

# How to use your steroid ointment

Steroid ointment is the main treatment for most inflammatory vulval conditions. It works well — but only if enough is used, in the right place, for long enough. Under-treating is far more common than over-treating, and causes far more harm.

## THE SHORT VERSION

**Half** a fingertip unit of ointment covers the whole vulva. Apply it at night. Every night for four weeks, then alternate nights for four weeks, then twice a week — and keep going twice a week. A 30 g tube should last at least three months during that first course; once you are on twice-weekly maintenance it will last considerably longer, which is expected.

## Why a strong steroid, and why that is safe

Most people have heard that steroid creams thin the skin. That warning comes from the wrong setting — strong steroids used on normal facial or flexural skin, without a diagnosis, for long periods. On inflamed vulval skin the picture is different. The inflammation itself is what damages and scars the tissue, and the steroid is what stops it.

Used as directed for the right conditions, potent steroid ointment on the vulva is safe for years. The women who come to harm are almost always the ones who used too little, stopped early because they were frightened of it, or were never told to continue once the itch settled. But make sure you have regular skin reviews with your GP or Gynaecologist.

## How much

The standard measure is a **fingertip unit**: a ribbon of ointment squeezed from the tube along the pad of your index finger, from the tip to the first crease. That is about half a gram.

For the vulva you need **about half a fingertip unit** each time — roughly the length of the top third of your finger. Spread it as a thin, even film. It should look slightly shiny, not caked.

About a **quarter of a fingertip unit** covers the inner hairless vulva; if the hair-bearing skin or the area around the anus is also involved, you will need more. There is no need to routinely cover skin that is not affected.

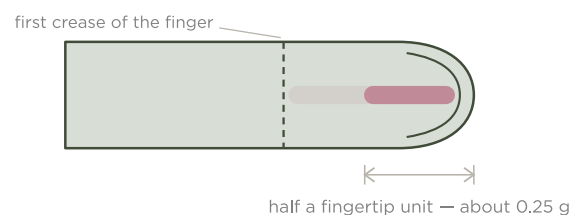
“Apply sparingly” appears on many pharmacy labels. Ignore it. Apply *enough*.

## Where

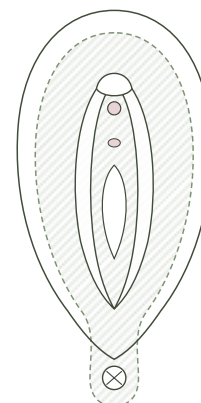
Use a mirror the first few times. You are aiming to cover **all** of the affected skin, which may include:

- The inner surfaces of the outer lips
- The inner lips and the hood of the clitoris
- Around the opening of the vagina
- The skin between the vagina and the anus, and around the anus if it is involved

Do not put it inside the vagina unless you have been told to.



The vulval dose: half a fingertip unit. The pale ribbon shows a full fingertip unit for comparison.



Cover all of the shaded skin, including the skin between the vagina and the anus.

## The course

Treatment has two phases. The first settles the inflammation; the second keeps it settled. The second phase is the one people abandon, and it is the one that protects the tissue long term.

### WHICH SCHEDULE APPLIES TO YOU

The schedule below is for lichen sclerosus or lichen planus only. If you have dermatitis, eczema, psoriasis or another condition, follow the separate schedule on your prescription.



The itch usually improves within one to two weeks; soreness and splitting take longer. If symptoms return as you step down, go back up a level for a week or two. The maintenance dose of twice a week is different for everyone, some people need more or less and should be adjusted to maintain the skin and symptoms.

## Practical points

- **Ointment, not cream.** If your pharmacy substitutes a cream, ask for the ointment.
- **At night**, after washing, so it stays in place rather than being rubbed off.
- **Moisturiser as well, not instead** — your plain emollient at other times of day, 15–20 minutes apart. Wash your hands afterwards.
- **Australian scripts:** clobetasol propionate 0.05% ointment comes as a 30 g tube and is PBS-listed without repeats, so you need a new script each time — ask at your review rather than running out.

### DO NOT STOP BECAUSE IT IS BETTER

Feeling well is the result of the treatment, not a sign it is finished. In lichen sclerosus and lichen planus, continuing maintenance is what prevents scarring; in lichen sclerosus there is also evidence that regular treatment lowers the small risk of skin cancer in the affected area.

## If a flare happens

Flares are normal and are not a failure. Go back to **nightly** application until symptoms settle — usually one to two weeks — then return to maintenance. Frequent flares usually mean something else is going on: an irritant that has crept back in, thrush, or too little ointment. That is worth a visit rather than pushing the dose up.

### CONTACT US IF

- The ointment burns or stings every time you apply it
- Symptoms are no better after four to six weeks of nightly use
- You develop a new lump, ulcer, or a sore that will not heal
- The skin becomes bright red, weepy or smelly — this may be infection or thrush

## SOURCES

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3. British Society for the Study of Vulval Disease. Information for patients — how to treat lichen sclerosus.
4. Health Service Executive (Ireland). Clinical update: adult vulval lichen sclerosus, February 2025.
5. Lee A, Bradford J, Fischer G. Long-term management of adult vulvar lichen sclerosus. *JAMA Dermatol* 2015;151(10):1061–7.
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