



SOUTH COAST
UROGYNECOLOGY

LAGUNA INSTITUTE FOR
AESTHETIC VAGINAL SURGERY

Reconstructive Pelvic Surgery & Vaginal Rejuvenation
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As the first Baby Boomers hit the age of 60 comes a growing awareness of symptomatic pelvic prolapse. More women visit their gynecologist complaining of pelvic pressure and fullness, a constant feeling of constipation, a visible pelvic bulge, and worsening incontinence. Medical device companies, with the knowledge that this segment of Women's Health is rapidly growing, have poured millions of dollars advertising. Their message to physicians and patients alike is this: **patients can be helped with new minimally invasive surgery!** Instead of prolonged hospitalizations and days of an indwelling catheter, newer techniques allow outpatient and overnight stays without the need for prolonged catheterizations and open abdominal incisions. Newer materials such as open weave polypropylene and strong biologic materials allow weak tissues to be augmented and even replaced. The cystocele(fallen bladder), the rectocele(fallen rectum), the enterocele(fallen small bowel), the vaginal and uterine prolapse can be similarly viewed as hernias into and out of the vagina. No longer is weakened tissue simply bunched together to remove the bulges only to have the already damaged tissues stretch again. Modern pelvic surgery often necessitates use of strong new materials to replace loose and damaged tissue. Urogynecologists, gynecologists, and urologists are the specialists with the most advanced training in these types of advanced repairs.

On a parallel note, one of the fastest growing segments of cosmetic surgery is female genital surgery. Many phrases are used to describe what is surgically done and the catch-all phrase lay people have seen with increasing regularity is "vaginal rejuvenation." The branded name "Laser Vaginal Rejuvenation" has even gained national attention in print and television. In reality, vaginal rejuvenation is a marketing term referring to vaginoplasty, or the surgical tightening, or narrowing, of the vaginal canal. Birth trauma, tissue stretching, and improper surgical healing are the usual reasons for requesting vaginoplasty. Vaginoplasty usually entails a modification of a standard gynecologic procedure

called “posterior repair” along with rebuilding of the perineum (the space between the vagina and rectum). More and more women are requesting vaginal tightening procedures to go along with the standard pelvic surgery. Gynecologists and urogynecologists have the most training performing these types of surgery.

Another surgery rapidly gaining social acceptance and widespread growth is labiaplasty. This is when the labia minora (the “minor lips”) are sculpted to look more pleasing and less prominent. The usual reasons for having this surgery done are complaints of large, uneven, and unappealing labia minora. Many complain of pain, irritation, pulling, and rubbing when wearing tight clothing, horseback riding, sports, and sexual intercourse. Teens and young women complain of the inability of wearing swimsuits for fear of severe embarrassment. At times, the labia majora can also be altered by excision of excess tissue, resurfaced and shrunk with CO2 lasers, or injected with fat to make it look more plump and appealing. Labiaplasty and vaginoplasty have been referred to as a “vaginal face-lift.” Cosmetic labiaplasty and vaginoplasty can be combined with pelvic prolapse repair at the same time. Although health insurance typically does not cover vaginoplasty or labiaplasty many women are more that willing to pay for a feeling and look of being “21 Again.”

In recent years reconstructive pelvic surgeons and urogynecologist, with specific training in pelvic and vaginal surgery, have popularized these aesthetic genital procedures and have helped provide it legitimacy. It was only several years ago when cosmetic vaginal surgery was attacked vigorously by many medical practitioners as barbaric, unnecessary, and frivolous. However, baby boomers drove the acceptance of these procedures and fueled the growth of this subspecialty. Women did not want to live with unflattering, sagging, and large labias, nor did they want to live with gaping open vaginas and lack of sensation when having sexual relations. Both young women wanting a sleeker appearance of their genitals and older women wanting to repair the ravages of childbirth and time are in the forefront of demand to look and feel young again. Southern California became the birthplace of this movement.

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