Vaginal discharge - Management

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Do I need to examine a woman with abnormal vaginal discharge?

- **Assess:**

  - **Risk of a sexually transmitted infection (STI).** Women are considered at increased risk if they are less than 25 years of age or have had a new sexual partner in the last 12 months.

  - **Symptoms of infective causes of vaginal discharge:**

  - **Cervicitis or pelvic inflammatory disease** — vaginal discharge associated with post-coital or intermenstrual bleeding, dysuria, deep dyspareunia, or lower abdominal pain.

  - **Vaginal candidiasis** — a white odourless discharge that may be associated with itching and superficial soreness.

  - **Bacterial vaginosis (BV)** — a fishy-smelling discharge, not associated with itching or soreness.

  - **Trichomoniasis** — a fishy-smelling discharge that may be associated with itching, soreness, and dysuria.

  - **Whether a non-infective cause of vaginal discharge is likely.**

- **Examination may be omitted and empirical treatment prescribed, for women with:**

  - **A history suggestive of physiological discharge.**

  - **Characteristic symptoms of vaginal candidiasis** if:

  - She is at low risk of an STI, *and*

  - She does not have symptoms of other conditions causing vaginal discharge, *and*

  - Symptoms have not developed following a gynaecological procedure, *and*

- This is a first episode of suspected vaginal candidiasis, or if recurrent, recurrence is infrequent (less than four times a year).

- See the CKS topic on Candida - female genital for further information on treatment.

- **Characteristic symptoms of BV** if:

- She is at low risk of an STI, *and*

- She does not have symptoms of other conditions causing vaginal discharge, *and*

- Symptoms have not developed following a gynaecological procedure, *and*

- This is a first episode of suspected BV, or if recurrent, a previous episode of recognizably similar symptoms was previously diagnosed to be BV following examination. See Additional information for when it is reasonable to assume that a previous diagnosis of BV was reliable.

- See the CKS topic on Bacterial vaginosis for further information on treatment.

- **Examination is advised for all other women.**

Additional information

- A previous diagnosis of BV can be assumed to be reliable if:

- Characteristic symptoms and signs of BV were present.

- Symptoms and signs of other conditions causing vaginal discharge were absent and there was no microbiological evidence of their presence from swabs of vaginal discharge.

- Symptoms and signs cleared following antibiotic treatment.

Basis for recommendation

These recommendations are based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Faculty of Sexual and Reproductive

Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006].

If necessary, what examination is advised?

- **Undertake:**

  - **A speculum examination** to visualize the cervix and vagina to look for signs of cervicitis, vaginal discharge, and any possible foreign body.

  - **Ideally, pH testing of vaginal discharge** from the lateral wall of the vagina with narrow-range pH paper.

  - **Swabs,** if indicated by clinical findings — see Who to swab.

  - **Bi-manual palpation** for cervical motion tenderness, adnexal tenderness, and abnormal masses if the history is suggestive of pelvic inflammatory disease.

- **Look for characteristic signs that may indicate the infective cause of vaginal discharge:**

  - **Vaginal candidiasis** is characterized by an odourless, white, curdy discharge with a pH of less than 4.5. Vulval satellite lesions of erythema may occur in addition to vaginal erythema.

  - **Bacterial vaginosis** is characterized by a white/grey homogeneous coating of vaginal walls and vulva that has a fishy odour and a pH of more than 4.5.

  - **Trichomoniasis,** when symptomatic, is characterized by a yellow-green, frothy discharge with a fishy odour and a pH of more than 4.5.

  - **Cervicitis caused by chlamydia** (or less commonly by gonorrhoea) is characterized by an inflamed cervix which bleeds easily and may be associated with a mucopurulent discharge.

  - **Pelvic inflammatory disease caused by chlamydia** (or less commonly by gonorrhoea) is characterized by lower abdominal pain, with or without

fever. Cervicitis may be seen, and adnexal tenderness and cervical excitation found on bimanual palpation.

Basis for recommendation

These recommendations are based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Health protection Agency (HPA), and guidelines issued by the Faculty of Sexual and Reproductive Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006; HPA, 2007].

Who needs a swab?

- **Swabs may be omitted and empirical treatment prescribed:**
  - **For women with characteristic signs of vaginal candidiasis** if:
  - There is a low risk of a sexually transmitted infection (STI), *and*
  - There are no signs of other conditions, *and*
  - Symptoms have not developed following a gynaecological procedure, *and*
  - This is a first episode of suspected vaginal candidiasis, or if recurrent, recurrence is infrequent (less than four times a year).
  - **For women with characteristic signs of bacterial vaginosis (BV)** if:
  - There is a low risk of an STI, *and*
  - There are no signs of other conditions, *and*
  - Symptoms have not developed following a gynaecological procedure, *and*
  - This is a first episode of suspected BV, *or*
  - This is suspected recurrent BV, and a previous episode was reliably diagnosed to be BV following examination. See Additional information for when it is reasonable to assume that a previous diagnosis of BV was reliable.

▪ **For women with characteristic features of trichomoniasis or pelvic inflammatory disease (PID),** swabs may be omitted if they are being referred to genito-urinary medicine (GUM) for confirmation of the diagnosis.

▪ **Take swabs from all other women** with a suspected infective cause of abnormal vaginal discharge. This includes women with abnormal vaginal discharge who have:

o An increased risk of an STI.

o Cervicitis seen on examination.

o Suspected PID, when same-day assessment is not possible at a GUM clinic.

o A poor response to initial treatment, or recurrent vaginal discharge.

o Discharge of uncertain cause.

o Discharge after a gynaecological procedure or childbirth.

Additional information

▪ **Risk of an STI** — women are considered at increased risk if they are less than 25 years of age or have had a new sexual partner in the last 12 months.

