ITCHES IN YOUR BRITCHES?

_Dealing with Injuries, Infections, Oozing, and Bruising_

There I was on the beach in Jamaica, basking in the tropical sunshine, when my daughter, Chloë, then five, came sprinting toward me from the water like Jaws was snapping at her heels.

“MY BAGINA’S ON FIRE! MY BAGINA’S ON FIRE!” she shrieked.

OK, so at age five, she hadn’t mastered her “V” sounds yet. Still, I’m sure everyone on the beach understood her perfectly. Part of me wanted to slink behind the nearest palm tree. The gynecologist in me, however, wanted to stand up and cheer. She knew the right terminology!

It turned out the salt water had irritated the delicate skin of her private parts. Luckily, all it took was a little Vaseline, begged from a nearby mom with a diaper bag, to soothe the burning. “I’m never going swimming again,” Chloë declared.

Ten minutes later, she was back in the water.

Most of my patients don’t burst into my office shouting, “My vagina’s on fire.” But a few of them probably wish they could. Not a day goes by—not one single day—where one of my teenage patients doesn’t beg for help with itching, burning, or some funky vaginal discharge.

So if you thought you were the only one squirming in agony during English class (and not just because Hemingway’s a bore) or wondering who slimed your underwear, don’t worry. You’re not alone.

In fact, itching, pain, and discharge caused by vaginal infections are some of the most common problems affecting teens and tweens. Luckily, they’re also some of easiest to treat. That may not sound terribly comforting when you’re wondering whether it’s better to die from itching, or die from embarrassment at the doctor’s office. After all, chances are good that the doctor will actually have to look at your problem. Maybe it would be better to ignore it and die with dignity, right?

That’s one option. But if you’ve read this far, I hope you’ve realized that seeing a gynecologist is no big deal, even for problems that seem embarrassing. Remember, for doctors like me, there’s nothing at all embarrassing or awkward about all this. Like I always say, to me, looking at a vagina, even an itchy one, is like examining an ear, nose, or throat. Just another day at the office.

In this chapter I’ll give you the low-down on problems down low—infestations, irritations, and even piercing problems. I’ll also tell you how to care for injuries to these oh-so-tender parts.

**WHAT’S GOING ON DOWN THERE?**

In general any irritation, swelling, or discomfort to the vagina is called vaginitis. If your symptoms are itching, burning, and discharge, chances are you have one of these three problems.

**Yeast.** This might sound gross, but yeast, whether it’s in your sandwich bread or in your vagina, is actually a fungus. Yep. Like a mushroom. With all the TV ads for anti-yeast creams and the huge aisle of yeast-control products at drugstores, you’d think yeast was taking over the planet. But lots of other things can cause itching and irritation, too, so don’t just run out for an over-the-counter remedy.
I hadn’t seen my patient Kristin in a while, until she called and asked for an emergency appointment last spring. Her vagina was so irritated she could hardly walk. She’d been using over-the-counter medication for itching, but it only gave her brief relief (see the box on page 78 about why those creams do more harm than good). When she hobbled into my office, she looked so sick I thought her appendix might have burst.

When I examined her, I didn’t see any common signs of infection. Her vagina was clean as a whistle. No clumps of white, cottage cheesy-type discharge. No redness. No swelling. Nada. Zip. Totally normal. But she obviously was suffering, so I did a culture and treated her for yeast anyway. It turned out she did have her first yeast infection—even though her only symptom was itching. She felt better in one or two days and started walking like herself again. Lesson: Take yeast infections seriously . . . and see a doctor if you’re itchy, uncomfortable, or in pain.

The good news about yeast infections (if there is any) is that they’re usually easy to treat. Often all it takes is one little pill called Diflucan. The medication gets into the bloodstream and launches a seek-and-destroy mission on yeastie beasties. Most girls start to feel better in a day or two. Just to be sure, I usually repeat the dose three to five days later, to make sure the critters are really gone and won’t come back to torture you.

