

Practical advice for feminine care

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Preamble

The specificity of the ano-genital area is its communication between the outer environment and the internal organs – genital tract, urinary tract and digestive tract- due to the convergence of the natural ducts in this area (urethra, anus, vagina).

The body has its own natural defences (e.g. vaginal flora – Döderlein's bacillus), yet must it not be overwhelmed by unfavourable conditions, either by lack of/ or excess of local hygiene.

Poor hygiene of the ano-genital area (sweating, maceration, micro-trauma, contact with germs or viruses) as well as 'excessive' cleanliness create conditions that favour the emergence of certain pathologies harmful to the health, well-being, and intimacy. E.g. malodorous secretions may repulse the partner, and certain disorders can be transmitted.

Clothing habits (clothes, underwear)

1. Avoid prolonged wearing of tight clothes (tight jeans) or tights (pantyhose), which provoke micro-trauma by rubbing, as well as maceration due to the sustained moisture caused by perspiration.
2. Wear underwear (panties) made of cotton, not made of synthetic material such as nylon or elastane because it provokes maceration.
3. Avoid wearing underwear which favour repetitive local friction that will cause micro-trauma, such as G-strings.
4. Wash the underwear at minimum 60 degrees Celsius (140° Fahrenheit), separately from other laundry. This temperature is the recommended heat to destroy any forms of resistance of fungus and chlamydia spores which cause mycosis (yeast infections).
5. Wash underwear with a mild detergent; avoid allergenic, aggressive, caustic products.
6. Do not wear for a long time wet bathing suits, either dry them quickly or change it for dry underwear. Dampness provokes maceration, and hence mycosis.
7. Never share or use towels, clothes, bathing suits, or underwear used by others, unless you are sure of their strict cleanliness.
8. Change underwear at least once a day or more in case of excessive sweating due to either physical efforts or weather conditions.
9. Never wear underwear that has been in contact with the floor.

Behaviour

1. Have clean hands, washed with soap before touching the ano-genital region. Make sure that the partner has also washed his hands.
2. Do not touch door handles and toilet flaps of public toilets as well as at home with the hand used for personal hygiene. The risk of infection by herpes, condyloma or other germs is very high.
3. Do not sit on a toilet seat used by others without disinfecting it or installing a protective interlayer (e.g. layers of toilet paper).

4. After urination, dry the vulva locally with a soft cloth or clean tissue (Kleenex), always with a gesture going from forth to back, by dabbing or gently wiping, following the intimate folds (urethral opening area and labia minora, then the furrows between the labia minora and labia majora.)
5. After defecation wipe the anus and its folds from forth to back, slowly in order to avoid the transfer of faecal matter to the vulva and vagina. The risk is that corrosive substances will affect the genitals, or that germs such as *Escherichia coli* cause local infections (cystitis).
6. If shaving pubic hair, first wash the vulva with adapted soap, and then disinfect the area with an appropriate product (e.g. aqueous chlorhexidine). Gently shave, and disinfect again with an antiseptical product. Finally, wear clean underwear in order to avoid local risk of folliculitis (inflammation of hair follicles). Hair-removing cream is highly inadvisable.
7. Avoid piercings in this area; but if decided, it must be done under strict asepsis.

Baths, hip baths, showers, bidets

Frequency, duration

1. Get washed at least once a day, or more if you experience excess sweating due to weather conditions or physical exercise.
2. Prefer the shower.
3. Daily bath: yes, but no more than 20 minutes, because it softens the tissues and dehydrates the skin; then rinse out.
4. Hard water as well as repetitive and frantic soaping impairs the protective film of the epidermis, which causes the skin to dry out, and thus to become rough and sensitive.
5. Always dry oneself with a clean cloth or with a hairdryer on low heat.
6. Clean softly the clitoral region, by gently retracting the clitoral hood.

Products

1. Do not use random products, such as too caustic or antiseptic cleaners without reason or medical advice.
2. Use bars of soap, creams, and oils adapted to female physiology at neutral pH (pH 7) which won't disrupt the natural acidity. Prefer castile soap, without colouring, or even soap-free dermatological bars. Do not hesitate to ask your doctor or pharmacist about recommended products, such as bubble bath products enriched with moisturizers and softeners.
3. Do not have baths too often with essential oils without proper advice and dosage.
4. Some deodorants are particularly aggressive, causing redness, itching, inflammation and allergies. Avoid using them to 'cover' unpleasant smell, which would rather require medical advice, as it is the case for vaginosis.
5. Avoid 'camouflaging'.

Vaginal douches, vaginal enema

1. Yes, but only once, after the period and only with clear water without adding any other product in order to avoid the disruption of the local defence ecosystem (unless different medical advice).
2. Vaginal enema can be advantageously replaced by external washing with water and feminine hygiene soap suitable for digital exploration, with clean hands.
3. Avoid frequent vaginal enema using an enema syringe; the vaginal environment provides its own protection (unless different medical advice).

During period

1. Change regularly sanitary pads or tampons over 24 hours, depending on the flow.
2. Get washed carefully. Baths and showers are not contraindicated.
3. Avoid sexual intercourse; the environment is more favourable to contract germs, which increases the risk of germs' ascent to the upper genital tract.
4. Change sanitary pads as soon as they are damp, because the film-coat prevents aeration and hence favours dampness and maceration.

Sexual intercourse

1. Avoid sexual intercourse during period because of the risk of germ ascension.
2. External washing with clear water and appropriate soap for feminine hygiene is recommended before and after intercourse.
3. Ensure proper hygiene of the partner before each intercourse (hands and genitals washed) and use a condom if any doubt, even if another contraceptive method is used.
4. Be wary of certain sexual practices which damage the fragile mucous membranes of the ano-genital region, facilitating inoculation or the spread of germs. Be careful of contact with certain lesions at risk of infection (herpes, condyloma) of the partner.
5. Avoid vaginal intercourse after an anal one without hygiene precautions between them (risk of sowing germs).
6. Use a condom for any sexual intercourse with a partner at risk: unknown/ multiple partners/ having an STD.
7. Urinate before and after sex (goal: "flush away" as much germs as possible which could ascend into the urethra).

When to consult

1. Do not leave a lesion or a genital infection without medical supervision. Avoid self-medication without prior medical advice.
2. Consult a specialist if: painful sensations / burning during urination / dysuria (difficulty to urinate) / unpleasant flow (unusual, irritating, smelly) / local inflammatory symptoms / erythema (redness) / pruritus (itching) / spots / erosion.
3. Consult in case of persistent inflammation of the throat ensuing oral sex.
4. However, do not worry about odourless and colourless vaginal secretions ("egg white") in the middle of the cycle; these secretions are the result of a normal physiological process of cell desquamation and glandular secretions.

Menopause

Talk with your doctor about the possibility of following an appropriate treatment in addition to the hygiene rules recommended above, in order to restore or improve local defences.

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