

FRENCHIE M.D.

FRiction Free Healthcare



BACTERIAL VAGINOSIS FACT SHEET

AN INTRODUCTION INTO BACTERIAL VAGINOSIS

Bacterial vaginosis is a condition caused by an imbalance of bacteria in the vagina's normal microbiome. Whilst not considered a sexually transmitted infection (STI), it is more likely to occur in people with vulvas who are sexually active. The most common cause of discharge at childbearing age is easily treated, so try not to feel embarrassed by it, it is something a lot of people experience in their life! [1].

What is normal vaginal discharge?

Vaginal discharge is completely normal, and a way with which the vagina stays healthy. The amount of vaginal discharge varies from person to person. At different times in your cycle, or with the use of hormonal contraception, it can be heavier or lighter, thinner and stickier or thicker, smell differently, or you may not even notice it at all. If your normal vaginal discharge changes, this could mean you have a problem such as an infection.

What causes Bacterial Vaginosis?

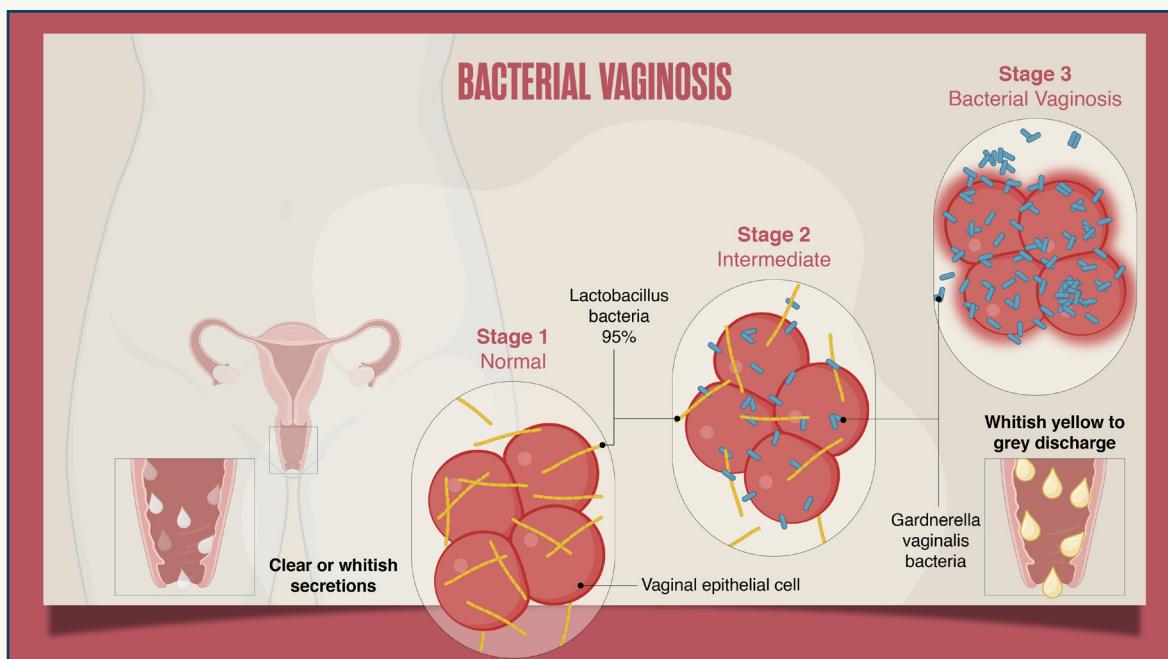
Bacterial vaginosis is characterised by an imbalance in the normal vaginal microbiome, referred to as 'polymicrobial dysbiosis'. What this means, is a change from a Lactobacillus dominant state to one with high diversity and quantities of anaerobic bacteria including *Gardnerella vaginalis*, *Atopobium vaginae*, *Mobiluncus spp*, *Prevotella spp*, and other BV-associated bacteria [1]. The altered microbiome causes a rise in vaginal pH away from its usual acidic pH, causing symptoms that range from none to very bothersome.

What are the symptoms of Bacterial Vaginosis?

People with BV typically describe:

- a change in the odour of their vaginal discharge which can be described as a fishy smell
- thin white, grayish discharge
- mixed vaginitis: BV alone typically does not cause painful urination, painful sex, itchiness, burning, or vaginal inflammation, but the presence of this can suggest 2 causative organisms at play

50-70% of women, however, are asymptomatic [1][2].



DIAGNOSIS & SAMPLE COLLECTING BACTERIAL VAGINOSIS

What are the risk factors for Bacterial Vaginosis?