Another treatment is vaginal creams, which you squeeze into the vagina using an applicator that looks like a skinny tampon. These creams normally are applied for three to seven days at bedtime. I don’t usually prescribe creams for teen girls for two reasons: First, the medicines have substances in them that can actually be more irritating to an already sensitive area; and second, who in the world wants a gloppy mess in her vagina when she’s already having issues? My motto: Most of the time, the less you put in your vagina, the better.

Strep. Yep, strep. It isn’t just for throats. Although I’m willing to bet you’ll never, ever hear anyone say they have “strep vagina,” the same bacteria that causes strep throat is the most common cause of vaginitis in younger girls. It’s not as common as yeast for teens, but it can still cause itching and discharge. Typically this bacteria causes a creamy, white vaginal discharge with no odor. Meanwhile, the outer opening of the vagina and the area around the anus typically turn bright red and become very raw-looking. Especially if you’ve recently had strep throat, then strep could be a leading suspect in your infection. The usual treatment is penicillin or another antibiotic.

Dermatitis. Sounds like you should see a skin doctor for this one, right? Actually, dermatitis is a general term that covers any skin inflammation—including the delicate skin between your legs. Dermatitis usually doesn’t cause discharge or odors. But it does cause nonstop low-level itching and occasionally bumps. Not fun. Of course, you have no way of knowing whether this itching is caused by dermatitis, a yeast infection, or something else, so go see a doctor. A huge range of things can provoke dermatitis: Salty sea water can be one—that’s what sent Chloë screaming up the beach in Jamaica. But lots of other things can bring it on, too: sitting in a bubble bath too long; harsh laundry detergents; chemicals in panty liners or tampons (which is why I recommend organic tampons—see chapter 3); and activities like exercise, swimming, or sex. Even soap can provoke it. And cleansers designed to wipe out bacteria or fend off zits can come on a little too strong for your privates. I recommend a baby soap or shampoo for washing between your legs.
WHEN TO SEE A DOCTOR
Sometimes vaginitis clears up on its own. You can always wait a few days and see if things get better. I always tell my patients: Serious problems rarely go away by themselves. So if something clears up on its own, it probably wasn’t anything to worry about.
But if you’re very uncomfortable, there’s no need to wait: You may feel better, sooner, if you see your doctor. In any case, if you have itching, burning, unusual discharge, or other symptoms for more than one week, or if they happen several times a year, you definitely should see a doctor.
At a visit for vaginitis, you can expect the doctor to do the following:
1. Take a medical history. The doctor will ask the who-what-whenwhere of your problem, so your detective work (see the box above) will make things quicker and simpler.
2. Do a pelvic exam. The doctor will look at the vulva and inside the vagina.
3. Order a lab test. The doctor might do a bacterial culture, which sounds a lot scarier than it is. He or she very gently rubs what’s basically a Q-tip on the infected area. You’ll hardly feel a thing (and I’m not just saying that because I’m a doctor and that’s what they teach us to say). Later a lab tests the sample to see if any bacteria grows from it in a twenty-four-hour period. (This part really is a science project.)
4. Prescribe a treatment. Sometimes a doctor can make an educated guess as to what’s causing the itching or discharge and might prescribe an antibiotic even before the culture results are back. Other times your doctor may choose to wait until the test results show you have an infection, then prescribe something.

