

VULVA SELF EXAM

A HOW TO PERFORM YOUR MONTHLY SELF CHECK



A VULVA SELF-EXAM IS LIKE YOUR MONTHLY BREAST CHECK BUT... FOR YOUR LADY BITS.

The Vulva comes in various shapes and sizes and as such there is no 'normal'.



Why perform a Vulva self-exam?

Why does your car need to go for a regular service?!?
Thankfully, you do not need to visit the mechanic for this check. Sometimes changes to the Vulva anatomy can be indicative of infection, a skin condition or more serious consequences such as cancer.

By equipping you with the necessary skills outlined in this e-book, we hope to empower you with a level of awareness of your lady bits that enables you to determine when you drift from 'your norm' and when to seek help.

Please note, that this is a general guide. Information contained in this e-book is for informational purpose only and is not intended to serve as individual medical advice.



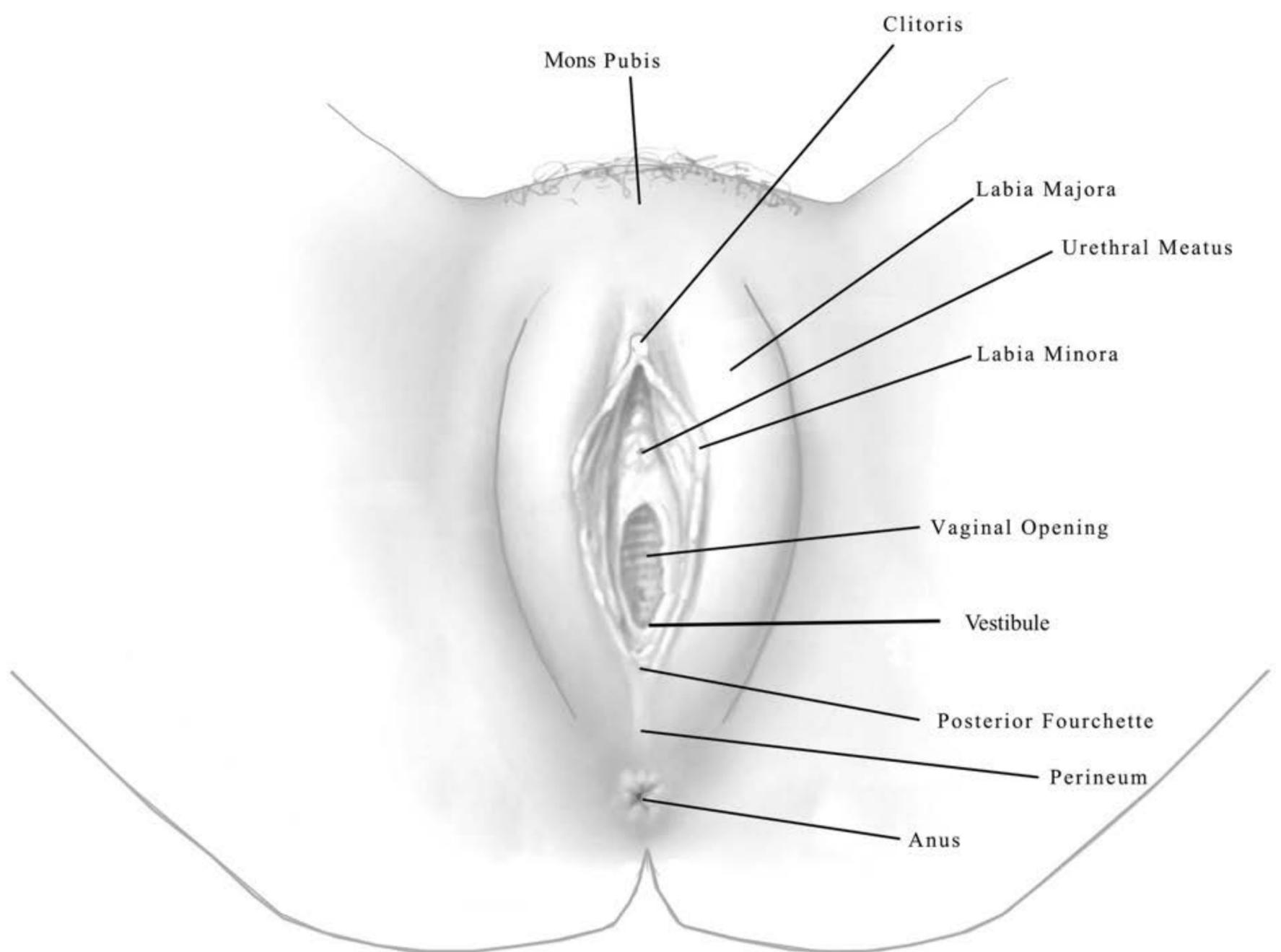
What is the Vulva?

