

Management of Bacterial Vaginosis

Bacterial vaginosis (BV) can be managed syndromically, provided offensive vaginal discharge is the only genital symptom present and STI has been excluded.

Isolated episode

Recommend avoidance of vaginal douching. There is no evidence to support avoidance of external vulval soaps, bubble bath etc.

Treatment

- Metronidazole 400mg p.o. twice daily for 5-7 days, or
- Metronidazole 2 g p.o. single dose, or
- Intravaginal metronidazole gel (0.75%) once daily for 5 days, or
- Intravaginal clindamycin cream (2%) once daily for 7 days, or
- Intravaginal lactate gel once daily for 5-7 days (available over the counter e.g. Balance Activ gel)

Recurrent BV

Defined as four or more self-reported episodes per year with at least two confirmed on vaginal swab or direct microscopy.

Recommend avoidance of vaginal douching. There is no evidence to support avoidance of external vulval soaps, bubble bath etc.

Treatment

As for isolated episode (above), followed by:

- Intravaginal metronidazole gel (0.75%) once weekly for 16 weeks, or
- Intravaginal lactate gel once weekly for 16 weeks (may be preferred as less incidence of Candida than with metronidazole gel)

In the event of breakthrough symptoms, increase either of above to twice weekly.

For symptoms identified as occurring peri-menstrually:

- Metronidazole gel (0.75%) for 1-2 days immediately prior to onset of menses and for 2-3 days immediately following menses for 4-6 cycles, or
- Lactate gel for 1-2 days immediately prior to onset of menses and for 2-3 days immediately following menses for 4-6 cycles.

Relapse

Treat infrequent recurrences episodically.

If frequent (i.e. at least four/ 12 mths or two/6mths), repeat regime for recurrent BV (once to twice weekly for 16 weeks or peri-menstrually for 4-6 cycles).