



PATIENT INFORMATION LEAFLET

USING STEROID OINTMENT ON THE VULVA

Topical steroids, such as Clobetasol Propionate (brand name Dermovate), are often prescribed for a number of skin conditions of the vulva, such as lichen sclerosus or lichen planus. They are safe and highly effective, but women may have anxiety about using steroids and be fearful of side effects. This often causes them to use less than they should, meaning the symptoms trouble them for longer. We hope this leaflet will help clear up some of the common concerns and questions women ask about steroid applied to the skin. Here are some common questions about using steroid ointment on the vulva:

HOW OFTEN SHOULD I APPLY THE OINTMENT?

Unless recommended otherwise apply your steroid ointment:

- Once a day every day for one month.
- Then once every other day for one month.
- Then twice a week in the long term, to stop your symptoms returning.

HOW MUCH STEROID OINTMENT SHOULD I USE?



You should use one half of a finger tip unit of steroid ointment on your vulva each time.

One finger tip unit is from the end of your finger to the first joint. A small (30g) tube should last for at least 3 months.

If the tube does not last 3 months you are using too much!
When your skin condition is well controlled it's likely a 30g tube will last you about 6 months

THE LEAFLET THAT COMES WITH THE OINTMENT SAYS NOT TO USE IT ON THE GENITAL AREA.....?

Your doctor has diagnosed a specific skin condition on your vulva. Topical steroid is the correct treatment for this condition and can be used safely as directed by your doctor.

IS IT NORMAL THAT SOMETIMES THE OINTMENT STINGS MY SKIN WHEN I APPLY IT?

If the skin surface is broken the ointment may sting on first applying it, this will settle and be less noticeable as the skin heals.

THE LEAFLET THAT COMES WITH THE OINTMENT SAYS THAT STEROIDS CAUSE SKIN THINNING.....?

When steroids are used as recommended by your doctor they do not cause thinning of the non hair bearing skin of the vulva.

The skin around the back passage is more sensitive to steroid ointments and the treatment should be used sparingly if the skin around your back passage is affected by your skin condition and you are applying treatment to this area.

MY SYMPTOMS HAVE GONE, SHOULD I STOP USING THE STEROID OINTMENT?

No. If you stop using your steroid when your symptoms have gone your condition may flare up again and the itching and soreness could come back. You should continue to use your steroid twice a week even when you have no symptoms. Your doctor may discuss with you and recommend using your steroid ointment just when you need it.

I HAVE BEEN PRESCRIBED A BARRIER CREAM TO PROTECT MY SKIN, HOW DO I USE IT WITH THE STEROID?

You should apply the steroid ointment at least 20 minutes before you apply the barrier cream so that the active ingredient can be absorbed into your skin.

Alternatively you may choose to use your steroid ointment and barrier/moisturiser products at different times of day for example you might chose to apply a barrier/moisturiser product in the morning after a shower and your steroid ointment before going to bed.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS



Nurse Colposcopists

(0161) 276 5485

8.30am to 5.00pm



Secretaries

(0161) 701 6922 / 276 6387

8.30am to 5.00pm