DON’T DISCHARGE
Nobody likes the word “mucus.” Especially in relation to her underwear. But mucus is good. Let’s say this together again: It’s the job of your cervix to make mucus.
Let me explain why this is a good thing.
At the top of your vagina, on the lower part of your uterus, is your cervix. As I explained in chapter 1, the cervix is the gatekeeper for your reproductive organs. One of its big jobs is to protect your uterus from all the bacteria that normally live in the vagina. One way it does this is by producing a lot of mucus, which acts like a quicksand pit. It traps the bacteria so they can’t climb up into your uterus. The other job of your cervical mucus factory is to lubricate and moisten the vagina, which is a good thing for sex and reproduction. When your cervix stops making mucus, it means you’re in menopause. So in a strange way, you should be happy to see some mucus once in a while.
How do you tell if your mucus is normal? Normal discharge is subtle: It doesn’t make a big dramatic scene and there’s not a whole lot of it. It’s just kinda there sometimes and not there other times. If you’re not sexually active (which means you have NEVER, EVER had sex—not even once), any discharge that’s not green, smelly, or itchy is usually normal. Yellow, white, or clear discharge is almost always OK. Large amounts of oddly colored discharge are not.
If discharge bothers you, try charting it. Note on a calendar the days when your mucus level seems high or low. (You can add this to your period calendar—see chapter 3 for instructions.) Finding that your body’s mucus
factory has a specific production schedule might make you feel better. It’s good to make friends with your normal discharge. Then you’ll recognize when something is wrong.

**BV (or Pee-Yew!).** You’ll recognize this one right away if you’re familiar with your usual inoffensive friendly discharge. BV, for bacterial vaginosis, is usually associated with sexual activity, but not always. I mentioned it in chapter 2, but it’s worth another mention here because it’s so very annoying and common. If you have it, you’ll know it: It produces a lot of grayish, thin, slimy discharge with a nasty, fishy odor. Blech! Your vaginal area might itch, too. BV is caused by an overgrowth of some types of bacteria found in the vagina—the most common type is called *Gardnerella.* Your doctor can easily diagnose BV with a quick office visit or a Q-tip test. The treatment is pretty simple, too. You apply a prescription antibiotic cream to the vagina, in either a single dose or for several nights in a row, using a narrow plastic applicator. Or you can take an oral antibiotic, although most doctors prefer the vaginal route. Unfortunately, BV can be like a pesky ex-boyfriend: It keeps showing up at the worst times. Sometimes patients need to take antibiotics for one week of every month for several months until these persistent little bacteria finally take the hint.

**THINGS THAT GO BUMP**

One day my patient Elena came in looking grim. “I have a sexually transmitted infection,” she announced.

Really? How do you know?” I asked.

In the shower she’d felt strange bumps in her bikini region. When she looked in the mirror, she saw an alarming rash.

“Let’s take a look,” I said. I stepped out of the exam room while she put on a snuggly patient robe. When I came back in and examined Elena, we were both relieved to learn that all she had was a hair follicle with a major infection. The culprit: shaving. The cure: warm soaks and a topical antibiotic. Problem solved.

As Elena found out, it’s pretty alarming to be minding your own business in the shower, getting yourself squeaky clean, when you suddenly notice a bump down there. But fear not. Most of the time strange bumps in your groin will be from one of three common causes.

**Folliculitis**

**What it looks like:** Tiny zitlike bumps, usually red, in the pubic hair region. Small but sometimes quite painful. Often they have a little pus in the center.

**What causes it:** As I mentioned in chapter 2, these little pimply bumps form when pubic hair follicles get inflamed or infected.

**What to do:** Do not squeeze or pop them: This could spread the infection to the surrounding skin. A few times a day, press a warm washcloth to the bumps for a few minutes to help relieve the pressure and pain. Your doctor can prescribe an antibiotic lotion for them if they really bother you, but often they clear up on their own. Pay close attention when grooming pubic hair (see my advice for avoiding folliculitis in chapter 2).

**Insect Bites**

One patient came to see me after she found a painful red bump in her groin. I took a look. The raised bump surrounded by a circle of red skin turned out to be a tick bite. She’d contracted Lyme disease. I prescribed antibiotics for three weeks and she was fine.
Sometimes we forget that ticks, mosquitoes, and other insects can find their way to your tender parts, just like anywhere else on your body. Unfortunately, bug bites in the genital region can be very prone to infection, since there’s a lot of bad bacteria nearby in the rectum and because it’s the kind of dark, moist hangout bacteria like best.

