**BSSVD Statement Regarding Vulval Services during Coronavirus Pandemic**

Elective services have largely been put on hold during the SARS-CoV-2 coronavirus pandemic. Resources have been redirected to dealing with the demands of COVID-19 with some staff members being redeployed to other clinical areas. Virtually all elective medical care has been postponed, with most departments seeing urgent cases only.

This has had a major impact on vulval services, with departments in general stopping all face to face vulval clinics apart from suspected cancer cases. Telemedicine follow up appointments are being offered in some centres. These pose unique challenges for vulval clinics because of the difficulty some women have with self-examination and their inability to describe the vulval anatomy. There are particular difficulties in taking self photographs of the genital area and emailing sensitive genital images safely.

As the acute phase of the pandemic recedes and staff members return to their units, we need to look at how vulval services can gradually be reintroduced in order to ensure that patients with non-COVID-19 diseases are not disadvantaged in terms of ensuring effective and safe care.

Vulval disease should be considered as an essential core service with some conditions having a malignant potential. Thus, it is appropriate to cautiously increase vulval services, with some considerations.

1. All patients should be triaged for their risk of severe COVID-19 disease and the urgency of their need to be seen within the vulval service. This should take into account factors such as age, background immune problems and underlying skin problems, allowing patients to be counselled accordingly.
2. It is advisable for all patients to be phoned by a member of the admin team prior to their appointment to check they are happy/prepared to attend so as not to lose valuable appointment slots
3. All patients with suspected malignancy should be seen as a two-week consultation
4. If vulval clinic capacity is limited then priority should be given to those with severe skin disease urgently requiring treatment or not responding to treatment already prescribed
5. For shielding or self isolating patients, rarely telephone consultations may be appropriate but genital images should only be sent to nhs.net email and only when password encrypted images are possible (this may be complicated for some women to do). Currently there are very few safe systems for image transfer. Any system must be approved by the individual hospital trust.
6. Genital images should not be stored on a computer hard drive or desktop but be loaded up to the electronic patient record (if available) or secure server.
7. All patients should be screened for COVID-19 symptoms and temperature checked pre-entry to the department and only those without suspected COVID-19 should be allowed to proceed. It is known that some patients may be infectious without displaying any symptoms and therefore all patients should be treated as potentially contagious with staff members taking suitable precautions
8. Ensure staff are provided with and wearing appropriate level 1 personal protective equipment as per local policies (e.g. mask/gloves/apron)
9. For oral examination, a visor or eye goggles are recommended
10. For colposcopy, during the acute phase of the COVID-19 pandemic, only women with high grade lesions have been seen but the programme for routine cervical smears is restarting and colposcopy criteria will return to normal .Screening for COVID-19 as above is required. Staff should gloves, aprons, masks and goggles for colposcopy including LLETZ (large loop excision of the transformation zone) procedures.
11. Adequate spacing of appointments/staggered starts should be planned to ensure social distancing and minimise waiting times
12. Timing of appointments needs to allow the necessary cleaning of surfaces between patients.
13. Nursing support is vital as it is not possible for one person to examine, do investigations such as swabs and bag them up safely.
14. Patients should be in the department for as short a time as possible,
15. Some centres will advise patients to wear masks whilst attending and waiting.

This general information and advice is based on the best evidence available currently, but is likely to vary as further information and practices evolve. Additionally, individual units may be subject to other local NHS Trust/Healthboard guidance. Thus, this should be used as a general guide but should be kept under regular review.

**Vulval Pain Society Webinars**

The BSSVD has been contacted by the Vulval Pain Society who have been producing a series of vulval disease webinars during lockdown to provide information to women. The next webinar is booked for Friday 22 May 2020 and is free. Previous webinars are available to watch using the links below. Please can you share this information and colleagues. The BSSVD does not endorse the content of the webinars.

*REGISTER for our next FREE VPS Webinar Fri 22nd May 2020 14:00hr: Vulval Pain, Sex & Intimacy Q&A with Selena Doggett-Jones, Integrative Psychosexual & Relationship Therapist*

[*https://bit.ly/PainfulSexPsychosexualVPSQandA*](https://bit.ly/PainfulSexPsychosexualVPSQandA)

*Previous webinars available to watch:*

*Vulval disease overview - David Nunns FRCOG*[*https://bit.ly/VPSVulvalPainQandA1*](https://bit.ly/VPSVulvalPainQandA1) *​Lichen Sclerosus & Lichen Planus Q&A with Dr Liz Venner, Dermatologist*[*https://bit.ly/VPSQandA2VulvalSkinConditions*](https://bit.ly/VPSQandA2VulvalSkinConditions)

*Vulval Pain: Physiotherapy Q&A with Mary Chestnutt, Advanced Physiotherapist in Pelvic Health, Obstetrics & Gynaecology*

[*https://bit.ly/VPSQandA3VulvalPainPhysio*](https://bit.ly/VPSQandA3VulvalPainPhysio)

*Pain, the Brain & How to Calm Your Nervous System: Webinar, Tips & Q&A with Sheren Gaulbert, Pain Science Educator*

[*https://bit.ly/VPSQandA4BrainCalmNervousSystem*](https://bit.ly/VPSQandA4BrainCalmNervousSystem)

*Yoga & Meditation for Better Vulval Health Q&A with Ameneh Bahadouri*[*https://bit.ly/VPSQandA5VulvalHealthYogaMeditation*](https://bit.ly/VPSQandA5VulvalHealthYogaMeditation) *Vulval Pain Q&A with Dr Winston de Mello, Consultant in Pain Medicine*[*https://bit.ly/VPSQandA6PainClinicDoctor*](https://bit.ly/VPSQandA6PainClinicDoctor) *At the VPS we are committed to providing women with as much free guidance and as many resources as we can, particularly during this time. Our aim is to keep supporting you with more expert webinars, Q&As, multidisciplinary exert panels, video nuggets with practical tips and more. If you are able to support us with even just a small donation we’d be very grateful:*[*https://www.paypal.me/VPSdonate1118118*](https://www.paypal.me/VPSdonate1118118) *If you know you can’t join us live on an online event or webinar, but want to view a video replay, do still register and you’ll be sent a recording. Of course, if you can, we’d love you to join us live!*