Royal Cornwall Hospitals
NHS Trust

Recurrent vulvovaginal candidiasis (thrush)



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What is vulvovaginal candidiasis?

Vulvovaginal candidiasis or 'thrush' is usually caused by a yeast called candida albicans. This yeast usually lives harmlessly on the skin and in the mouth, bowel and vagina. Occasionally, some people develop symptoms. This is commonly known as thrush, thrush infection or candida. This leaflet uses the term thrush.

Thrush is very common, affecting 3 out of 4 women in their lifetime. 1 in 20 women will experience 4 or more episodes in a year. This is known as recurrent thrush.

What causes thrush to develop?

Your chances of developing thrush increase if you:

- are pregnant
- wear tight clothing (such as tight jeans) or synthetic clothing (such as nylon underwear)
- are taking antibiotics
- are having chemotherapy
- have uncontrolled diabetes, HIV or other illnesses that affect your immune system
- use products that may irritate the vagina, such as vaginal deodorant or perfumed bubble bath or shower gel.

What are the signs and symptoms of thrush?

Some people won't have any signs or symptoms at all. If you do get symptoms, you might notice:

- itching, soreness and redness or skin splits (like paper cuts) around the vagina (front passage), vulva (genitals) or anus (back passage).
- a white discharge from the vagina that may be thick and look like cottage cheese
- pain or discomfort when passing urine or having sex.

How will I know if I have thrush?

It is not always necessary to have a test for thrush. If you have symptoms, you may decide to start over-the-counter treatment. Alternatively, a swab may be taken at your GP practice to confirm the diagnosis.

What is the treatment for thrush?

Treatment is simple and only necessary if you have signs and symptoms of thrush.

- You may be given antifungal cream to apply to the genital area, vaginal pessaries (tablets that you put into your vagina), pills taken by mouth or a combination. The doctor or nurse will tell you how to use the treatment.
- You can buy some antifungal treatments from a pharmacy – these are useful if you're sure you have thrush and want to treat it yourself. The pharmacist will answer any questions and explain how to use the treatment.
- It's very important to take the treatment as instructed and finish any course of treatment even if the symptoms go away earlier.
- Some antifungal products can weaken latex condoms, contraceptive diaphragms and caps. Polyurethane (soft plastic) types can be safely used. Ask the doctor, nurse or pharmacist for advice.
- Tell the doctor, nurse or pharmacist if you're pregnant, might be pregnant, or if you're breastfeeding. This may affect the type of treatment you're given. Creams and pessaries are safe to use in pregnancy. Oral treatment should be avoided.

How effective is the treatment?

- Antifungal cream, pessaries or pills are usually effective if you use them according to instructions. Symptoms should disappear within a few days.
- If the first treatment doesn't work, contact your GP. You may need a different treatment.
- You do not routinely need to have a swab taken after treatment because in the majority of cases the treatment is effective. A swab test to confirm that thrush infection was completely treated may be suggested by your doctor in the event of persistent symptoms after treatment or in recurrent thrush.

Some situations seem to make my thrush worse, is there anything I can do?

Some people find that different triggers cause vaginal thrush. If you notice a pattern, you may be able to help control it. You will be provided with another leaflet ('General vulval care'), which gives advice on useful measures to help keep your vulval skin in good condition. These measures may reduce the likelihood of developing thrush by maintaining a healthy skin barrier.

If you're prescribed an antibiotic for another condition, remind your doctor that you tend to get thrush and ask for some treatment for thrush at the same time.

If you find that you are experiencing worsening in symptoms after sexual intercourse, you may benefit from trying a water-based lubricant, such as Sylk or Yes.

I am getting thrush four or more times in a year, what can I do?

If you are suffering from recurrent thrush you may benefit from a referral to the vulval clinic. The doctor:

- will perform a vaginal examination to identify any skin conditions that may be contributing to your symptoms. Other vulval conditions (such as eczema, lichen sclerosus, vulval pain) may mimic some of the symptoms of thrush.
- may suggest you take antifungal treatment on a regular basis
- may take a vaginal swab to check the thrush isn't being caused by a different kind of yeast
- will review general vulval care advice and help you to identify any thrush triggers
- will want to check that other conditions, such as diabetes, aren't the cause of the thrush. This may be checked with a urine sample or blood test for HbA1c
- will review your current medications. Hormone replacement therapy and antibiotic use may increase the likelihood of developing thrush
- may ask whether your partner has noticed symptoms of thrush. If this is the case, they may benefit from being treated as well.

What treatments are available for recurrent thrush?

It is very important to keep your vulval skin healthy and maintain a good 'skin barrier' with regular emollients, which you should also use to wash with. Washing with water on its own or soap and water weakens the skin barrier and makes your skin more sensitive to thrush.

Your doctor may recommend adding a mild topical steroid cream or ointment to help reduce inflammation and itching, at least until your skin is feeling more comfortable.

Your doctor may recommend a longer course of thrush treatment. The aim is to clear the thrush infection followed by maintenance treatment to avoid flare-ups:

- Initial treatment: fluconazole 150 mg orally every 3 days for 3 doses
- Maintenance treatment: fluconazole 150 mg orally once a week for six months.

The recommended medication may differ depending on the results of your vaginal swab.

Are there alternative therapies that may help?

There are many small research studies that have looked at various alternative therapies to help with recurrent thrush. Unfortunately, there is insufficient evidence from these studies to recommend changing your diet, probiotics, tea tree oil, yoghurt, honey or garlic in the treatment of recurrent thrush.

Hormone replacement therapy is associated with an increased risk of thrush. It is unclear whether women taking the contraceptive pill or using the coil for contraception are at increased risk.

What happens if thrush isn't treated?

For many people thrush goes away by itself. There's no need for a partner to have treatment unless they have signs and symptoms. Thrush won't affect your chances of getting pregnant. Thrush doesn't cause cervical cancer.

What if I get thrush when I'm pregnant?

Pregnancy can increase your chance of thrush developing. Thrush isn't harmful to you or the baby. It can be safely treated using pessaries or creams. You shouldn't take pills for thrush if you're pregnant. Always get advice before taking any treatment if you're pregnant.

Contact us

Colposcopy and Vulval Clinic

Open 9am – 5pm Monday to Friday

01872 2522360

Eden ward (Gynaecology ward)

Open 24 hours

01872 252090 or 253163

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