Vaginal Estrogen Information and Instructions

Vaginal estrogen therapy treats and prevents:

- **Vaginal dryness and discomfort**
- **Urinary tract infections**
- **Urinary incontinence**
- **Vaginal infections**

Estrogen keeps vaginal and surrounding tissues strong, healthy, elastic, and comfortable. As estrogen levels naturally decline in perimenopause and menopause, you may develop vaginal or urinary symptoms such as dryness, itching, or discomfort or urinary urgency, frequency, or pain with urination - these symptoms are frequently misdiagnosed and mistreated as urinary tract infections.

★ All women should start vaginal estrogen by their 50s - even if you do not have any symptoms

Vaginal Estrogen therapy directly restores estrogen to the vaginal and urinary tissues. This helps reverse thinning, dryness, and inflammation—improving comfort, reducing pain with intercourse, and lowering the risk of urinary infections or incontinence. Unlike systemic hormone therapy, low-dose local options (cream, suppositories, or ring inserts) provide targeted relief with minimal absorption, making them a safe and effective long-term solution for maintaining tissue health and quality of life.

Starting Vaginal Estrogen Cream

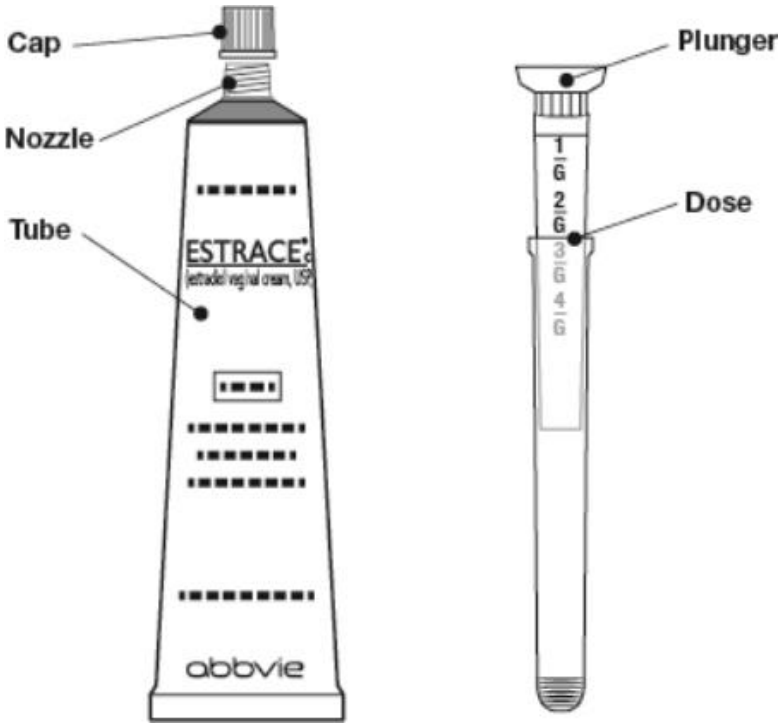
- Initially, you will use the cream every night for 2 weeks (unless otherwise directed by provider)
- After that, you will typically use it 2-3 times per week
- It is best to use at night before bed - less leakage, better absorption, you can wear a liner as needed
- Your estrogen cream may come from a standard or compounding pharmacy
- Dispense the prescribed amount of cream onto 1-2 fingers
- Insert fingers / cream into vagina and rub into vaginal wall
- Rub excess cream around external vaginal opening, inner vulva, and urethra
- This is a great video walking through these steps: .instagram.com/reels/DRLF2aZkrYy/ (if link does not work, just Google “vaginal estrogen cream instructions Dr. Noor / AskDrNoor”)