Risk factors for BV include: sexual activity, same sex female partnerships, infection with sexually transmitted infections, douching and cigarette smoking.

How is BV diagnosed?

The diagnosis is made by a combination of clinical symptoms and a vaginal swab. This swab can be collected either by a clinician or through self collection, and will be sent to the microbiology laboratory for microscopy and culture.

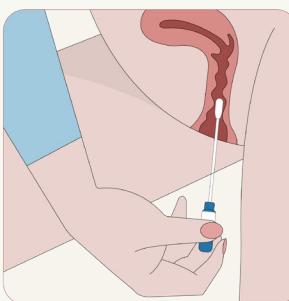
How do I perform a self collect swab?

PERFORMING A SELF-COLLECT SWAB PROCEDURE

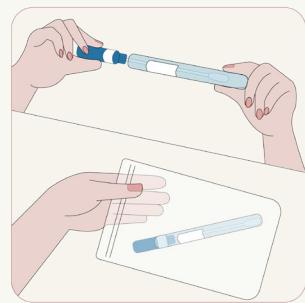


Wash your hands well before and after the procedure with soap and water

Sit on the toilet or stand with one foot resting on the edge of the toilet



Gently insert the swab about 2 cm into your vagina. Rotate the swab around 1-3 times



Remove the swab and place it in the tube you have been given

How is bacterial vaginosis managed?

Treatment of bacterial vaginosis involves medication and lifestyle changes. Medication involves the use of either an oral tablet or intravaginal cream, such as Metronidazole or Clindamycin. Pregnant women in their first trimester usually should not take metronidazole as there is a theorised risk of the medication crossing the placenta.

Frequency and application vary on the medication prescribed as below.



MANAGEMENT BACTERIAL VAGINOSIS

SYMPTOMATIC BACTERIAL VAGINOSIS

Recommended treatment protocol

- Metronidazole 400 mg orally, twice a day with food for 7 days.
OR
- Metronidazole 0.75% gel 5g, intravaginally at night for 5 nights (not on PBS).
OR
- Clindamycin 2% vaginal cream 5 g, one applicator intravaginally at night for 7 days (not on PBS).

Alternative treatment protocol

- Clindamycin 300 mg orally, twice a day for 7 days.
OR
- Metronidazole 2 g orally, stat.



There are lifestyle practices that can help alleviate and reduce the chances of bacterial vaginosis. These include:

- Avoiding douching, feminine sprays, feminine washes
- Wearing loose cotton undies and clothing (don't sit in your gym leggings all day!)
- Some people may also opt to take supportive vaginal probiotics eg, Lactobacillus rhamnosus GR-1, Lactobacillus reuteri RC-14, Lactobacillus acidophilus support the favourable balance of good bacteria in the vaginal flora [3]
- pH restoring gels like Aci-Gel to keep their vaginal environment acidic and favourable to good bacteria to thrive.
- Considering alternative contraception less associated with bacterial vaginosis (women with hormonal IUD's may experience an increased frequency of bacterial vaginosis)

RISK FACTORS & MANAGEMENT BACTERIAL VAGINOSIS

How do I take my medications?

Tablets: Take your oral doses after a meal or snack in divided doses throughout the day as directed.

Gel: Gently unscrew the applicator from the tube, and replace the cap on the tube. Slowly and gently insert the applicator into your vagina (it may help to lie on your back with your knees bent to do this), inserting the applicator as far as it is comfortable. Avoid vaginal penetrative sex until the end of the treatment and feeling better. Intravaginal gels can potentially reduce the efficacy of barrier methods such as condoms.



Are there any side effects/considerations I need to know with treatment?

1- Avoid alcohol: Do not drink alcohol while you are on metronidazole and for 48 hours after finishing your course of treatment. This is because drinking alcohol with metronidazole is likely to make you feel very sick (nauseated) and cause other unpleasant effects, such as the sensation of having a 'thumping heart' (palpitations), hot flushes and/or a headache. While you are taking metronidazole your urine may look a darker colour than normal. On its own this is nothing to worry about.

2- Abstain from sexual intercourse: topical therapies can affect the integrity of latex contraception such as condoms and diaphragms.



RISK FACTORS & MANAGEMENT BACTERIAL VAGINOSIS

Are there any side effects/considerations I need to know with treatment? (cont.)