Vulva is the collective term that refers to the female external genitalia and includes the:

- **Mons pubis**- where you will find pubic hair.
- **Clitoris**- has about 8000 nerve endings, 50% more than the penis!
- **Labia Majora**- look a bit like hot dog buns.
- **Labia Minora**- can be an outtie or innie (a bit like a belly button). Along with the Labia Majora, they are designed to protect the Vagina from infection.

Did you know...

Vulvovaginal tissue is rich in estrogen receptors. As such, they are susceptible to fluctuations in estrogen levels such as those experienced during pregnancy, breastfeeding or menopause. Have you ever noticed reduced vaginal discharge or felt itchy or dry during these periods?



But, isn't that the Vagina?

Well...no. The Vagina connects the Vulva to the Uterus. The Vagina acts as a conduit for menstrual fluids, allows for the insertion of the Penis and acts as the birth canal during vaginal deliveries.

The **Vestibule** is the vaginal entrance. Within in it you will find the Bartholin glands which produce lubrication during sexual arousal.

The **Posterior Fourchette** is where the Labia Minora meet to then form the Perineum.

The **Perineum** is the site where episiotomies or tearing occur during vaginal deliveries.

Did you know...

The Bartholin glands are sandwiched between our pelvic floor muscles, specifically the Bulbocavernosus. 'Flexing' our pelvic floor muscles during intercourse can enhance lubrication and sexual arousal.

WHAT TO LOOK FOR?

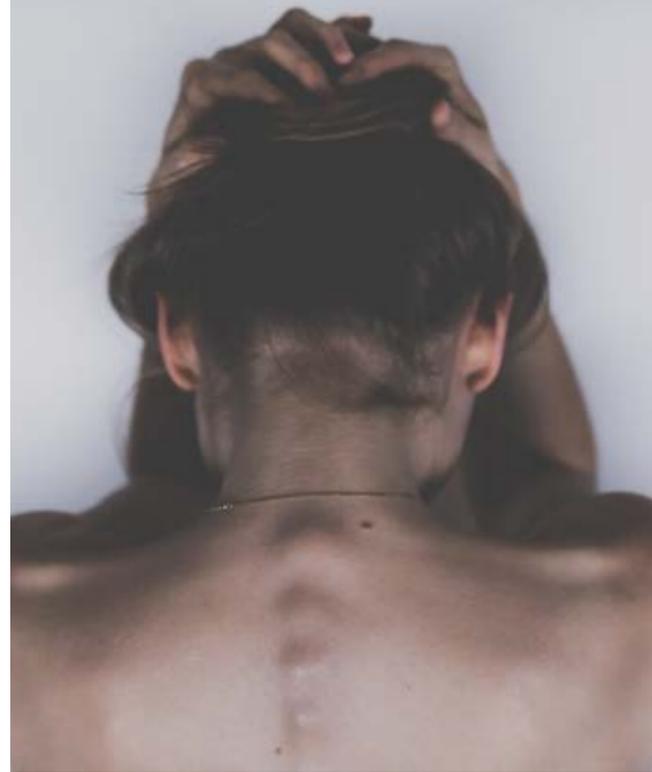


CHANGES IN APPEARANCE:

- Lumps, bumps or other growth
- Colour
- Cuts, warts or sores
- Discharge (take note of smell, volume, colour)

CHANGES IN THE FEEL OR SENSATION:

- pain
- itching
- burning
- tearing
- rawness



If you happen to experience un-explainable bleeding, make an appointment to see your doctor or speak with your Women's Health Physiotherapist.