**What it looks like:** A bug bite. But it might get even redder and more swollen if it’s infected.

**What to do:** See a doctor. When it comes to bumps between your legs, if it’s red or itchy, or if it hurts, get it checked out by a healthcare professional.

**Moles and Beauty Marks**

Skin is skin. If your arms, legs, and face can get a mole, beauty mark, or skin tag (which is another little skin growth), so can your vulva and vagina. Of course, you may not be in the habit of looking down there much, so if one day while showering you feel something unusual, you might freak out. This is another reason why it’s good to make friends with your personal anatomy by taking a good look at the vulva and vagina every so often with a mirror. Then you’ll know if something changes or appears out of the blue.

**What it looks like:** Slightly raised areas of skin, often darker in color than the surrounding skin. If irritated by underwear or friction caused by sports, sex, or other activities, moles or marks might start to bleed.

**What to do:** If a mole or mark is bleeding or seems to be growing or changing, see a doctor. They usually are benign, but it’s possible for skin cancer to appear in the genital region—although usually this happens in much older women, not teens.

**Hidradenitis**

Hidradenitis is an uncommon skin disorder that produces large, painful boils and leaves scars. It is not sexually transmitted or associated with sexual activity.

**What it looks like:** Big, painful, pus-filled lumps. Usually found in groups, often near areas with a lot of sweat glands, like the groin or under the arms.

**What to do:** See a skin specialist or dermatologist.

**PIERCING**: READ THIS BEFORE YOU PIERCE ANYTHING (EVEN YOUR EARS!)

My patient Lauren, who’s sixteen and comes from a well-off family in the ‘burbs, dropped by recently for a routine visit. As soon as I started the exam, I noticed something had changed. She’d had her clitoris pierced. Some things you just can’t keep secret from your gynecologist.

Now, I see a lot of things as a doctor, and many of them hurt. Injuries. Operations. Diseases. I myself have broken bones playing sports, had two babies, and (worst of all) passed two kidney stones. So I’m a person who’s familiar with pain. But this looked like something even I’d rank high on the agony scale.

“Hmm,” I said to Lauren. “That must have hurt.”

“Oh, yeah,” she said, wincing. “I wish I’d never done it.” She’d tried to remove it but couldn’t get it out.

“Want me to take it out?” I offered. She said yes, and a few seconds later I handed it to her. She tossed it in the trash can.
“That was a big mistake,” she said. I asked why she did it. “My ex-boyfriend and some friends talked me into it. I was scared, but I didn’t want to be a wimp.” She didn’t know it would hurt so much for so long. She’d done it secretly and was embarrassed to talk to her parents about it. By the time it stopped hurting, her boyfriend was ancient history. She hated to imagine what her future boyfriends would think about it. Lauren certainly wasn’t the first patient I’ve seen with a genital piercing, but she was one of the youngest. Now, I’m not a person who judges my patients. I’ve said it before—I’m no prude, and I’m not a judge, priest, or rabbi. If adventurous piercing never caused anybody any emotional or physical harm, I’d have nothing to say here. But it’s my job to keep you healthy and make sure you know about the risks. And the fact is, with genital piercing, you risk permanent damage to your anatomy that can ruin your future sex life.

THE HOLE STORY
Lauren sure wasn’t the first girl to feel pressured into piercing. Actually, most teens who go in for body piercing get the idea from friends or acquaintances. (It’s not like your cute old granny’s going to suggest one.) A lot of teens who get pierced aren’t all that good at the whole “just say no” thing: Teens who pierce their bodies tend to have higher rates of drinking, drug use, and sexual activity.

