

Diagnosing the cause of vaginal discharge in primary care

When and what to swab?	
High risk sexually transmitted disease	Send triple swabs and consider GUM referral. Write 'High risk STI' on request.
Other high risk eg post op / instrumentation, post partum	Send HVS. Write details of risk group on request form.
Post menopausal	Treat clinically (pH unhelpful)
Pre menopausal age 25 or less, or concern about Chlamydia (Note Chlamydia very rare in over 30s in general practice)	Do pH test and send swab for Chlamydia test
Pre menopausal age more than 25	Do pH test only

Refer if pain or bleeding

1. Get a self taken low vaginal swab
 1. If sending for Chlamydia then use Chlamydia testing swab
 2. If not sending for Chlamydia then use cotton swab
2. Roll the swab on the centre of the pH paper strip

Pre-menopausal

pH less than 4.5
Yellow colour change
DIAGNOSE **Thrush**
Treat empirically



pH greater than 4.5
Blue colour change
DIAGNOSE **Bacterial Vaginosis**
Treat empirically

3. If indicated then send swab for Chlamydia testing
4. Tell patient to return in 5 days if no resolution of symptoms

An HVS may help if failure to respond to empirical treatment. Write 'Pre-menopausal vaginal discharge' on request and include details of previous treatment and key symptoms, especially odour and itch. Alternatively, consider GUM referral.

Post-menopausal

Consider referral if blood or brown-stained.

Otherwise likely causes :

Thrush – Does it itch?

Atrophic vaginitis

Bacterial vaginitis – Is vaginal wall inflamed?

Treat empirically on clinical judgement

An HVS may help if unsure. Write 'Post menopausal vaginal discharge' on request

(Yeasts = thrush; heavy growth bacteria = bacterial vaginitis; no growth = atrophic vaginitis)

Whatman pH indicator papers available from Path Stores (Exeter lab 01392 402906; Barnstaple lab 01271 322342)