

STANDARD OPERATING PROCEDURE

Vaginal Discharge

Special Region (1)

Union of Myanmar

Version: (1)

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Approved by: Internal Medicine Unit

Vaginal Discharge

Normal (physiological) discharge occurs in women of reproductive age and varied with the menstrual cycle and hormonal changes. Causes of increase vaginal discharge Physiological

- Estrogen related: puberty, pregnancy, COCP
- Cycle related: maximal mid-cycle and premenstrual

Pathological Infection

- Non -sexually transmitted (BV, candida)
- Sexually transmitted (trichomoniasis, chlamydia, gonorrhea)

Non-infective

- Foreign body (retained tampon, condom, or postpartum swab)
- Malignancy (any part of the genital tract)
- Atrophic vaginitis (often blood-stained).
- Cervical ectropion or endocervical polyp
- Fistulae (urinary or fecal).
- Allergic reactions

Objectives

- Identify the cause of vaginal discharge
- Provide appropriate treatment
- Prevent complications and transmission of infections
- Provide patient education and counseling

History taking

- Characteristics (onset, duration, Oduor, color)
- Associated symptoms (itching, burning, dysuria, superficial dyspareunia)
- Relationship of discharge to menstrual cycle
- Precipitating factors (pregnancy, COCP, sexual excitement)
- Sexual history (risk factors for STIs)
- Medical history (diabetes, immunosuppressed)
- Non-infectious causes (foreign body, ectopy, malignancy, dermatological conditions)

- Hygiene practices (douches, bath products, talcum powder)
- Allergies

Physical examination

- External genital inspection for vulvitis, obvious discharge, ulcers, or other lesions.
- Speculum: appearance of vagina, cervix, foreign bodies, amount, color and consistency
- f discharge
- Bimanual examination (masses, adnexal tenderness, cervical motion tenderness)

Investigations

- Blood Sugar test to exclude diabetes
- Endocervical or vulvovaginal swabs for gonorrhoea and chlamydia.
- HVS (Amies transport medium)
- Vaginal pH measurement
- Microscopy of vaginal discharge for BV or candida:
- Microscopy of urethral side if urethral symptoms
- Urethral swab is only recommended if a culture is being taken for gonorrhoea in a woman

who has had a hysterectomy

- Colposcopy (if abnormal cervical appearance)

Typical characteristics of vaginal discharge

Color	Consistency	Oduor	Vulval Treatment	itching	Physiological
Clear/white	Mucoid	None	None	Reassure	Candidal infection
White	Curd-like	None	Itching	Antifungal	
Trichomonal	Green/grey	Frothy	Offensive	Itching	Metronidazole infection
Greenish	Watery	None	None	Antibiotics infection	Bacterial vaginosis
White/grey	Watery	Offensive	None	Metronidazole (BV)	
Malignancy	Bloody	Watery	Offensive	None	According to disease
Foreign body	Grey or bloody	Purulent	Offensive	None	Remove object
Atrophic vaginitis	Clear/blood-	Watery	None	None	Topical estrogen
stained	Cervical ectropion	Clear	Watery	None	None
cryotherapy	Treatment for trichomoniasis				

- Metronidazole 2g PO stat
- Metronidazole 400-500mg bd for 5-7 days
- Alternative – tinidazole 2g PO stat dose
- Contact tracing and treatment of partners and avoid sexual intercourse for at least 1wk.

Treatment for bacterial vaginosis

- Indicated in symptomatic women or women undergoing surgical procedure.
- May resolve spontaneously and if successfully treated has a high recurrence rate.

However, most women prefer it to be treated.

- Metronidazole 400mg PO bd for 5-7 days (avoid alcohol) or
- Metronidazole 2g (single dose) or
- Clindamycin 2% vaginally nocte 7days (weakens condoms)
- Lifestyle factors: avoid vaginal douching/over-washing
- Probiotic lactobacilli/lactic acid preparations not currently recommended.

Treatment for candidiasis

- As so many women are chronic carriers, candidiasis should only be treated if it is

symptomatic:

- Avoiding irritants, e.g. Soap and bath salts (use emollient)
- Avoid non-breathable underwear
- Fluconazole 150mg (single dose)-contraindicated in pregnancy
- Clotrimazole 500mg pessary =topical clotrimazole cream.

Treatment for gonorrhoea

- If antibiotic sensitivity unknown: ceftriaxone 1g IM stat
- If sensitivity known ciprofloxacin 500mg orally stat dose
- Penicillin allergy: stat PO cefixime 400mg and azithromycin 2g
- Contact tracing and treatment of partners
- Abstain until all contacts are completely treated
- In pregnancy use ceftriaxone1g IM or spectinomycin 2g IM or azithromycin 2g PO stat

dose

- All patients need to return after completion of therapy for test of cure

Counseling for health education Advise patients to:

- Maintain good genital hygiene
- Avoid douching
- Use cotton underwear
- Practice safe sex (condom use)
- Ensure partner treatment if STI suspected
- Complete full course of medication

Follow-up

- Review after 7-14 days
 - Assess symptom improvement
 - Repeat investigation if symptoms persist
 - Refer complicated cases to gynecologist
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References

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