



VAGINAL DISCHARGE and VAGINAL DISCHARGE SYNDROME

The presence of vaginal a discharge in females is not always abnormal. Abnormal discharge can cause itchiness, and are different in colour and smell. The management of a vaginal discharge is based on the most likely underlying cause. This can be determined by a thorough history and examination, including gynaecological examination (see below):

Management:

*If the vulva is red, scratched and inflamed with curd like discharge – treat for **Vaginal candidiasis:***

- Clotrimazole vaginal tablet 500 mg single dose inserted at night, or clotrimazole cream 12 hourly using vaginal applicator, for 7 days.
- If severe, add Clotrimazole cream applied to vulva 12 hourly for 3 days after symptoms have resolved (maximum use two weeks)
- Advise to avoid washing with soap.
- If persistent after treatment, look at underlying causes of immune compromise, diabetes, HIV, immunosuppressive treatment, recent use of antibiotics.

If clinically not candidiasis and no abdominal pain or tenderness. Is the client sexually active/does her partner have symptoms of genital infection?

<u>Yes</u>	<u>No</u>
<p>Treat for Vaginal discharge syndrome (VDS)- including pregnant women</p> <ul style="list-style-type: none"> • Ceftriaxone 250 mg IM as a single dose** <p style="text-align: center;">and</p> <ul style="list-style-type: none"> • Azithromycin 1g oral as a single dose <p style="text-align: center;">and</p>	<p>Treat for Bacterial vaginosis (BV):</p> <ul style="list-style-type: none"> • Metronidazole 2g p.o stat* • Can add treatment for Candidiasis as above <p>BV can be confirmed with</p> <ul style="list-style-type: none"> • Amine test (<i>Whiff</i> Test) add one drop discharge to one drop KOH – if fishy smell present – BV

<ul style="list-style-type: none"> • Metronidazole 2g oral as a single dose • If severe penicillin allergy, omit ceftriaxone and give Azithromycin 2g oral as a single dose • Treat partner/s, no intercourse till symptoms resolved and partner/s treated 	<ul style="list-style-type: none"> • Or the presence of Clue Cells on wet mount microscopy
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**Review client in 7 days, if symptoms persists: Give metronidazole 400mg 12 hourly for 7 days*

If lower abdominal pain or cervical excitation tenderness present but no systemic symptoms, peritonitis or masses:

- Treat for VDS, as above, add Ibuprofen 400mg 8 hourly as needed for 5 days. Review client in 3 days.

NB: All cases that does not fall into the above categories needs discussion with Tygerberg Hospital Gynaecology Department:

- Registrar/Consultant GOPD 021 938 4436 8:00 – 16: 00 weekdays
- Registrar on call for gynaecology: 021 938 4716 or via hospital switch board 021 938 4911

<p><u>Always discuss cases of vaginal discharge with:</u></p> <ul style="list-style-type: none"> • Recent miscarriage, delivery, termination of pregnancy, gynaecological procedures or surgery • Peritonitis, abdominal masses • SIRS response: Temp > 38 °C, Pulse rate >90/min RR >20/min • Females younger than 16, or post-menopausal, where candidiasis has been treated and excluded. • Abnormal vaginal bleeding • Any masses or erosions of the cervix, vulva, vagina • Unresolved symptoms after completion of treatment
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Please have the following information ready prior to discussion with registrar:

- Full history: Regarding discharge, treatment, other symptoms, gynaecological history, LNMP, contraception, last cervical cytology smear, obstetric history. Full medical and surgical history. HIV and Syphilis status (Do rapid tests)
- Examination: Vitals, Temp, Pulse, Respiratory Rate, urine pregnancy test. Systemic evaluation, abdominal examination, masses, tenderness, peritonitis.
- Gynaecological Examination: Condition of vulva, vagina and cervix. Nature of discharge, presences of cervical excitation tenderness.

** For ceftriaxone, dissolve 250mg in 0.9ml lignocaine 1% (without Adrenaline)

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COMMITTEE RESPONSIBLE	Z Momberg, S Gebhardt, V Thomas, E Swart, L Muller, L Murray, J Butt, L Terblanche, A Cloete, J Kluge
DATE REVISED	1 May 2018
DATE EFFECTIVE	1 June 2018
REVIEW DATE	30 April 2020
EVIDENCE	Evidence basis for the above decision is available on request



Signed: GS Gebhardt

Head: General Specialist Services; Obstetrics and Gynaecology