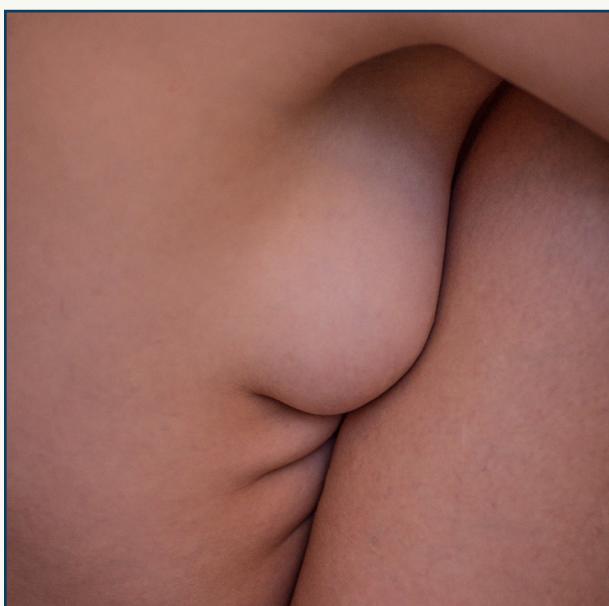
1 - Darker urine: You may notice your urine is slightly darker with metronidazole. This is nothing to worry about and will resolve, but let your doctor know if you experience any abdominal pain and feel unwell alongside this.

2 - Nausea and vomiting: Try taking your medication with food to mitigate this. If you do vomit up your tablet or tablets, let your doctor know as this can affect the treatment course. An intravaginal course can be offered to avoid this.

3 - Changes to taste and furry tongue: Some people report a metallic taste but this resolves with treatment cessation. A mouth-wash and tongue brushing may help the latter.

4 - Allergies to metronidazole can occur: This might present with a skin rash that may include itchy, red, swollen, blistered or peeling skin, hives, wheezing, or tightness in the chest or throat.

5 - Vulvovaginal candidiasis (thrush): Some people report thrush after using antibiotics.



What are the complications of untreated Bacterial Vaginosis?

Many of the complications are associated with pregnancy and include:

- spontaneous abortion
- premature labour
- chorioamnionitis
- postpartum endometritis
- pelvic inflammatory disease (such as after surgical termination of pregnancy (abortion), intra-uterine device (IUD) insertion or other gynaecological instrumentation at time of infection)

Others include:

- Increased risk of acquiring chlamydia, gonorrhoea, herpes simplex type 2
- Increased risk of acquisition and transmission of human immunodeficiency virus (HIV) infection

Does my partner need to be treated?

Whilst contact tracing is not necessary for partners, women having sex with women can consider:

1 - <https://sti.guidelines.org.au/sexually-transmissible-infections/bacterial-vaginosis/>

2 - <https://www.fpnsw.org.au/factsheets/individuals/gynaecological-health/common-vaginal-vulval-conditions>

3 - US Food and Drug Administration. MedWatch safety alerts for human medical products. <https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/>

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THRUSH (VULVOVAGINAL CANDIDIASIS) FACT SHEET

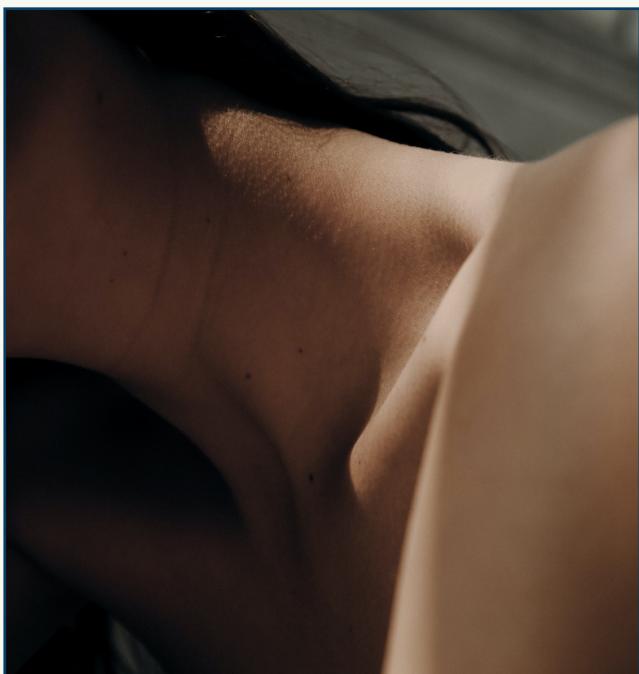
AN INTRODUCTION INTO THRUSH

Thrush is the common name for Vulvovaginal Candidiasis, whereby overgrowth of a naturally occurring fungus outweighs normal healthy bacteria in the vaginal microbiome causing symptoms. It usually arises due to secondary disturbance of the flora through triggering events like antibiotic use or changes in hormone levels. Almost everyone with a vulva at some stage in their life have experienced the characteristic discomfort of this condition and thankfully there are simple treatments in place to get you feeling back to normal down there.

