

**Clinical Guideline:** Vaginal Discharge Site: FPH

* Discharge: Colour, consistency, odour, onset, amount, ass. Irritation, bleeding
* Gynae: Pelvic pain, smear history, contraception (ocp), recent pregnancy
* Sexual history: New partner. Symptomatic partner

History

General Information

* Rarely due to a significant cause.
* Exclude ca cervix or endometrium (watery blood stained discharge from cervical canal in post-menopausal women)
* Avoid antibiotics: can lead to persistent and resistant infection
* Ectopy: Stop OCP if applicable, consider cautery if symptoms warrant
* Bacterial vaginosis (BV): Oral metronidazole
* Antifungal treatment: Candidiasis
* Try antiseptic therapy (specific products not commercially available) e.g. dilute betadine douche,(Live yoghurt may be beneficial)

Advice and Treatment

**Consider referral if:**

* Suspicious cervix: TWR
* Ectopy: For cautery if symptoms persist after stopping OCP
* ?PID: Associated pelvic pain and tenderness (emergency referral for suspected acute PID)
* Undiagnosed or persistent discharge: Refer GUM

Referral Guidelines – red flag signs

* High vaginal + endocervical and/or high vaginal swab (inc. chlamydia +/- gonorrhoea)
* FBC, and CRP/ESR if PID is suspected

Investigation

* Abdomen: Tenderness, mass
* Vulva: vulvitis
* Speculum: Discharge watery, malodourous (BV), thick, white (candida)
* Local inflammation of vagina or cervix. Cervical ectropion +/- purulent discharge
* Bimanual: cervical excitation tenderness

Examination