On one hand, exotic piercings seem like a daring, wild, nonconformist thing to do. On the other hand, everybody else is doing it (so maybe it’s not such a nonconformist thing after all). Somewhere between one in three and one in ten American teens have some part of their body pierced, according to estimates . . . and we’re not talking earlobes. In college students the percentage estimate goes as high as 50 percent. Whatever the case, if you’re thinking—even for a minute—about piercing your nipples or genitals, you absolutely must know five things.

1. **Piercing is surgery.** All surgery has risks. The risks for piercing include infection, bleeding, and damage to the area or nearby anatomy. And when I say infection, I’m not talking about irritating little bumps. I’m talking HIV, hepatitis, tetanus, nasty bacterial infections—major, life-threatening infections. These infections can and sometimes do travel to your heart, bones, kidneys, bloodstream, or joints. You could end up in the hospital or with lifelong conditions as a result. Plus, *any* infection in a genital piercing could result in trouble with your sex life, recurring genital pain, or even problems urinating for the rest of your life. You’d never suddenly decide to have surgery without mulling over the risks and benefits. And you certainly wouldn’t get surgery on a dare. So treat piercing like the surgery it is—not like an impulse buy.

2. **Different body parts take different times to heal.** While your piercing heals, you might not be able to swim, and you might have oozing, discharge, and pain for a *long* time after the procedure.

**HEALING TIME FOR PIERCINGS:**

- **Ears:** one to two months
- **Nostril:** eight to twelve weeks
- **Labia:** Up to four months
- **Navel:** four months to one year
- **Nipples:** six to twelve months
• Tongue: four weeks

3. **Genitals are not ears.** Perhaps you’ve noticed this yourself. Different anatomical parts are prone to different reactions to piercing. Earlobes aren’t a big deal: They take a while to heal, but hardly anybody loses an ear after piercing. If you have a bad reaction to a genital piercing, however, you may suffer the results for the rest of your life. The clitoris is especially vulnerable to scarring, infection, and allergic reaction. Worse still, because the blood supply to the clitoris can be damaged during piercing, the nerve and skin can partially or completely die. This could take away the pleasure of sex and actually make it painful for the rest of your life. Something to think about.

4. **Piercing parlors are like restaurants.** Some are clean and sanitary. Some you wouldn’t want your dog (or even your older brother) to eat at. If you’ve decided to get a piercing, look for a licensed parlor with an approval certificate posted on the wall from the local or state department of health and the Association of Professional Piercers. Find out how much experience the piercer has. You do not want to be a guinea pig for a nipple or genital piercing. Also, many reputable places will not perform a piercing on anyone under the age of eighteen without an adult accompanying them, so realize that this is not something that you should do without your parent’s knowledge. ID is required in most places. Going behind your parents’ backs to a place that doesn’t require ID for your age is like asking for an infection.

5. **Check out www.safepiercing.org.** Here you’ll find information about safety and hygienic practices and standards. Read before you let anyone punch a hole in you.

**INFECTED PIERCINGS**

So let’s say you’ve done your homework and really thought hard about body piercing for a long time. You’re not out at the mall with friends, you’re not doing it on a dare, and you’ve talked to your parents about it. Even if you do everything right, something still could go wrong. If you think you have an infection after piercing—if you have redness, extreme pain, green discharge, or a fever—proceed immediately to a doctor. Do not pass Go; do not collect $200. Don’t waste time seeking out the guy who did the piercing or talking to your friend who got pierced. You need a doctor or nurse to look at it right away, even if it’s embarrassing.

**GENITAL TRAUMA: FIRST AID FOR FRAGILE PARTS**

Speaking of piercings, did you ever see that episode of *Grey’s Anatomy* where a patient’s genital piercing gets stuck in his ex-wife’s diaphragm while the two are in a compromising position? Meredith and her colleagues have to separate them, guided by X-ray images. That’s not exactly something that happens every day (OK, ever) in my office. But if I were a writer for the show, I’d definitely have enough material for a few appalling episodes on genital trauma. Like . . . did you know that boys and men can actually fracture their penis? I’ve seen it in the emergency room, and it’s seriously one of the worst injuries I’ve ever seen in my medical career. Usually this occurs during sex (with an erect penis) and is a major emergency requiring surgery.
Luckily, we ladies can’t break our vulvas or fracture our vaginas. But that doesn’t mean genital injuries aren’t common among women. They are, but nobody talks about them. I get calls all the time from other doctors about patients who suffered an injury “down there.”