What are the symptoms of thrush?

In people with vulvas, thrush can present with:

- Genital/vulvar itch
- Thick, white, clumping discharge often described as having a cottage cheese appearance (discharge can also appear normal or be absent)
- Burning
- Painful sex on penetration
- External painful urination (when urine hits sore skin it can sting and burn)
- Excoriation, redness, fissures, swelling



Although less common, people with penis can also experience thrush, and for them it can present with:

- Red rash on genitals, especially under foreskin, may or may not be itchy
- Swelling of foreskin if severe
- Fissures
- Superficial erosions

Are there any risk factors for thrush?

Risk factors for thrush include:

Diabetes: high sugar levels can act as a food source for Candida in the vagina causing them to overgrow.

Antibiotic use: As many as one-quarter to one-third of vulva owners develop the disorder during or after taking usually broad spectrum antibiotics because they cause inhibition of normal bacterial flora that favours growth of fungus such as Candida.

High oestrogen levels: mid cycle, pregnancy and people on hormonal contraception or hormone replacement therapy can experience an increased incidence of thrush, hormones directly affect the microbiome make up.

Immune suppression: those taking steroids or other immunosuppressive drugs have an increased incidence as they allow non favourable bugs like Candida to overgrow unchecked by the natural immune system.

DIAGNOSIS

THRUSH

How is thrush diagnosed?

Either a clinician or self collected vaginal and penile swab to send off for microscopy and culture, alongside reviewing symptoms, +/- a clinical examination of the genital area, can pinpoint thrush as the cause.

How do I perform a self collect swab?



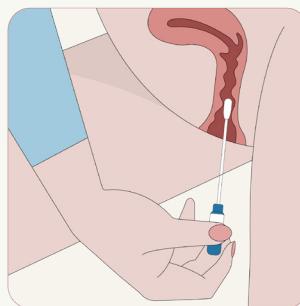
PERFORMING A SELF-COLLECT SWAB PROCEDURE



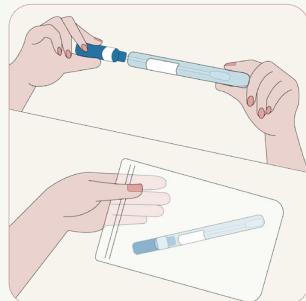
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Sit on the toilet or stand with one foot resting on the edge of the toilet



Gently insert the swab about 2 cm into your vagina. Rotate the swab around 1-3 times



Remove the swab and place it in the tube you have been given

How is thrush treated?

Thrush is managed either with topical or oral antifungals such as clotrimazole, fluconazole and sometimes with boric acid, especially if recurrent. Lifestyle interventions are super important to prevent its recurrence.

Some tips to prevent thrush are:

- Avoiding harsh soaps, feminine sprays, douches, panty liners
- Loose cotton underwear where possible
- Whilst evidence is mixed, there is no harm in considering a vaginal probiotic to support

TREATMENT & MANAGEMENT

THRUSH

How do I take my medications?

It is crucial to take your vaginal swab before starting therapy. This is to ensure sensitivities for the causative fungus are available incase therapy needs to change.

Tablets: Take your oral doses either immediately, or if on longer courses, after a meal or snack in divided doses throughout the day as directed.

Gel: Gently unscrew the applicator from the tube, and replace the cap on the tube. Slowly and gently insert the applicator into your vagina (it may help to lie on your back with your knees bent to do this), inserting the applicator as far as it is comfortable.

Generally speaking, you should avoid vaginal penetrative sex until the end of the treatment and feeling better. Thrush can make the vulva and vagina more susceptible to tearing, and intra-vaginal gels can also potentially reduce the efficacy of barrier methods such as condoms.

APPLYING A VAGINAL CREAM



Wash your hands well before and after the procedure

Squeeze the cream from the tube into the applicator slowly (until the plunger reaches the prescribed dose measurement)
Then remove the applicator from the tube of cream



Ask your healthcare provider or pharmacist if you should wear gloves when you apply vaginal cream



Lie on your back with your knees bent toward you
Hold the applicator in one hand

Insert the applicator into your vagina (like a tampon) as far as you can



If the applicator is reusable, rinse it with mild soap and warm water