



Yeast Vaginitis

PATIENT EDUCATION SERIES

Yeast (*Candida albicans*, *Monilia*) is a normal fungal inhabitant of the female genital tract. Usually, the yeast and bacteria in the vagina live in happy harmony. However, such things as a course of antibiotics, starting oral contraceptives, a new sexual partner, stress, dietary changes, tight-fitting clothing, nylon underwear, or prolonged time in a wet bathing suit or damp clothing may upset the “balance of power” and allow overgrowth of yeast. A yeast infection is not considered an infection that is sexually transmitted or “caught” from someone else. Even children may develop genital area yeast infections, and *Monilia* is a common cause of diaper rash in infants.

Symptoms typical of yeast vaginitis may include vaginal itch; irritation; thick, white, curd-like discharge; redness; swelling; and cracking of the vulvar skin. There may be a burning sensation when you urinate, itching of the rectal opening, or pain with intercourse.

Women often have some of these symptoms from time to time. However, if symptoms persist for more than a few days, see your medical provider for an exam. Many yeast remedies are now available over the counter (i.e., clotrimazole (GyneLotrimin) or miconazole (Monistat)). If you have a strong suspicion that you have a yeast infection because of past experience with a **diagnosed** yeast infection, and there has been no change in your sexual history (i.e., no new partner, no unprotected genital contact), you may elect to first try a course of over-the-counter anti-yeast treatment. If your symptoms do not go away, you should then come to Health Services for an exam. Be sure you have not used any vaginal creams for 24 hours before you come in for an exam. Your provider may prescribe an antifungal pill (i.e., Fluconazole) or vaginal cream treatment if yeast is diagnosed.

When a yeast infection is present, it is usually more comfortable for a woman to wear cotton underwear and loose pants or a skirt; this allows for greater air circulation.

Recurrent yeast infection or itch should be discussed with your provider, as lab tests may be in order and preventative measures may be considered. Be sure to use any prescribed vaginal creams or suppositories for the full course recommended. If your menstrual period interrupts the course of medicine, use pads rather than tampons. When your period is over, restart the medication for the whole prescribed course.

Male sexual partners may occasionally develop genital irritation and itch from yeast, especially if they are uncircumcised, but usually there is no discharge. Sexual partners without symptoms usually don't need treatment, but a partner (male or female) with symptoms should see a medical provider for evaluation and concurrent treatment.

Keep in mind that the ingredients in some yeast creams and suppositories may compromise the integrity of latex barrier methods (condoms, diaphragms and dental dams); concurrent use is not recommended as the latex may break. It is best to abstain from intercourse while treating a yeast infection. Vaginal antifungal medicines will not reduce the effectiveness of Nuvaring if used for a typical course of treatment. If you are on longer treatment and use Nuvaring, be sure to discuss this with your provider.

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