

View this article online at: [patient.info/news-and-features/how-to-talk-to-your-doctor-about-your-vagina](https://patient.info/news-and-features/how-to-talk-to-your-doctor-about-your-vagina)

## How to talk to your doctor about your vagina

Nobody is pretending it's fun seeing your doctor about a gynaecological issue. But knowing what to expect from a consultation can make it much easier to seek help.

I've been a GP for over 28 years and a doctor for even longer, so I of all people know all about what goes on in vaginas. But I also understand all too well why women are slow to seek help – whether it's embarrassment, anxiety about what they might find out or uncertainty about how to describe the bits involved. And delay can spell very bad news indeed.

If you don't know your vagina from your vulva, you're by no means alone. [The Eve Appeal](#) – a national charity raising awareness and funding research into the five gynaecological cancers ([womb](#), [ovarian](#), [cervical](#), [vulval](#) and vaginal) – has launched new research about the need for all of us to feel comfortable with using the right language to talk about our bodies with our doctors. And they're hoping their [Get Lippy](#) appeal – aimed at busting taboos and getting us to talk openly about gynaecological health – will help us to do just that.

They found that nearly nine in 10 medical professionals believe women need help to talk clearly about their anatomy. Nearly half of the experts surveyed agreed that knowing the right gynaecological terms could lead to earlier diagnosis. These results follow on from a YouGov survey which found up to 50% of UK women couldn't identify all the different parts of their anatomy.

### Putting yourself in control

Here are my top tips for what you need to ensure your consultation goes as smoothly as possible:

## Know what's where

Your gynaecological organs include your vulva, vagina, cervix, womb and ovaries. Your vagina is the muscular canal leading in from your inner labia (inner vaginal lips) to the cervix. Unless you have a prolapse, the vagina can't be seen from the outside. The cervix is the neck of your womb, which usually sits just behind the front of your pelvic bone and can't be felt unless it's enlarged because you're pregnant or because of a condition such as [fibroids](#), or it has been pushed up by a very full bladder.

Your vulva is the area outside your vagina: it includes your inner and outer labia; your clitoris; the opening of your urethra (the tube your wee comes out of); and a pair of glands called Bartholin's glands, which sit under the skin on either side of the back of the vagina.

[Bartholin's glands](#) can get inflamed and infected – painful but treatable – and the causes of vaginal and vulval symptoms are often very different. So it's key to be able to describe where your symptoms are.

## Know what's when

Before you see your doctor, try to work out when your symptoms started and think about all the symptoms that you've had since. For instance, if you've had bleeding between periods, your doctor will want to know if you've had any vaginal discharge, tummy pain or pain when you have sex.

Likewise, do make a note of how your symptoms relate to your periods. The symptoms of [pre-menstrual syndrome](#) (PMS) can start any time in the second half of your cycle (from two weeks after your period starts) but always get better within three to four days of your period starting. If that's not the case, your doctor will be looking for another cause.

If you've gone through the [menopause and have bleeding](#), work out how long ago your periods stopped and when any episodes of bleeding happened.

## Know your cycle

If you have periods, knowing what's normal for you will help you explain what's different. That includes the length of your cycle; how heavy your bleeding usually is on which days; whether you have clots or flooding (bleeding through a combination of tampon and pad); and whether bleeding between periods is regular or random.

It may be useful to keep a note on your phone calendar, but do make sure it's easily accessed so you don't get flustered by having to scroll through weeks of entries during your consultation.

## **Know the signs**

Although problems in your gynae organs often lead to pain or other symptoms in the pelvic region, behind your pelvic bone, gynae problems can lead to other symptoms.

For instance, along with pain or pressure in the pelvic area, [ovarian cancer](#) can lead to persistent bloating (not the kind that comes and goes over the day or when you eat) and feeling full quickly. The tumour can also irritate your bladder, leading you to need to wee more often; or press on your bowel, causing constipation or diarrhoea.

In [endometriosis](#), tissue which usually lines the womb is found outside the womb, most often in the cavity that encloses your pelvis and tummy. Along with painful sex and painful periods, endometriosis can lead to pain in your lower back and bleeding between periods, or pain when you open your bowels.

## **Know your medication**

If you're using hormonal contraception (including the [combined contraceptive pill](#), [progestogen-only pill](#), [contraceptive patch](#), [vaginal ring](#), depot [contraceptive injection](#), [implant](#) or [IUS](#)), make sure you know the name and how long you've been using it for. Clearly, your GP may be able to check easily if they've prescribed it, but family planning clinics don't always pass the details on to your GP.

Likewise, [HRT](#) or drugs for breast cancer, such as [tamoxifen](#), can affect your cycle.

## **Know what's available when**

If you have vaginal discharge or any other symptoms which might suggest an infection, your GP will almost always want to take vaginal swabs. This may not be possible if you go on a Friday evening, Saturday morning or extended hours (evening) surgery.

## **Know if you need to wee**

If you have any urinary symptoms, your GP will almost certainly want to test a urine sample. Even if you don't think the problems relate to your waterworks, they'll want to check out frequent or painful urination and especially blood which may be in your urine rather than from your vagina. It's best to err on the side of caution and ask for a specimen pot when you arrive for your appointment - you can always dispose of it on the way out if you don't need it.

### **Know what's coming**

If a patient came in to see me with a skin rash and I didn't look at it, they'd have every reason to be unimpressed. Yet I've lost count of the times people look at me with horror when I say I need to do a pelvic examination for their abnormal bleeding or pelvic pain. Do expect to be examined - dress accordingly (ideally in a skirt rather than tight jeans) and avoid taking small children with you if you possibly can. You really don't want them telling a stranger on the bus home what they think you got up to behind the curtain!

Your GP should ask if you'd like a chaperone while you're examined. If you would, it may be easier to let the receptionist know in advance, as it can take some time to find an appropriately trained member of staff who's free. And of course, if you'd prefer to be examined by a female doctor, try to make an appointment with a female - otherwise you risk being asked to make another appointment, as there's rarely a spare doctor available.

Your doctor may suggest taking the opportunity to carry out [cervical screening](#) if it's due, so do check when your last screening was. Again, they'll know the result if you had it done at your practice, but may not know if it was done at another practice or at a family planning or sexual health clinic.

### **The bottom line**

Even if you don't know the answer to all these questions, it's still best not to put off making an appointment. Your GP really won't mind if you haven't had the chance to shave, wax or wash - and they'd much rather hear about potentially serious problems promptly.

Your doctor won't be embarrassed – they've seen it all before and they're there to help. But getting clued up on what they might need to know, and how to talk about your female anatomy, can give you the confidence to seek help when you need it – and that help could mean an end to miserable symptoms or even save your life.

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

<b>Last updated by:</b> Dr Sarah Jarvis MBE, FRCGP 01/05/2019	
<b>Peer reviewed by:</b> Dr Colin Tidy, MRCGP 01/05/2019	

---

View this article online at: [patient.info/news-and-features/how-to-talk-to-your-doctor-about-your-vagina](http://patient.info/news-and-features/how-to-talk-to-your-doctor-about-your-vagina)

Discuss How to talk to your doctor about your vagina and find more trusted resources at [Patient](#).



To find out more visit [www.patientaccess.com](http://www.patientaccess.com)  
or download the app



Follow us