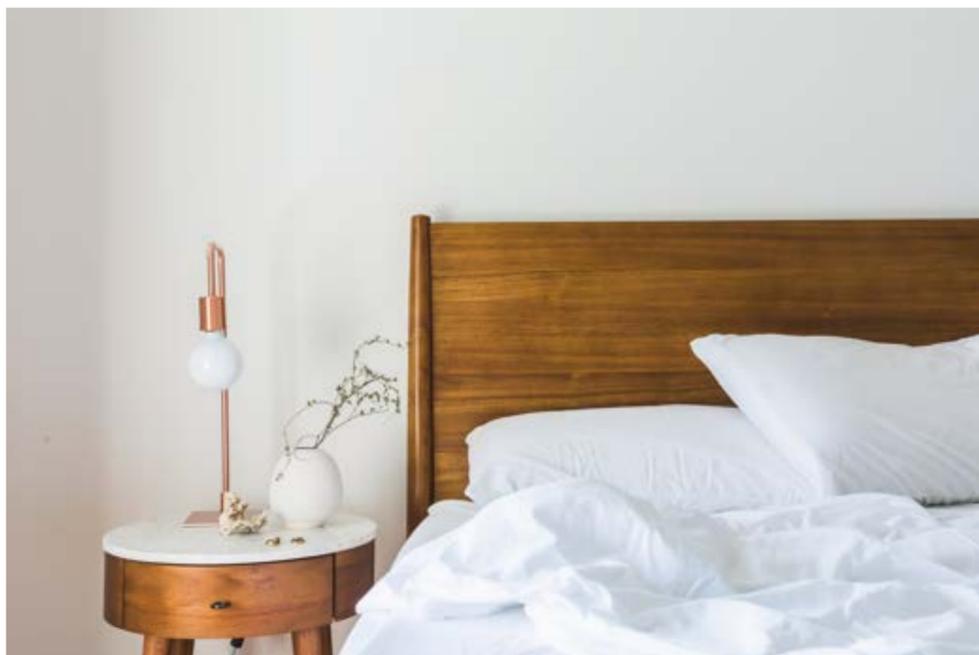
What you need:

- Clean hands
- A small mirror
- Good lighting and
- A private space



Positioning, positioning, positioning!

Comfortably lying down on your back propped up with pillows or in an empty bathtub, knees bent. This ensures that you can reach the vulva.



Work your way around a clock face...

- 1/ Start at 12 o'clock (Clitoris)
- 2/ Holding a mirror in one hand and using the other hand, separate the labia and apply gentle pressure to the Labia Majora to feel for any lumps or changes, until you've made your way back around to 12 o'clock
- 3/ Repeat with Labia Minora
- 4/ Check the Clitoris
- 5/ Move down to the Urethral Meatus and onto the to the Vestibule- observe for any bulge or tissue sensitivity
- 6/ Check the small folds of skin of the vaginal walls, left and right
- 7/ Finally, move down to the Posterior Fourchette, Perineum and towards to the Anus

KNOWLEDGE IS POWER

When to perform?

Monthly!

Midway between menses, at the same time every month. This helps to minimise confusing normal variations in Vulva health (e.g. discharge volume/consistency) with something more concerning.

If you've recently given birth or undergone a gynaecological operation, it is best to follow-up with your Obstetrician or Gynaecologist if you feel *something is not right*.

What to do if you notice a change?

Make an appointment to speak with your doctor. In most instances changes are not indicative of a serious consequence. However, sometimes can be indicators of something more. Matters dealt with sooner, will usually respond to treatment sooner.

Want to find out more about how a Pelvic Floor Physiotherapist can help you?

- Visit www.embracephysio.sg
- Call +65 9780 7274
- Email help@embracephysio.sg

Do you?

- Accidentally leak urine when you exercise, play sport, laugh, cough or sneeze?
- Need to get to the toilet in a hurry, and do you sometimes not make it there in time?
- Constantly need to go to the toilet?
- Find it difficult to empty your bladder or bowel?
- Accidentally lose control of your bowel, or accidentally pass wind?
- Have a prolapse (e.g. a bulge or feeling of heaviness, discomfort, pulling, dragging, or dropping in the vagina)?
- Experience pelvic pain or pain during or after sex that involves vaginal penetration?

If you answered YES to any of these questions, it may be worthwhile speaking with your Pelvic Floor Physiotherapist.

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