

Looking after your vulval skin

Vulval skin is thinner and more easily irritated than skin elsewhere on the body. Most vulval problems settle faster – and stay settled – when the skin is treated gently. This is the starting point for every vulval condition, whatever the diagnosis turns out to be.

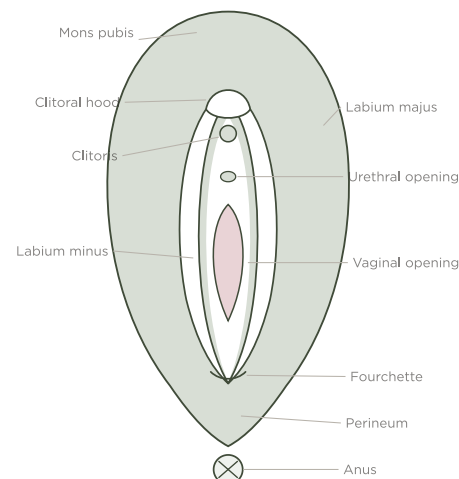
Why this matters

The vulva is the skin you can see on the outside — not the vagina, which is the passage inside. That outer skin is warm, moist, usually covered, and regularly exposed to urine, sweat, friction and soap. Particularly the inner hairless skin, absorbs what is put on it far more readily than the skin on your arm.

A great many vulval symptoms are caused or worsened by ordinary products that seem harmless. Removing those irritants is not an add-on to treatment — it is often half of it.

Washing

- **Once a day is enough.** Washing more often makes irritation worse, not better.
- **Use your hands,** not a face washer, sponge or loofah.
- **Use plain water or a soap substitute.** A soap substitute is a moisturiser you wash with without stripping the skin.
- **Do not wash inside the vagina** — it cleans itself, and douching makes discharge and irritation worse.
- **Pat dry** with a soft clean towel. Do not rub. Avoid hairdryers as they may over dry the skin or cause heat injuries.



The vulva is everything on the outside: the outer and inner lips, the clitoris and its hood, and the openings of the urethra and vagina. The vagina itself is internal.

HELPFUL

- A non-soap wash, or a plain moisturiser used as a soap substitute
- A plain unperfumed ointment, as often as you need. But it may weaken latex condoms.
- Loose cotton underwear; no underwear in bed
- Unperfumed laundry liquid, rinsed well
- A barrier ointment if you leak urine
- A plain lubricant for sex

BEST AVOIDED

- Soap, bubble bath, bath salts, shower gel, shampoo running over the vulva
- Wet wipes, baby wipes, “feminine hygiene” washes, deodorants and sprays
- Antiseptics, tea tree oil, vinegar and bicarbonate soaks
- Daily panty liners, and scented pads or tampons
- Fabric softener and strongly perfumed washing powder
- G-strings, tight jeans, and sitting about in damp gym or swim wear

Moisturising

A plain emollient replaces the oils that soap removes and forms a barrier against urine, sweat and friction. Use an **ointment rather than a cream** where you can — ointments are greasier, contain fewer preservatives, and sting less on broken skin. Apply as often as it feels comfortable; there is no upper limit and no need to ration it.

A NOTE ON AQUEOUS CREAM

Aqueous cream is widely sold as a moisturiser, but it contains a detergent that can irritate inflamed skin when left on. It is fine as a wash you rinse off; it is not a good leave-on moisturiser for the vulva.

Clothing and laundry

- Cotton underwear, changed daily. Sleep without underwear if you can.
- Avoid G-strings and anything tight through the crotch — friction is a genuine trigger.
- Change out of wet swimwear and sweaty exercise gear promptly.
- Use a mild, unperfumed laundry detergent; rinse underwear well and avoid fabric softener.

Sex

- Use a plain water-based or silicone lubricant. Avoid warming, tingling and flavoured products.
- A little barrier ointment beforehand reduces friction. If using latex condoms or diaphragms, choose a product labelled as compatible
- Pain with sex is a reason to be seen, not something to push through.

Know your own normal

Vulvas vary enormously in shape, size, symmetry and colour, and there is no standard appearance. What matters is knowing what *yours* normally looks like, so that a change registers early. Have a look once a month with a hand mirror in good light — you are not looking for anything in particular, you are building a reference point.

SEE YOUR DOCTOR IF YOU NOTICE

- A lump, an ulcer, or a sore that has not healed in two weeks
- A thickened, rough or raised patch, or a new white, red or dark area
- Bleeding that is not from your period
- Itching or soreness that keeps coming back, or never fully gone
- Pain with sex, or the entrance feeling tighter than it was

The toilet

- Pat dry front to back with soft, unscented paper — or rinse with water and pat dry.
- If wiping stings, keep a small bottle of water to rinse with as you pass urine.
- If you leak urine, a barrier ointment applied *before* the skin gets wet protects it far better than washing afterwards.
- Constipation and straining may worsen symptoms particularly around the anus and pelvic floor. Treat it.

Hair removal

Shaving and waxing injure the skin surface and commonly cause folliculitis and itching. If you have an active vulval skin condition, stop until it has settled. To keep the hair shorter, trim it rather than removing it at the root.

**REGULARLY CHECK**

Good light, hand mirror, sitting or squatting. Look and feel for anything new: a lump, an ulcer, a rough or thickened patch.

SOURCES

1. Primary Care Dermatology Society. Vulval care — patient information leaflet, October 2025.
2. International Society for the Study of Vulvovaginal Disease. Genital Care for Women; The Normal Vulva; How to Perform Vulvar Self-Examination. ISSVD patient handouts.
3. British Association of Dermatologists. Lichen sclerosus in females — patient information leaflet, September 2022.
4. Drummond C. Common vulval dermatoses. Aust Fam Physician 2011;40(7):490-6.