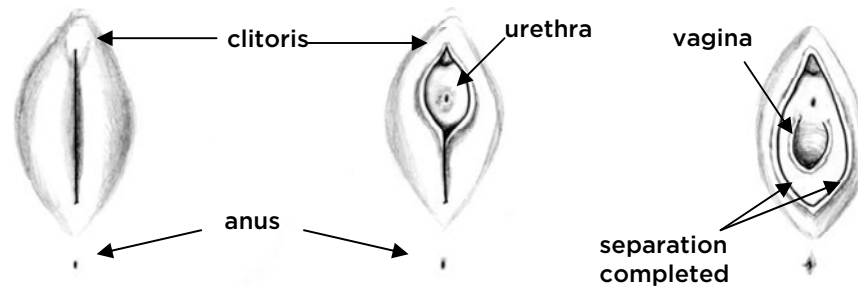


Labial Adhesions

When the inner lips of the vulva (labia minora) are stuck together, the condition is called labial adhesions.

Labial adhesions are when the inner lips of the vulva (labia minora) are stuck together. Partial labial adhesions mean that only the upper or lower part of the labia are stuck together. Complete labial adhesions mean that the inner labia are stuck together all the way across. A very small opening may allow pee (urine) to leave the body. Labial adhesions affect 1 to 5% of all girls.



Complete labial adhesion:
Labia stuck together

Partial labial adhesion:
Part of labia stuck together

Separated adhesion:
After treatment

What causes it?

We do not know exactly what causes labial adhesions. It is more likely to affect girls between the ages of 2 and 7. Some things may play a role, like vaginal irritation or the fact that girls this age have low levels of the hormone estrogen.

What are the symptoms?

Symptoms may include:

- A “pulling” feeling in the area of the vulva
- Trouble with peeing (urination)
- Frequent bladder infections
- Frequent vaginal infections
- Sometimes, there are no symptoms

How do you treat it?

Labial adhesions do not always need treatment. Adhesions may go away on their own at puberty. If the adhesions are partial and not causing problems, no treatment is needed.

If labial adhesions affect peeing (urination) or if they are uncomfortable, they should be treated.

To Learn More

- Adolescent Medicine
206-987-2028
- Ask your child's
healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY).

Cleaning and going to the bathroom

For mild cases, the first step is to get rid of anything that might be irritating the area, like scented soaps or dryer sheets. It is also important to improve toileting habits. It is important to clean the labia at least once a day with a wet washcloth, wiping from front to back. Soap should **not** be used.

Treatment with medicine

If adhesions still do not go away, there are 2 options for treatment. Your child's provider will give a prescription for your child.

- **Steroid cream (Betamethasone 0.05%).** This can be applied 2 times each day for 4 to 6 weeks.
- **Estrogen cream (Premarin).** You or your child can apply this 2 times each day for 2 weeks. After that, it can be put on once each day for 2 weeks. During this treatment, your child may have side effects like breast swelling or vaginal bleeding. These go away after stopping the cream.

To apply the cream, look for the place where the labia are stuck together. It looks like a thin white line. The cream should be applied with light pressure, but not so much as to hurt or tear the tissue.

After the labia come apart, they can be kept open with Vaseline or A&D ointment. This should be put on at least once per day, each night before bedtime. Sometimes adhesions can come back. If this happens, call your child's provider.

Treatment using creams works most of the time, with side effects in fewer than 5% of girls when creams are applied correctly. When creams do not work, it is usually because the adhesions are thick or the cream was not put on in the right way. It is most important to continue Vaseline or A&D ointment after the adhesion opens to keep it open.

Surgery

It is rare for doctors to do surgery for labial adhesions. If other treatments do not work, talk to your child's provider to see if this is an option for your child.