“Down where?” I ask myself. “Their knees? Their feet? Come on, let’s be doctors here.” If other physicians feel uncomfortable with this part of the anatomy, it’s easy to understand how the average teenage patient feels.

Statistics on genital injuries are scarce, and since they’re not exactly the kind of thing girlfriends text each other about, you may not realize how common they are. Chances are you know somebody who’s suffered a painful fall off a bike or a sports mishap that left her bruised between the legs. And while everyone takes genital injuries to boys seriously—that’s why they wear athletic cups—these injuries often are dismissed, overlooked, or undertreated for girls. True, girls’ genitals may be better protected than boys’. But they’re just as sensitive and very vulnerable to injury. Because they get so little attention, you need to be aware of the dangers and what you can do if you hurt yourself.

EVERYTHING YOU NEVER WANTED TO KNOW ABOUT GENITAL INJURIES

What dumb movie would be complete without a scene where some poor guy takes it in the soft parts? Somehow comedy writers just won’t go there with women, but the injuries are every bit as painful. Especially for girls, tweens, and teens, whose anatomy is more easily injured than that of grown women.

This is true for three reasons. First, there’s much less fat tissue in the vulva of girls than in that of grown women. Like a bumper car with no padding, this area lacks the cushioning that protects the external and internal genital structures on a grown woman. So even a simple fall can cause much more damage for a girl than for an adult. This is also a region on the medical map that we doctors called “highly vascularized”—in other words, it has some major-league blood supply, so even little cuts can bleed a lot.

Second, the three important openings in young female genitalia are much closer together than they are in an adult. The urethra, where the urine comes out, the vagina, and the anus are all very close to one another.

In adult anatomy the openings are more spread out. That means, for girls, an injury to one opening is more likely to affect the other openings. If a woman slips and falls in the bathtub, injuring her urethra (where the urine comes out), the problem may only involve that particular structure. But in a preteen it could easily involve the vagina as well.

Third, tweens and prepubescent girls don’t have estrogen circulating in their genital tissue, like mature teenagers and adult women do. As it turns out, estrogen is a powerful promoter of healing in the tissues of the female genitalia. That’s why we heal so quickly after childbirth, even if we’ve had cuts or tears to the delicate tissue down there. And it’s why doctors often prescribe low-dose estrogen cream for girls with genital injuries, to help them heal faster. (Sorry—estrogen’s rapid healing effects are confined to the vulva and vagina. It doesn’t help you heal any faster elsewhere on your body. So don’t expect to find estrogen-infused Band-Aids anytime soon.)

WORST CASE SCENARIO: WHY PREVENTION BEATS TREATMENT

It was a sunny day in April. Jessica, an eleven-year-old girl, was romping
on the school jungle gym during recess when she slipped and slammed down hard on the bar, right between her legs. Howling in pain, Jessica was rushed to the nurse, then a nearby emergency room. Inexplicably, the hospital sent her home. To this day I don’t know why. Maybe her doctors asked her to open her legs, and she couldn’t because of the pain. Maybe the blood obscured their view. Maybe the doctors simply didn’t feel comfortable treating young girls’ anatomy, so they weren’t thorough. Whatever the reason, they clearly didn’t give her a careful exam. Eighteen hours later, after an agonizing night, Jessica came to my hospital, still bleeding and in pain. I took her directly to the operating room. When we put her legs in the stirrups, we were horrified. The fall had ripped away all the skin in her pubic area: We could actually see the white pubic bone. And we could barely identify any normal anatomy. Luckily, we were able to repair Jessica’s soft tissue in the operating room. She spent several days in the hospital on pain medications with a catheter draining her urine. Eventually she healed very well. Fortunately, most girls won’t suffer this kind of dangerous genital accident. But it shows you how easily these things can happen—and how serious they can be.