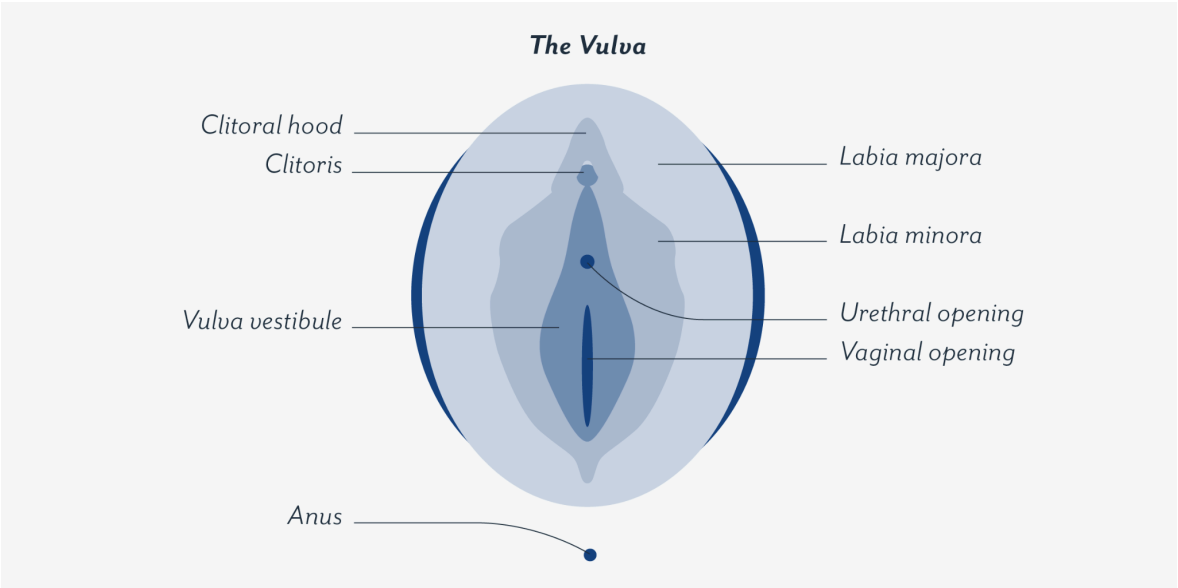
❖ If you prefer to use the included vaginal cream applicator, just follow the medication insert instructions.
❖ With reusable applicators - it is important to wash with mild soap after each use
❖ If you are prone to vaginal or urinary infections, it is best to just use your fingers instead of the applicator, or you can purchase extra applicators for one-time use: a.co/d/0aAEU6he

Other Helpful Information

- Improvement often starts within 2-4 weeks, but full benefit may take 8-12 weeks
- We can make adjustments to cream strength and/or frequency as needed
- If you do not like or tolerate the cream formulation, we can try vaginal tablets, suppositories, ring inserts, or specialty compounded creams - there are a lot of different options
- You will typically continue vaginal estrogen lifelong. **A lot of urinary infections and incontinence in elderly women can be prevented by just using vaginal estrogen.**

THESE INSTRUCTIONS ARE MEANT FOR CURRENT WELLKC PATIENTS. IF YOU ARE NOT A CURRENT WELLKC PATIENT, THIS INFORMATION IS FOR GENERAL INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE, DIAGNOSIS, OR TREATMENT. YOU SHOULD ONLY TAKE MEDICAL ADVICE FROM A PROVIDER WHO HAS SPECIFICALLY EVALUATED YOU AND HAS AN AGREED ON PROVIDER - PATIENT RELATIONSHIP.
IF YOU ARE INTERESTED IN BECOMING A PATIENT, PLEASE REACH OUT THROUGH OUR WEBSITE: WWW.WELLKCKS.ORG





THESE INSTRUCTIONS ARE MEANT FOR CURRENT WELLKC PATIENTS. IF YOU ARE NOT A CURRENT WELLKC PATIENT, THIS INFORMATION IS FOR GENERAL INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE, DIAGNOSIS, OR TREATMENT. YOU SHOULD ONLY TAKE MEDICAL ADVICE FROM A PROVIDER WHO HAS SPECIFICALLY EVALUATED YOU AND HAS AN AGREED ON PROVIDER - PATIENT RELATIONSHIP.
IF YOU ARE INTERESTED IN BECOMING A PATIENT, PLEASE REACH OUT THROUGH OUR WEBSITE: WWW.WELLKCKS.ORG

IT'S NOT YEAST. IT'S ESTROGEN.

