

Vaginal Discharge

MANAGEMENT SUMMARY

Vaginal discharge can arise from either the vagina and/or the cervix. It is therefore important to **visualise** the cervix.

Patient complains of **vaginal discharge +/- itching / soreness / malodour.**

Note: Also ask about **abnormal bleeding / pelvic discomfort / dyspareunia.** Consider possibility of **retained tampons / foreign body.**

Recommended tests

- Vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA) prior to speculum insertion.
- Endocervical culture swab for gonorrhoea.
- High vaginal culture swabs for trichomoniasis, candida and bacterial vaginosis.
- Anorectal swab for chlamydia and gonorrhoea testing by NAAT as indicated based on sexual history.

Examination findings

- Cervicitis – mucopurulent discharge on cervix or easily induced bleeding.
- Bimanual if c/o pelvic pain (see PID guideline www.nzshs.org/guidelines).
- Abnormal cervix: Refer for colposcopy.

Treatment

- Presumptive **chlamydia +/- gonorrhoea.**
- Azithromycin 1g stat plus specific treatment for gonorrhoea if a contact of gonorrhoea (see Gonorrhoea guideline www.nzshs.org/guidelines).

Examination findings

- Vulvitis/vaginitis.
- Thick white curd-like vaginal discharge.

Treatment

- Presumptive **candidiasis.**
- Topical or oral antifungal such as clotrimazole or fluconazole.

Examination findings

- NO vaginitis or vulvitis.
- Fishy smelling white/grey adherent vaginal discharge.

Treatment

- Presumptive **bacterial vaginosis.**
- Metronidazole 400mg twice daily for 7 days.

Examination findings

- Offensive purulent frothy vaginal discharge +/-
- Vulvitis/vaginitis.

Treatment

- Presumptive **trichomoniasis.**
- Metronidazole 2g stat.

Follow-up

- Check results and resolution of symptoms.
- If positive results for chlamydia, gonorrhoea or trichomoniasis – ensure appropriate treatment and partner notification.
- **If negative results and symptoms persist – consult with a sexual health specialist.**

Further guideline information – www.nzshs.org or phone local sexual health service.

This Best Practice Guide has been produced by NZSHS.

Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (June 2015).