

Laser Treatment for Vaginal Restoration: Where is the Evidence?

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“Innovation” is the key word in the 21st century, and it’s the future of medicine. One of the new trends gaining interest is the use of laser for vaginal rejuvenation, which stimulates collagen regeneration, contraction of elastin fibers, neovascularization, and improves vaginal lubrication.

The research field is very active with large multicenter studies currently being conducted to facilitate the acquisition of knowledge and best practices. Although the studies are showing excellent results in terms of patient satisfaction and functional restoration, most of the studies published until today are prospective case series with limited follow-up periods and lack of placebo controls. There is still no consensus on ideal treatment intervals and the need for retreatment.

VRS is a new terminology, which describes problems mainly related to decreasing sexual satisfaction for both the woman and her partner.

The efficacy of VEL treatment for POP of grade II or higher has been assessed by Ogrinc et al., using the Baden-Walker scale. At the final follow-up, the large majority of patients had their prolapse reduced by at least one grade, 30–45% by two grades and approximately 10% by three grades.

The follow up period after the last VEL therapy was 12 months. No adverse events were reported and the majority of the patients reported improvement. Significant partners reported improvement in vaginal laxity (76.6%) as well as in sexual satisfaction (70.0%).

In their study, Ogrinc et al. enrolled 175 women with urinary incontinence. Scores on the Incontinence Severity Index (ISI) were significantly reduced after two sessions of VEL, and there was an improvement of SUI symptoms in all age groups. After one year follow up, the majority of the SUI patients (77%) were improved while in the MUI group the improvement was only 34%; the difference between these two groups was statistically significant. After one year, 62% of all patients remained dry. This study clearly shows that patient selection is vital in order to predict the effectiveness of VEL in treating urinary incontinence.

Laser therapies for the treatment of GSM are showing excellent results. A recent randomized, double-blind placebo-controlled clinical trial by Cruz et al. compares the therapeutic response to vaginal laser with sham estrogen cream versus vaginal estrogen cream with sham laser versus laser with vaginal estrogen cream. Forty-two patients were followed for 20 weeks, and patients with laser and vaginal estrogen cream had the most improved GSM scores followed by vaginal estrogen alone.

Cohort prospective studies show that laser treatment for the restoration of vaginal function may improve a patient’s quality of life and that the procedure is effective and safe. Optimal patient selection criteria remains to be determined.

Laser treatment in the field of gynecology is an emerging and promising concept, and despite the lack of robust evidence it’s an encouraging method in the hand of well-trained physicians.

Abstract: Experience with Two Years of Laser Labioplasty

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A total of 152 laser labioplasties had been performed between February of 2017 and January of 2019 at the Vitalium Laser Centre in Héviz, Hungary. The ages of the applicants for the laser labioplasty were between 14 and 58, and the average age was 32 years. The indications of laser labioplasty were self-assessment in 70% and physical reasons in 30% of cases. We used the Fotona SP Dynamis with R 11 handpiece using a 2 mm spot size, 13 J/cm², in SP mode. There were only two cases of postoperative bleeding, which needed stitching 12 hours later. This new method is a good, in-office solution for patients who have problems with hypertrophy of the labia minora.

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