HOUSE OF HORROR! A GUIDED TOUR

So now you’re thinking, “That’s all very interesting, Dr. Ashton, but this kind of injury just isn’t going to happen to me.” Maybe not—but let’s take a quick tour of your house, shall we? I’ll point out a few dangers you might not have spotted, so you can be on the lookout, while I tell you about the four most common genital injuries.

Let’s start in the bathroom. I’ve seen some scary injuries result from a simple slip. Got a sliding glass door? Those metal tracks can act like razor blades during a fall, resulting in a laceration, or cut, to the genitals. Even a wide porcelain bathtub rim can cause a significant blunt injury—which may swell, bruise, or even bleed—if you slip and land on it in a straddle position. Hence the name for an injury resulting from a hard landing between the legs: a straddle injury. And watch out if your younger siblings still play with pirate ships, pots and pans, or superheroes in the bathtub: You know how much it hurts just to step on one of those? Imagine falling and landing in the wrong place.

That’s why I’ve told my daughter since her toddler years to be extremely careful getting out of the tub. She gets it. She knows one slip could result in a bad injury to her “bagina.”

Let’s move on to the kitchen. You’re late for soccer practice, but you need your favorite water bottle. It’s on the top shelf and there’s no time to get a stepladder. You hop on a kitchen chair. If you stretch just a little bit . . . you balance on one foot . . . and . . . boom! Suddenly you and the chair topple over. As the chair falls, you land on a corner of the seat, or the arm, or worse . . . one of the chair legs. This kind of fall often leads to a soft-tissue injury. These are basically bruises that may include swelling. This is one more reason I try to stay out of the kitchen. (Just kidding.)

You see the risks . . . and so far we haven’t even tried anything dangerous yet.

By now you’re probably getting the point, so to speak. Most girls aren’t going to slam down on the gym bars and sustain the kind of trauma my poor patient Jessica did. But anytime you’re playing, jumping, running, or
falling—anytime your legs aren’t closed—the genital region is vulnerable to even the smallest impact. Gymnasts and softball players are especially prone to genital injury.

Water sports and water play can inflict their own brand of especially painful injury, called insufflation. This type of genital trauma happens when water and air are rapidly, forcefully pushed into the vagina at a high speed. Because the vagina is a hollow and limited space, the water or air has nowhere to go, so it kind of pops like a balloon to relieve the pressure inside. This can cause a tear almost identical to what we see in the labor and delivery room. To avoid this type of injury, keep your legs together when jumping or diving, and wear thick shorts or a wetsuit when waterskiing or at a water park.

One more word on water injuries: sprinklers. I cared for a nine-year-old who slipped on wet grass, landed on a sprinkler, and ended up with a three-inch gash on her labia. I’m going to sound really evil here, but I don’t let my daughter play in the sprinkler. I’ve seen too many accidents to feel happy watching any girl run on wet, slippery grass and jump over a pointy metal object. I suggest you cool off under the hose instead. Play hard, play safe. Don’t get me wrong: I’m not saying you should stay inside and do needlepoint all day. I want you to play actively and test your physical limits. That’s critical for your physical and emotional development. But I want you to avoid injuries that don’t have to happen. Make your environment safe and anticipate possible accidents before it’s too late.

GENTLE GENITAL FIRST AID
So what do you do when you’re actually faced with one of these injuries? First, be prepared for drama. Wailing, screaming, panic. From your mother. Parents really freak out about these things. Then remember these six things.

