the clinician is competent – if not refer to gynaecology
- Consider foreign bodies e.g. retained tampon, vaginal pessary – consider vaginal oestrogen, changing the type of pessary (PVS vs Silicone), change pessary more frequently
- Vulval dermatitis – treat as needed
- Erosive lichen planus
- Genital tract malignancy - e.g. cancer of the cervix, uterus or ovary any suspicious lesions

Infective causes:

Non-sexually transmitted infection

- High vaginal swabs (if considering bacterial vaginosis, vulvovaginal candidiasis, Trichomonas vaginalis, or other genital tract infections (such as streptococcal organisms)).

Sexually transmitted infection

- If the woman is at high risk of an STI, offer testing for chlamydia, gonorrhoea, trichomoniasis, HIV, and syphilis, either in primary care or referral to GUM clinic
- Urine pregnancy test — to exclude pregnancy
- Urine dipstick

Treat any infective cause appropriately and review if the vaginal discharge remains unchanged then refer with results of all investigation attached to referral.

Recommend Lifestyle changes:

Review personal hygiene habits; avoid douches, perfumed products, soaps and tight synthetic clothing, use of pads. Explore the possibility of the hidden complaint, such as depression, anxiety or psychosexual dysfunction.

Routine referral to secondary care if:

- Vaginal discharge symptoms persist for more than 6 months and abnormal TVUSS
- Cervical ectropion does not respond to treatment or changes to medication
- Removal of cervical polyps
- For an assessment and consideration of appropriate surgical options

Urgent referral if:

- Abnormal looking cervix

- Unexplained palpable mass in or at entrance to vagina
- Unexplained lump, ulceration or bleeding

Patient resources:

[Vaginal discharge - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Vaginal Discharge: Causes, Types, and Treatment \(patient.info\)](http://patient.info)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]