

## RELACTAGEL

**Relactagel** is a natural approach to the management of BV through the regulation of vaginal pH.

**Relactagel** is a lactic acid gel which:

- restores and maintains the natural acidity of the vagina to create a suitable environment for lactobacilli to grow
- relieves abnormal vaginal discharge & odour
- treats and prevents BV
- contains no preservatives
- can be used during pregnancy



## DOSAGE<sup>9</sup>

Relactagel comes in a 5mL single use tube.

## FOR TREATMENT: \*

1 tube per day for 7 days at bedtime  
(one week's course).

## FOR PREVENTION: \*

1 tube per day for 2-3 days at bedtime after your period. \*It is advisable to avoid intercourse when using Relactagel as semen raises the vaginal pH level.

## EASE OF USE<sup>9</sup>

Break and remove the cap and insert the entire neck of the tube into the vagina. Squeeze out the contents of the tube by maintaining constant pressure, then withdraw it and discard appropriately. **Relactagel** should be used at bedtime when lying down to minimise any potential leakage. In the event of a small leak a panty liner may be useful.

## AVAILABILITY

**Relactagel** is a medical device, available from community and hospital pharmacies.

**Relactagel** is available on NHS prescription. Please read the instructions carefully before use.

## References:

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3. Wilson J. (2004) Managing Recurrent Bacterial Vaginosis. Sexually Transmitted Infections 80; 8-11.
4. Andersch B., Lindell D, Dahlan I, Brandberg A. (1990) Bacterial Vaginosis and the effect of intermittent prophylactic treatment with an acid lactate gel. Gynecologic and Obstetric Investigation 30: 114-119.
5. Bradshaw CS, Morton AN, Hocking J, Garland SM, Morris MB, Moss LM, Horvath LB, Kuzevska I and Fairley CK. (2006) High recurrence rates of bacterial vaginosis over the course of 12 months after oral metronidazole therapy and factors associated with recurrence. Journal of Infectious Diseases, 193(11), 1478-1486.
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7. Hay P.E, Ugwumada A, Chowns J. (1997) Sex, Thrush and Bacterial Vaginosis. International Journal of STD and AIDS 8; 603-608.
8. Andersch B, Forssman L, Lincoln K, Torstensson P. (1986) Treatment of Bacterial Vaginosis with an Acid Cream: A comparison Between the Effect of Lactate Gel and Metronidazole. Gynecologic and Obstetric Investigation 21:19-25.
9. Relactagel Data Sheet.



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# Vaginal Health



## Your Guide to Bacterial Vaginosis



## GUIDE TO BACTERIAL VAGINOSIS (BV)

Vaginal discharges are not uncommon, can vary in consistency and usually have an inoffensive slightly sweet odour which is unique to every woman. A healthy vagina is naturally acidic with a low pH of approximately 3.8 – 4.5<sup>1</sup>. This natural acidity is maintained by lactic acid producing bacteria known as lactobacilli<sup>4</sup>. These bacteria flourish in an acidic environment and form a very important part of the natural defences, acting as a barrier to infections<sup>4</sup>.

## VAGINAL DISTURBANCES

There are a number of conditions that may upset the natural acidity of the vagina; these include fluctuating hormone levels during a period, pregnancy and menopause<sup>7</sup>. Other influencing factors include antibiotics, sexual intercourse (semen is alkaline), intrauterine devices (the coil), douching, use of perfumed intimate body products, and smoking<sup>1</sup>.

Disturbances to the environment of the vagina can cause Bacterial Vaginosis (BV), Candidiasis (Thrush) and Trichomoniasis (Trich). BV is not a sexually transmitted infection but women who are sexually active and have had a change of partner are more likely to have it<sup>1</sup>, including women in same sex relationships<sup>5</sup>.

BV is the most common cause of vaginal infection affecting up to 1 in 3 women<sup>1</sup> and has an incidence rate of 9% in UK general practice<sup>2</sup>.

## BACTERIAL VAGINOSIS (BV)

BV symptoms are an abnormal vaginal discharge which can be thin, white or grey in appearance and has a distinct, unpleasant fishy odour<sup>1</sup>. This discharge may be confused with other vaginal infections. BV is not associated with soreness, itching or irritation<sup>1</sup>. Simple tests carried out by healthcare professionals can diagnose the presence of BV.

## COMPLICATIONS ASSOCIATED WITH BV

Although BV is not a serious condition studies have associated it with pelvic complications such as preterm births, postpartum endometritis and late miscarriages. BV may increase a woman's risk of acquiring HIV<sup>3</sup>.

## CURRENT TREATMENTS

The standard medical treatment for BV is a course of antibiotics<sup>1</sup>. Clinical evidence shows that a treatment course of lactic acid is as effective as a course of antibiotics<sup>8</sup>. In many cases BV can recur after antibiotic therapy with recurrence rates as high as 70%<sup>5</sup>. Another treatment option is to use a lactic acid gel during or after a course of antibiotics. Clinical evidence shows that lactic acid treatment in combination with antibiotics has the least recurrence episodes and has a better long-term treatment effect on BV<sup>6</sup>.