Allergic to latex condoms

Dear Alice,

What do you do if you are allergic to latex condoms? Do you just wait for the infection to disappear?

Answer

Dear Reader,

You’re on to something here? even when dealing with a potential latex sensitivity, it’s wise to still be thinking about safer sex strategies. But, an allergic reaction to latex can be one itchy situation, especially when it occurs down south! Fear not though, for there are non-latex options available (more on that in a bit). In the case of any sort of genital rash or irritation with unknown causes, talking with a health care provider is recommended. They can help determine whether symptoms are a reaction to an irritant, such as latex, or may be caused by something else entirely. Once the cause is known, a provider can help tackle how to treat it and to prevent future problems. Now, to learn more about latex allergies and non-latex barrier methods, read on!

Several studies have shown that about one percent of the general population is allergic or sensitive to latex. Reader, you don’t describe any symptoms, but a latex sensitivity can produce some mild reactions like skin redness, rash, hives, and itching localized to where the irritant made contact with skin. The natural coloration of the genital region may also obscure redness in these areas, making rashes sometimes hard to see or identify. More severe allergic reactions can include respiratory symptoms such as a runny nose, sneezing, itchy eyes, scratchy throat, and asthma.

But what if it isn’t a latex sensitivity causing the situation you’ve described? Some infections, including yeast infection, bacterial vaginosis, and some STIs can have symptoms that are similar to a latex sensitivity. Also, people with a history of recurrent vaginitis or yeast infections may also experience hypersensitivity to irritants, including burning, swelling, irritation, or soreness. A proper diagnosis from a health care professional can help treat these infections. Beyond an infection or latex sensitivity, genital irritation can also be caused by lubricants, spermicide, semen, condoms with flavoring or coloring, a change in hygiene or topical products (such as soaps or scented tampons or maxi pads), or even irritation resulting from sex or tight clothing. The recommended strategies for dealing with these causes are to avoid exposure to the irritant and desensitization (i.e., introducing small exposures to the irritant and...
gradually increasing the exposure until immunity develops.

Now, say a health care provider does indeed determine the irritation is due to a latex allergy or sensitivity. What’s recommended to keep in the bedside drawer? Luckily, there are options for barrier methods made out of non-latex materials, including polyurethane, polyisoprene, and nitrile. Polyurethane condoms are a thinner and less stretchy option and can be used with oil- and water-based lubricants. Polyisoprene ones, made out of synthetic rubber, are more similar in stretchiness to latex and can be used with oil-, water-, and silicone-based lubricants. And lastly, internal condoms (also called female condoms) are made of another synthetic rubber – nitrile. These, too, are compatible with oil-, water-, and silicone-based lubricants. The best part about these synthetic substitutes? When used correctly and consistently, they all can reduce the risk of pregnancy and STIs.

If STI transmission isn’t a concern (all partners have tested negative), but pregnancy is, lamb skin condoms might be an additional option. They can provide adequate protection against pregnancy, but not for STIs. Additionally, in place of dams (which are typically made of latex), try using non-microwaveable plastic wrap for oral sex. You can also remove the ring of a non-latex condom and cut down the length of it to make a rectangular dam substitute.

Reader, though it sounds as if you’ve nailed down a likely culprit, ultimately, seeing a health care provider is the way to go to know for sure! Not only can they help get to the root cause of the infection or irritation, they can help inform a decision on which non-latex option might be best moving forward.

Alice!

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