Why recurring symptoms may be a sign of estrogen loss—not infection. @DoctorMyieshaTaylor

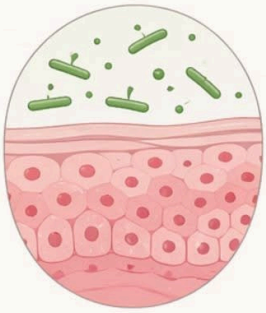
THE BIG PICTURE

Genitourinary Syndrome of Menopause (GSM) affects the majority of postmenopausal women.

Source: North American Menopause Society Position Statement, 2020 (Menopause 27:976–992)

ESTROGEN SUPPORTS THE VAGINAL ECOSYSTEM

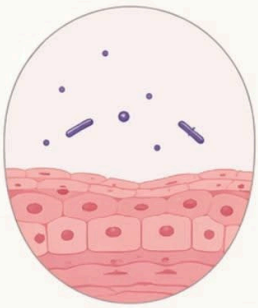
WITH ESTROGEN



- ✓ Thick, hydrated vaginal lining
- ✓ High glycogen in epithelial cells
- ✓ Lactobacilli thrive on glycogen
- ✓ Lactic acid produced
- ✓ Vaginal pH acidic (~3.5–4.5)
- ✓ Protects against harmful bacteria and keeps Candida in check

A healthy ecosystem = comfort, protection, and resilience.

LOW ESTROGEN



- ↓ Thinner, drier, more fragile tissue
- ↓ Glycogen decreases
- ↓ Lactobacilli decline (less fuel)
- ↓ Lactic acid decreases
- ↓ pH rises (less acidic)
- ↓ Barrier weakens, microtears occur
- ↓ Immune system constantly activated

Environment becomes imbalanced, leading to symptoms.

SYMPTOMS CAN LOOK LIKE "YEAST"

Burning, itching, discharge, discomfort with sex—these symptoms are common when estrogen is low. They often look and feel like a yeast infection, but symptoms alone are a poor predictor of true Candida infection.

Many women are treated repeatedly for "yeast" when the real issue is loss of the estrogen-supported environment.

TRUE VULVOVAGINAL CANDIDIASIS

Most common during reproductive years, when estrogen is higher and tissue supports yeast colonization.

WHY THE PATTERN CHANGES

Earlier in life: true yeast infections often resolve quickly with treatment.

In a low-estrogen state: symptoms tend to persist or recur because the environment remains imbalanced.

Tissue may appear paler, less moist, or show a whitish appearance from atrophic change—not infection.

WHY LOCAL THERAPY MATTERS

When estradiol (and in some cases testosterone or DHEA) is applied locally, glycogen returns, lactobacilli repopulate, lactic acid production increases, pH normalizes, and the tissue becomes resilient again.

Restoring the ecosystem treats the root cause—not just the symptoms.

THE UTI CONNECTION

Low estrogen leads to fewer lactobacilli in the vagina and urethra, allowing uropathogens to colonize more easily and increasing UTI risk.

Vaginal estrogen reduces recurrent UTIs, with randomized trials showing meaningful reductions.

SOURCES

- Cochrane Collaboration — Perrotta et al., *Cochrane Database Syst Rev*, 2008 (RR 0.25–0.64)
- New England Journal of Medicine — Raz R, Stamm WE, 1993 (5.9 → 0.5 UTIs/year)

Left unaddressed, recurrent UTIs and chronic genitourinary symptoms can lead to serious complications and a significant impact on quality of life.

THESE INSTRUCTIONS ARE MEANT FOR CURRENT WELLKC PATIENTS. IF YOU ARE NOT A CURRENT WELLKC PATIENT, THIS INFORMATION IS FOR GENERAL INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE, DIAGNOSIS, OR TREATMENT. YOU SHOULD ONLY TAKE MEDICAL ADVICE FROM A PROVIDER WHO HAS SPECIFICALLY EVALUATED YOU AND HAS AN AGREED ON PROVIDER - PATIENT RELATIONSHIP.
IF YOU ARE INTERESTED IN BECOMING A PATIENT, PLEASE REACH OUT THROUGH OUR WEBSITE: WWW.WELLKCKS.ORG