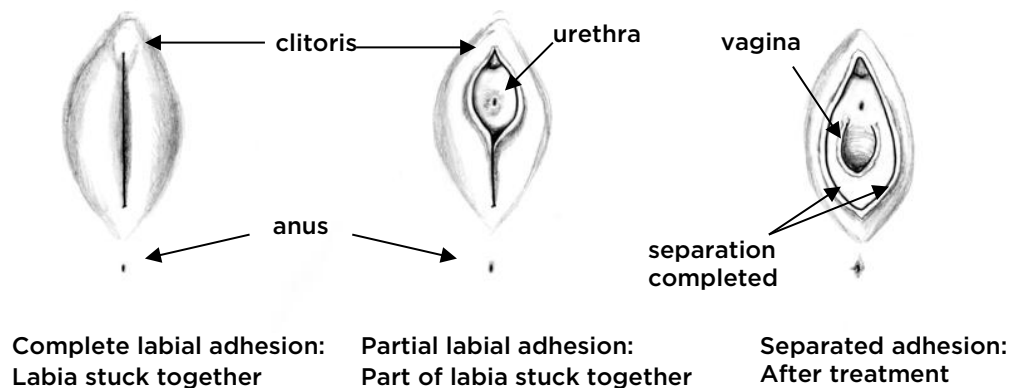


Labial Adhesions

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 people with a vagina.

What causes it?



We do not know exactly what causes labial adhesions. It is more likely to affect those between the ages of 2 and 7. Some things may play a role, like chronic moisture, skin irritation or the fact that children 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)
- Dribbling urine
- Frequent vulvar skin irritation
- 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
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your 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.

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 ointment (Betamethasone 0.05%).** This can be applied 2 times each day for 2 months or until the adhesion opens.
- **Estrogen cream (Estrace).** 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.

Use these medicines only if recommend by your healthcare provider. Check with your healthcare provider first before using any type of medicine.

To apply the cream, look for the place where the labia are stuck together. It looks like a thin white or grey 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, coconut oil, 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 children when creams are applied correctly. When ointments or creams do not work, it is usually because the adhesions are thick, or the medicine 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.

Approved by Seattle Children's Pharmacy and Therapeutics Committee.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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