Patient advice for women requiring a highly-potent topical steroid (for example Dermovate® cream or ointment/ Clobetesol)

Who is the leaflet for? What is its aim?
This leaflet is for you if you have been prescribed a high-potency topical steroid cream to treat the symptoms you have in your vulval area. Often the symptoms are caused by a condition called lichen sclerosus.

The aim of the leaflet is to explain how to use the cream, how long to continue the treatment and any benefits and risks involved.

What is the vulva?
The vulva is the name given to the external female genitals, this being different from the vagina which is internal.

Application
You have been prescribed Dermovate cream/ointment/other: ___________ to use as treatment to the vulval area to help to relieve your symptoms.

- Apply the cream by spreading it thinly on the skin but in sufficient quantity to cover the affected areas
- For the whole groin and genitalia, a 15 – 30g tube is usually suitable for an adult for a single daily application for two to four weeks. If treating a smaller area, the tube will last longer.
- One fingertip length of cream (from the tip of the index finger to the first crease) is sufficient to cover an area that is twice that of the flat adult palm
- Apply the cream to the affected area according to your regime prescribed to you today:

<table>
<thead>
<tr>
<th>Regime</th>
<th>WEEKS</th>
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<tbody>
<tr>
<td>DAILY</td>
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<tr>
<td>ALTERNATE DAYS</td>
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<td>TWICE PER WEEK</td>
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Then stop and switch to:

- Once a week for one month
- After this time gradually reduce the use until you need to use it occasionally or not at all.

If the symptoms return, you should go back to how often you were using the cream or ointment before the last reduction. This can be repeated as required.

Follow up

You will be reviewed in the clinic or by your GP to assess symptom control and to make sure that the treatment is working as it should be. It is important to attend for your follow up even if your symptoms have settled. At this visit you will be examined and future management will be discussed. If there is no improvement in the condition or the symptoms are worsening then you may be required to have a biopsy of the area affected.

If you have any queries then you can either contact the department using the telephone numbers given or speak to your GP.

Benefits

- Improving the condition, including your symptoms.
- Preventing the condition from progressing.

No treatment is likely to reverse the changes of lichen sclerosus completely, but the symptoms and signs of the disease can usually be well controlled with the application of a steroid.

Risks (side effects)

In order to minimise the side effects of a topical corticosteroid it is important to apply it thinly. If you become sensitive to the cream or ointment you will notice prolonged stinging for one to two hours after application. If this occurs, stop using the cream and wash the area thoroughly. It is quite usual however, to have stinging for some minutes after applying the cream or ointment.

The treatment is associated with few side effects but care is required. Local side effects include:

- spread and worsening of untreated infection (such as thrush)
- thinning of the skin making it look more pink, which may be restored over a period after stopping treatment
- contact dermatitis (allergy to the cream or ointment).
**Alternatives**

There are no alternatives to using the steroid cream or ointment but bland moisturisers help to soften and protect the skin.

**Contacts/ Further information**

If you have any queries or concerns then contact the clinic where your cream/ointment was prescribed ask to speak to the specialist nurse:

- Colposcopy: 01223 216603
- Dermatology: 01223 217391

**References/ Sources of evidence**

National Lichen Sclerosus Support Group
Helpline: 07765 947599


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**Other formats:**

If you would like this information in another language, large print or audio please ask the department where you are being treated, to contact the patient information team: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk).

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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**Document history**

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