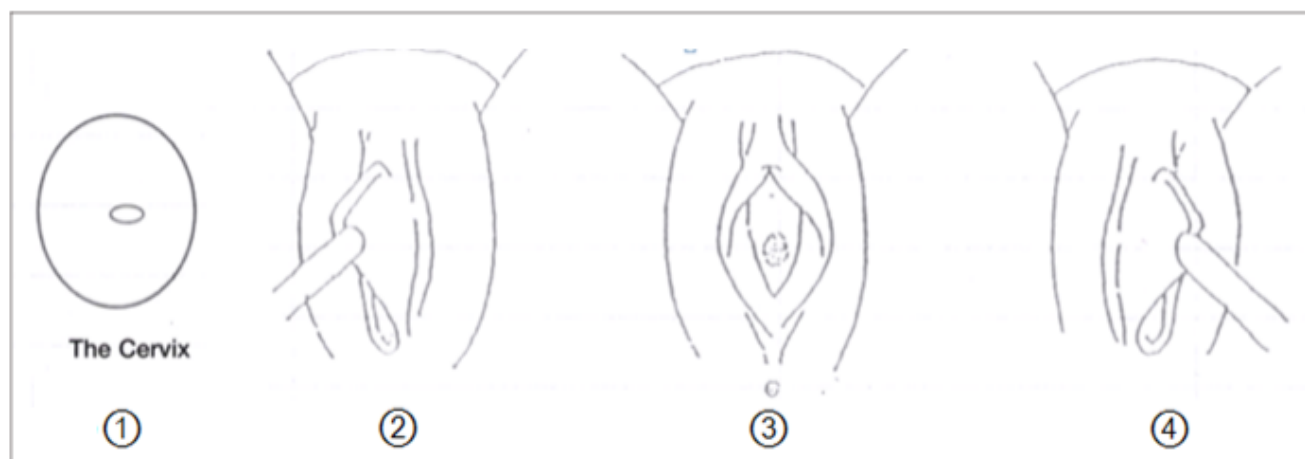


Vulval clinic templates

Background

- Accurate and reproducible documentation of clinical findings in the vulval clinic is important to support quality care for patients. Documentation also evidences what we find (eg skin descriptors), supports communication with colleagues and ongoing management.
- Ideally medical photography should play an integral role in most consultations but this is often not possible. In some Trusts the medical photography capacity is very limited.
- This document outlines a number of templates that have been developed by Members of the BSSVD. We do not endorse them but are for other Members and clinical colleagues to consider using them in their practice.

Vulval clinic diagram – Courtesy of Jill Pritchard



Vulval clinic diagram – Courtesy of David Nunns
Print onto large stickers and then stick in the notes



Anatomy	Normal Loss – labia minora Loss – labia majora Loss - clitoral hood Scarring fourchette Other
Colour	Normal White Red (inflamed) Pigmentation Other
Descriptors	Macule/patch (flat) Papule/plaque (raised) Ecchymosis (bruising) Erosion (loss of epidermis) Fissure (thin, linear erosion) Ulcer (loss of epidermis and part/all dermis) Lichenification Excoriation Other
Lesion	Unifocal Multifocal Size

Vulval clinic sheet (two pages)– Courtesy of Cathy Green

WRITE OR ATTACH LABEL
Forename.....
Surname.....
Sex.....
DOB/ CHI.....

For Barcode



**VULVAL SKIN CLINIC
FIRST PRESENTATION SHEET**

DATE:
CONSULTANT:
PATIENT'S AGE:

REASON FOR PRESENTATION:	TESTS & RESULTS TO DATE:
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TREATMENT SO FAR:	VULVAL IRRITANTS
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OBS & GYNAE HISTORY:			
LMP:	CYCLE:	IMB / PCB / PMB	CONTRACEPTION / HRT

PAST MEDICAL HISTORY:	RELEVANT FAMILY HISTORY:
------------------------------	---------------------------------

OTHER SKIN PROBLEMS:	ALLERGIES/SENSITIVITIES:
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MEDICATIONS:	SMOKER: Yes / No / day
	SOCIAL:

PSYCHOSOCIAL ASPECTS:

EXAMINATION:

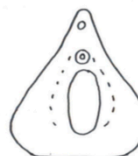
MOUTH

NAILS

SKIN

PAIN (0 – 10)

ITCH (0 - 10)



TESTS:	Tick	RESULTS
Vulval swab		
Vaginal swab M, C & S		
Chlamydia swab		
Biopsy for histology 1		
Biopsy for histology 2		
Cervical smear		
FBC / Ferritin		
TFT		
Autoantibodies		
U&E / LFT		
Random glucose		
Urinalysis		

DIAGNOSIS & MANAGEMENT PLAN:

LEAFLETS:			
Lichen Sclerosus		Skin Washing	
Lichen Planus		Use of Steroid	
Lichen Simplex		Amitriptyline	
Vulvodynia		Gabapentin	

FOLLOW UP:

SIGNATURE:


Vulval clinic sheet (new and follow-up) – Courtesy of David Nunns

VULVAL CLINIC

NEW PATIENT

Date :




Diagnosis		
Symptoms		Current treatments and frequency
<p>Incontinence</p> <p>Hygiene</p>		
Function		PMH
Concerns/mood		
Clinical examination		
Anatomy	<p>Normal</p> <p>Loss – labia minora</p> <p>Loss – labia majora</p> <p>Loss - clitoral hood</p> <p>Scarring <u>fourchette</u></p> <p>Other</p>	
Colour	<p>Normal</p> <p>White</p> <p>Red (inflamed)</p> <p>Pigmentation</p> <p>Other</p>	
Descriptors	<p>Macule/patch (flat)</p> <p>Papule/plaque (raised)</p> <p>Ecchymosis (bruising)</p> <p>Erosion (loss of epidermis)</p> <p>Fissure (thin, linear erosion)</p> <p>Ulcer (loss of epidermis and part/all dermis)</p> <p><u>Lichenification</u></p> <p>Excoriation</p> <p>Other</p>	
Lesion	<p><u>Unifocal</u></p> <p>Multifocal</p> <p>Size</p>	

Management plan
Medical
Pelvic floor
Psychological/ sexual therapy
Diagnosis and other issues
Next appointment

VULVAL CLINIC

FOLLOW-UP PATIENT

Date :

Diagnosis										
Symptoms		Current treatments and frequency								
<p>Have your symptoms been</p> <ul style="list-style-type: none"> • the same • better • worse <p>Has your function (ability to carry out 'normal' activities) been</p> <ul style="list-style-type: none"> • the same • better • worse <p>How confident have you felt in self-managing your condition?</p> <ul style="list-style-type: none"> • the same • better • worse 		<p>Incontinence</p> <p>Hygiene</p>								
Clinical examination										
<table border="1"> <tr> <td>Anatomy</td> <td>Normal Loss – labia minora Loss – labia majora Loss - clitoral hood Scarring fourchette Other</td> </tr> <tr> <td>Colour</td> <td>Normal White Red (inflamed) Pigmentation Other</td> </tr> <tr> <td>Descriptors</td> <td>Macule/patch (flat) Papule/plaque (raised) Ecchymosis (bruising) Erosion (loss of epidermis) Fissure (thin, linear erosion) Ulcer (loss of epidermis and part/all dermis) Lichenification Excoriation Other</td> </tr> <tr> <td>Lesion</td> <td>Unifocal Multifocal Size</td> </tr> </table>	Anatomy	Normal Loss – labia minora Loss – labia majora Loss - clitoral hood Scarring fourchette Other	Colour	Normal White Red (inflamed) Pigmentation Other	Descriptors	Macule/patch (flat) Papule/plaque (raised) Ecchymosis (bruising) Erosion (loss of epidermis) Fissure (thin, linear erosion) Ulcer (loss of epidermis and part/all dermis) Lichenification Excoriation Other	Lesion	Unifocal Multifocal Size		
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Lesion	Unifocal Multifocal Size									
Problem/concern 1		Management plan								
Problem/concern 2										

Next appointment