

Overview of Cosmetic Gynecology

Ferit Saraçoğlu

FemCARE Women's Clinic, Ankara, Turkey

Summary

Cosmetic Gynecology refers to aesthetic surgical corrections and enhancement of the genital structures including the labia minora, labia majora, clitoral hood, mons pubis, perineum, vulva, vagina, hymen and abdomen. Cosmetic procedures have been popularized in the media and often reflect the insecurities some women have about their bodies and, perhaps, the fantasies their male partners have about women.

Labiaplasty is the most common cosmetic gynecological procedure. It involves the removal of a portion of the hypertrophied labia minora and the occasionally enlarged and redundant labia majora. The reasons for patients requesting labia reduction surgery are mostly aesthetic in 87% of cases, discomfort in clothing (64%), discomfort in sports (26%), and entry dyspareunia (43%) [1].

On the other hand, pelvic support defects such as cystocele, urethrocele, rectocele, enterocele and uterine prolapse are pathophysiologic changes in the muscular and fascial structures impacting the patient's quality of life. The major cause of pelvic floor defects are childbirth, chronic coughing, heavy lifting or just inherent connective-tissue weakness and aging [2]. Vaginoplasty and perineoplasty are the most common procedures for treating pelvic floor defects.

A study of female genital plastic surgery showed the enhancement of self-esteem and functional improvement after cosmetic gynecological procedures. Complications were minimal and relatively short-lived, with a 91.2% overall satisfaction rate. Enhancement of sexual pleasure was noted in 92.8% of women and 82.2% of their partners [3].

A novel Er:YAG SMOOTH Mode procedure by Fotona was developed for a controlled tissue heating process [4]. IncontiLase™ and IntimaLase™, treatments with more than 1000 patients showed excellent improvement with a high level of patient satisfaction (97%) and no adverse effects reported. Average pelvic floor muscle pressure improved by 60%, vaginal canal shrinkage by 17% and almost 70% of urinary incontinence patients were dry after 120 days.

Novel laser technology enables broad range of clinical as well as cosmetic gynecological treatments. Condyloma, Cervical Dysplasia, Laser Vaginal Tightening, Laser Labial Trimming and Laser Vulvar Melanosis are treated with Er:YAG lasers. For myomectomy, polycystic ovary, cervical/endometrial polyps, adhesions, laser liposuction of the pubis mound and vulvar hair removal, Nd:YAG lasers are used. There is a need for guidelines in indications and standardization of procedures, and long-term follow up studies will be necessary to evaluate the outcome of genital aesthetic surgery.

Reference:

1. Rouzier R, Louis-Sylvestre C, Paniel BJ, Haddad B (2000) Hypertrophy of labia minora: experience with 163 reductions. *American journal of obstetrics and gynecology* 182: 35–40.
2. Thomas Julian (2002) Pelvic-support defects: a guide to anatomy and physiology. *The Journal of Family Practice* 14.
3. Goodman MP, Placik OJ, Benson RH, Miklos JR, Moore RD, et al. (2010) A large multicenter outcome study of female genital plastic surgery. *The journal of sexual medicine* 7: 1565–1577.
4. Zdenko Vizintin, Mario Rivera, Ivan Fistončić, Ferit Saraçoğlu, Paolo Guimares, Jorge Gaviria, Victor Garcia, Matjaz Lukac, Tadej Perhavec LM (2012) Novel Minimally Invasive VSP Er:YAG Laser Treatments in Gynecology. *LA&HA - Journal of the Laser and Health Academy* 1: 46–58.

The intent of this Laser and Health Academy publication is to facilitate an exchange of information on the views, research results, and clinical experiences within the medical laser community. The contents of this publication are the sole responsibility of the authors and may not in any circumstances be regarded as official product information by medical equipment manufacturers. When in doubt, please check with the manufacturers about whether a specific product or application has been approved or cleared to be marketed and sold in your country.