1. Stay calm. That will help your parents stay calm, too. Fortunately, since you’ve read this book, you’ll know what to do.

2. Be prepared for blood. Lots of it. More blood circulates around the genital region than around, say, your hands, arms, or legs, so, like scalp wounds, they tend to bleed a lot.

3. Stop the bleeding. Grab a towel if there’s one handy, or use your shirt if there isn’t. Apply direct pressure to your crotch, about as firmly as a good handshake. If you use too little pressure, the bleeding won’t stop. Too much and it could worsen the injury causing the bleeding.

4. Don’t look! As you apply pressure, do not look! Don’t give in to the temptation to keep checking on the wound. Don’t keep applying and removing the cloth. Just keep that firm pressure on until medical personnel can take over. When the bleeding’s under control, get to an emergency room. Any genital wound with a lot of bleeding should be evaluated immediately by a physician.

5. Ice it. If you’re not bleeding, apply an ice pack to the injury. (A bag of frozen corn or peas wrapped in a T-shirt also works great.) This will keep down the swelling so it doesn’t hurt so much later.

6. Eyeball it. Often an injury won’t seem that bad at first, but bruising and swelling makes it more painful the next day. If so, it’s a good idea to take a look. It’s easiest to do this with a hand mirror, while lying on a bed with your heels together, knees flopped open, like a yoga pose. Are there any cuts, any bleeding, any
bruises, or any swelling? Be ready to describe what you see to a doctor. One good way to describe the location of bruising or cuts is to imagine the numbers of a clock around the area, with the anus in the six o’clock position and the pubic bone at the twelve o’clock position. Your doctor will also want to know where your pain is located (outside, inside, etc.). After any genital injury, pay attention to whether you can pee: If you can’t, this could be a severe internal injury.

AT THE HOSPITAL

If the injury involves a lot of bleeding or seems scary in some way, head to the emergency room. When you get to the hospital, the doctor will need to have a good understanding of how the injury happened. As doctors, we have to make sure you haven’t been abused, so the medical staff may ask questions that seem weird or out of line. They might even question you and your parents separately depending on how old you are. Please don’t take this personally—it’s our job to protect you.

After finding out how the injury took place, the physician will clean the area and perform an exam. Even just the cleaning may be enough to make you scream: Sometimes these injuries are so painful that they just can’t be examined while you’re conscious. In that case the doctor probably will ask to put you under deep sedation or general anesthesia. This is usually a good idea. It will spare you a lot of pain and offer you the best chance of a safe, complete exam, where the doctor can assess all your internal and external structures. That’s what we did with Jessica, my patient who slipped on the jungle gym. While she rested under sedation, we could take a close look at her injuries and quickly figure out what she needed. Most genital traumas aren’t severe, nor do they require major medical attention. But it’s a whole lot better to overinvestigate an injury than to dismiss it, only to see it become a serious problem later on.

TAKE TWO ADVIL AND TRY SOME FROZEN CORN

If your doctor says your injury is minor, you’re lucky. You can manage the pain with ice packs (again, I recommend a bag of frozen corn wrapped in a T-shirt), which help a lot in the first twenty-four hours after an accident. Treat superficial cuts or scrapes with antibiotic ointment. And, of course, Advil and Tylenol can provide mild pain relief.

IT COULD BE WORSE: YOUR MOTHER COULD BE A GYNECOLOGIST

By now you’ve probably learned way more than you ever wanted to know about female genital trauma. Just be glad I’m not your mother. Last week I had to run out from the kitchen to stop my kids and their three friends, all girls, from hurtling down our steep driveway while sitting astride their Razor scooters. “Stop!” I yelled. “See that bar between your legs? See that curb you’re going to run into? Get it?” I exclaimed. “Trust me, I’m a doctor. You have to protect your privates.” It’s not fun being Mean Momma (and it’s even less fun, and way more embarrassing, for my kids!). But trust me—it’s better than a trip to the emergency room.

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