



University of North Carolina Wilmington
Abrons Student Health Center

INSTRUCTION SHEET: VAGINOSIS, BACTERIAL

The Student Health Provider has diagnosed a bacterial infection of your vagina. The infection is called bacterial vaginosis (BV).

Women *normally* have millions of microscopic bacteria and yeast living in the vagina. “Infection” with bacteria (and yeast) is really an overgrowth of one type of bacteria (or yeast). The overgrowth of bacteria in BV irritates the mucosa (skin) of the vagina; itching, irritation, and sometimes discharge and an unpleasant odor result. The discharge may be light or heavy, clear or colored. It may have a bad odor, often described as “fishy,” especially after having sexual intercourse. Occasionally, vaginosis causes enough irritation to make sexual intercourse uncomfortable.

The cause of BV is not really known. BV is not considered an STI.

Treatment of BV is important, since the bacteria may get up into the uterus or the fallopian tubes and cause more serious infection. Treatment is especially important in pregnant women, since women with BV are more likely to have miscarriages or premature labor.

To diagnose BV, a medical provider examines the external genital tissue and vagina, and typically takes a sample of the vaginal secretions on a cotton swab. A “wet prep” is done by looking at the sample under a microscope.

Two common antibiotics are used to treat BV. Both are available to take by mouth or by creams/suppositories inserted into the vagina.

MEASURES YOU SHOULD TAKE TO HELP TREAT YOUR BACTERIAL VAGINOSIS:

1. If you are prescribed the antibiotic metronidazole (Flagyl), take the medicine as directed, until gone. Do not drink alcohol before you take the medicine, or for 48 hours afterward: The combination of metronidazole and alcohol causes nausea and vomiting.
2. Vaginal itching/burning can be relieved sitting in bath water with 1/2 cup of salt or white vinegar added or by taking over-the-counter antihistamines (loratadine, diphenhydramine) or pain medications (acetaminophen, ibuprofen, naproxen) by mouth.
3. If your symptoms are not better within three to four days or completely gone within seven days, return to the Student Health Center or see your personal/referral Ob-Gyn or family medical provider. Should your overall condition worsen, go to the closest emergency department, Urgent Care, or see your personal/referral Ob-Gyn doctor *promptly*. Specifically, seek care if you develop significant low abdominal pain, fever $>100^{\circ}$, vomiting, or increasing, foul vaginal discharge.