



Local treatment, not whole-body hormones

Vaginal estrogen is a low dose of estrogen placed in the vagina. It treats dryness, pain with sex, and urinary symptoms where they start, and **very little reaches the rest of the body.**

	Vaginal estrogen	Systemic hormone therapy
How it's used	Placed in the vagina, where the tissue needs it	A pill, patch, gel, or spray that raises estrogen in the bloodstream, which then travels throughout the whole body
What it treats	Dryness, burning, pain with sex, urgency, recurrent UTIs	Hot flashes, night sweats, and sleep, as well as vaginal symptoms
Blood estrogen levels	Minimal effect ^{3,4}	Raised on purpose, to treat the whole body
Needs a second hormone?	No. A progestogen isn't necessary ⁴	Yes, a progestogen, if you have a uterus

Is it safe?

Two large studies followed tens of thousands of women for up to 18 years. Vaginal estrogen users had no higher risk of heart disease, stroke, blood clots, breast cancer, or endometrial cancer than non-users.^{1,2} Guidelines say it does not raise the risk of endometrial cancer.³

How much gets into my blood?

Very little. Low-dose vaginal estrogen works where it's placed, and only a tiny amount is absorbed, so it barely changes the estrogen level in your blood.^{3,4} That's why it doesn't need a second hormone to protect the uterus.⁴

What about the warning on the label?

The old boxed warning was based on studies of whole-body hormones, not vaginal estrogen. In November 2025, the FDA began removing boxed warnings from menopause hormone therapy labels.⁵

What does the research show for UTIs?

Urology guidelines recommend vaginal estrogen to lower the risk of repeat UTIs.³ In a 2026 study of nearly 1.9 million women with recurrent UTIs, a prescription for vaginal estrogen was linked to lower rates of sepsis, hospital stays, and death.⁶

What can it help with?

- Dryness, burning, or irritation
- Pain with sex or with exams
- Urgency and recurrent UTIs
- Making progress in pelvic floor PT

Who can use it?

People in perimenopause or after menopause, and some patients who are breastfeeding. Guidelines set no age cutoff, and it can be used for as long as you need it.^{3,4} With a history of breast cancer, it's a shared decision with your cancer care team.³

How do I use it?

It comes as a cream, a small tablet or insert, or a soft ring. Tablets and inserts are used twice a week, and creams two or three times a week, often after a short daily start. The ring is changed every 3 months.⁴

Does it affect my partner?

Tablets, inserts, and the ring stay in place during sex. With cream, apply it at bedtime or after sex rather than before, and don't use it as a lubricant.⁴

Sources. 1. Crandall et al, Menopause, 2018 (Women's Health Initiative Observational Study). 2. Bhupathiraju et al, Menopause, 2019 (Nurses' Health Study, 18-year follow-up). 3. AUA/SUFU/AUGS Guideline on Genitourinary Syndrome of Menopause, 2025. 4. The Menopause Society, 2020 Genitourinary Syndrome of Menopause Position Statement. 5. U.S. FDA announcement, November 10, 2025. 6. LaClair et al, Urology, 2026 (Epic Cosmos analysis). This sheet is general information, not medical advice.



Is it right for you?

Estrogen Access: a short online intake reviewed by Dr. Danielle Fincher, usually within a couple of days. **\$125**, charged only if Dr. Fincher approves treatment. A 20-minute call with her is optional.

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