▪ **A previous diagnosis of BV can be assumed to be reliable** if:

o Characteristic symptoms and signs of BV were present.

o Symptoms and signs of other conditions causing vaginal discharge were absent and there was no microbiological evidence of their presence from swabs of vaginal discharge.

o Symptoms and signs cleared following antibiotic treatment.

Basis for recommendation

These recommendations are largely based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Health protection Agency (HPA), and guidelines issued by the Faculty of Sexual and Reproductive Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006; HPA, 2007].

▪ There is good evidence that a combination of clinical features and a measurement of vaginal pH is a sensitive, although not very specific, predictor of the cause of vaginal discharge. Using these criteria, the diagnosis is missed in only a few people with BV or vaginal candidiasis. However, a moderate number of women who do not have vaginal candidiasis or BV will be incorrectly diagnosed with these conditions.

▪ The addition of high vaginal swabs and endo-cervical swabs produces a more accurate final diagnosis. Swabbing is therefore recommended when clinical features are not clearly suggestive of either BV or vaginal candidiasis.

How do I test pH and take high vaginal and endocervical swabs?

Following insertion of a vaginal speculum:

▪ **To test the pH of vaginal discharge:** rub a swab along the lateral wall of the vagina to collect some discharge then rub this onto narrow range pH paper. Narrow range pH paper (range 3.8–5.5) is available from medical laboratory suppliers.

▪ **To take a high vaginal swab:** swab discharge from the lateral vaginal wall and posterior fornix.

▪ **To take an endocervical swab:** clean the cervical os with a large sterile swab and discard. Insert a new swab into the endocervix and rotate 360 degrees.

▪ **Submit swabs with appropriate clinical information** to guide laboratory testing. Include the nature of the vaginal discharge, any risk or suspicion of sexually transmitted disease, and associated symptoms.

▪ **Refrigerate swabs at 4°C if they are not to be immediately sent to the laboratory:**

o **High vaginal swabs for suspected trichomoniasis** should arrive and be examined in the laboratory within 6 hours. It is therefore recommended that women with suspected trichomoniasis are referred to genito-urinary medicine for further investigation.

o **Other swabs** should be received by the laboratory within 48 hours.

▪ **The swabs required for investigation of suspected chlamydia or gonorrhoea vary around the country:**

- It is therefore recommended that you discuss taking swabs for vaginal infections with your local laboratory.

- For chlamydia, follow the manufacturers instructions on the chlamydia collecting kit that is provided by the local laboratory. Some laboratories also test the same sample for gonorrhoea using nucleic acid amplification tests (NAATs).

- For laboratories that do not test for gonorrhoea and chlamydia using NAATs, send suspected *Neisseria gonorrhoeae* culture in a charcoal-based transport medium, and transport to the laboratory as soon as possible.

Basis for recommendation

These recommendations are based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Health Protection Agency (HPA), and guidelines issued by the Faculty of Sexual and Reproductive Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006; HPA, 2007].

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Who should I refer for abnormal vaginal discharge?

- **Arrange urgent admission for women with pelvic inflammatory disease** who are:
  - Pregnant.
  - Pyrexial and unwell, or unable to take oral fluids or medications.
- **Referral to a genito-urinary clinic for investigation and management** is recommended for women with:
  - Suspected pelvic inflammatory disease, for same day assessment.
  - Suspected trichomoniasis.
- **Referral to genito-urinary medicine for partner notification** is recommended for anyone with microbiologically confirmed:
  - Gonorrhoea.
  - Chlamydia.
  - Trichomoniasis.
- **Consider urgent referral to a gynaecologist** for women with suspected gynaecological cancer. For further information see the CKS topic on Gynaecological cancer - suspected.

Basis for recommendation

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Who should I treat while awaiting swab results?

- **Give empirical antibiotics to women with:**

  - **Cervicitis** — treat for chlamydia while awaiting swab results. For further information see the CKS topic on Chlamydia - uncomplicated genital.

  - **Suspected pelvic inflammatory disease** — if same day treatment in a genito-urinary clinic is not possible. For further information on treatment, see the CKS topic on Pelvic inflammatory disease.

  - **Suspected trichomoniasis** — if referral to genito-urinary medicine is not acceptable or feasible, for confirmation of the diagnosis. For further information on treatment, see the CKS topic on Trichomoniasis.

  - **Suspected bacterial vaginosis** — for further information on treatment, see the CKS topic on Bacterial vaginosis.

  - **Suspected vaginal candidiasis** — for further information on treatment, see the CKS topic on Candida - female genital.

- **Empirical antibiotics while awaiting swab results are not required** for women at increased risk of a sexually transmitted infection, if they do not have any clinical features suggestive of infection.

Basis for recommendation

These recommendations are based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Faculty of Sexual and Reproductive Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006].

How should I manage a women with a retained tampon or other foreign body?

- **For women with a retained tampon or other foreign body:**

  - Remove the foreign body.

  - If infection is suspected take a high vaginal swab and *either*:

- Prescribe empirical antibiotics. Co-amoxiclav alone, or metronidazole combined with erythromycin or clarithromycin for people who are allergic to penicillins, are suitable, *or*

- See if vaginal discharge settles without antibiotics.

- Review if vaginal discharge does not improve following removal of the foreign body and prescribe the appropriate antibiotic as guided by the swab result.

Basis for recommendation

These recommendations are based on expert opinion and conform to guidelines for the management of abnormal vaginal discharge issued by the Faculty of Sexual and Reproductive Healthcare (FSRH), (formerly the Faculty of Family Planning and Reproductive Healthcare [FFPRHC]), and the British Association for Sexual Health and HIV [FFPRHC and BASHH, 2006; RCGP and BASHH, 2006].