

SURGICAL PRECEPTORSHIPS

In Aesthetic Vulvovaginal Surgery



AIAVS

ALINSOD INSTITUTE
for AESTHETIC VULVOVAGINAL SURGERY

Private & Group Preceptorships with Red M. Alinsod, M.D., FACOG, FACS, ACGE Pacific Coast Highway, Laguna Beach,California

13TH ANNIVERSARY EDITION 2005-2018

Contents

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Welcome to Laguna Beach and the Alinsod Institute for Aesthetic Vulvovaginal Surgery

Laguna Beach is at the heart of the California Riviera in Orange County. Miles of stunning beaches and sunsets welcome all fortunate travelers. Laguna Beach is one hour from Los Angeles, San Diego, and Riverside. It is 30 minutes from Disneyland. John Wayne International Airport serves the community as a convenient and modern facility easy to fly into and fly out of.

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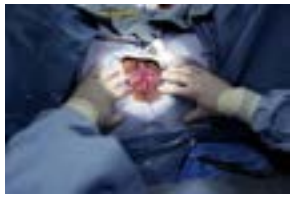
Surgical Preceptorships at Alinsod Institute

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The Alinsod Institute For Aesthetic Vulvovaginal Surgery

WHO WE ARE:

We are a unique institution specializing in the training of physicians and surgeons in the art and science of Reconstructive Pelvic Surgery and Aesthetic Vulvovaginal Surgery.

WHAT WE DO:

We transform the surgeon's vision by integrating sound reconstructive techniques with the beauty of cosmetic refinements in vaginal surgery.

WHY WE ARE UNIQUE:

Our teaching approach is unique in that it enables one physician to integrate the skills of a gynecologist, urologist, and aesthetic surgeon. We strive to be in the forefront of change and are not bound by specific technologies.

CARE PHILOSOPHY:

Our entire team offers personalized service in teaching the visiting surgeon and their staff on how to efficiently and expertly cater to their customers needs.

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Introduction to The Alinsod Institute for Aesthetic Vulvovaginal Surgery

Dr. Red Alinsod and South Coast Urogynecology serve a dual role of Quality Patient Care and Physician Education.
First and foremost is to provide the highest quality of Aesthetic Urogynecologic services. Its second role is to educate physicians and surgeons in the art and science of Aesthetic Vulvovaginal Surgery.

We offer highly specialized surgery to restore and enhance the appearance of the vaginal area. These procedures, frequently referred to as "Vaginal Rejuvenation,""Aesthetic Vaginal Surgery," "Cosmetic Vaginal Surgery," or "vaginoplasty," resurfaces and tightens the tissues to reclaim the youthful appearance and function ofDr. Alinsod has developed and pioneered many innovative techniques in this newly evolving field of cosmetic surgery and is happy to offer these services to his patients.

Dr. Alinsod has developed and pioneered many innovative techniques in this newly evolving field of aesthetic vulvovaginal surgery and is happy to offer these services to his patients and to teach surgeons worldwide on how to perform these transformational gynecologic surgeries.

These surgical and non-surgical procedures can enhance intimacy. These procedures can be performed in the office without the need for IVs or spinals. Many patients have flown in to Southern California and have received the highest of care, personalized service, and outstanding results while completely awake or very lightly sedated with oral medications. These techniques are passed on to the visiting surgeons to enable very low risk and low cost surgeries to be performed in their own offices.

Dr. Alinsod has the distinct advantage and experience as a reconstructive pelvic surgeon enabling him to tackle even the most difficult of cosmetic Vulvovaginal cases. Dr. Alinsod is able to treat the whole woman in terms of her aesthetic, gynecologic, and urologic health both in a surgical and non-surgical manner. These skills are elegantly presented and taught to his students worldwide.

This broad base of knowledge and experience combined with a sharp focus on aesthetics makes Dr. Alinsod the surgeon of choice to train those who want to incorporate aesthetic gynecology into their practices. He welcomes your inquiries.

Dr. Alinsod is able to treat the *whole woman* in terms of her aesthetic, gynecologic needs. He is also able to show the visiting surgeons how to manage complex cases, make intelligent and safe decisions, and perform cutting edge surgeries that are taught nowhere else in the world.

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About Dr. Red Alinsod

Dr. Red Alinsod is director and owner of *South Coast Urogynecology, The Alinsod Institute for Aesthetic Vaginal Surgery,* in Laguna Beach, CA. He is a world renowned Urogynecologist and Aesthetic Vaginal Surgeon and the founder of the first CME approved Aesthetic Vaginal Surgery Workshops sponsored by The American Academy of Cosmetic Gynecologists.

Dr. Red Alinsod completed medical training at Loma Linda University Medical Center in 1990. He served a 12-year Air Force career with 4 active duty years at George and Nellis Air Force Bases. Now in solo private practice, Red has built a large and successful urogynecology, pelvic reconstructive surgery, and aesthetic vaginal surgery following. He is the Director and founder of South Coast Urogynecology and The Alinsod Institute for Aesthetic Vulvovaginal Surgery. His International teaching program is the first of its kind to combine both pelvic reconstructive and aesthetic principles together. He has trained many of the world's leading doctors and instructors in cosmetic gynecology and has presented his techniques worldwide. He is co-editor of Female Cosmetic Genital Surgery, Concepts, Classification and Technique, the seminal textbook for plastic surgeons and gynecologists in this rapidly growing field. He is the Founder and Chairman of CAVS (Congress on Aesthetic Vulvovaginal Surgery), the oldest and longest running Congress dedicated to Aesthetic Vulvovaginal Surgery and Female Cosmetic Genital Surgery. He is the inventor of the "Barbie Look" and "Hybrid Look" Labiaplasty, Medial Curvilinear Labia Majoraplasty, Central and Lateral Clitoral Hood Reduction, In-office No-IV Labiaplasty, Perineoplasty, Vaginoplasty, Pudendo-Levator Block. He is the inventor and patent owner of the Lone Star APS Vaginal Retractor, APS Surgical Table, Alinsod Scissors, and various pelvic reconstructive devices and techniques such as Sling with Bladder Support and Implants and Procedures for Treatment of Pelvic Floor Disorders. Dr. Alinsod is the inventor of ThermiVa, a radio frequency device for dermatologic conditions with specific use in feminine tissues. He heads Thermi's Clinical Advisory Committee for Women's Health and the ThermiVa Center for Physician Education. Dr. Alinsod also specializes in non-surgical labial and vaginal tightening, treatment of stress incontinence, non-drug treatment of overactive bladder, atrophic vulvovaginitis, orgasmic dysfunction, and vulvar dystrophy. These disruptive and safer methodologies of treatments, developed by Dr. Alinsod, are changing the face of gynecology for the benefit of women worldwide. Dr. Alinsod welcomes your calls, emails, and inquiries.

Red teaches the only course in the world that enables the office based surgeon to safely perform labial surgery (labia minora plasty, labia majora plasty, clitoral hood reduction), hymenoplasty, perineoplasty, vaginoplasty, and posterior compartment repairs with less than 40cc of local anesthesia in total.

Maria, Dr. Alinsod's trusted Medical Assistant, is a kind-hearted and excellent patient advocate. She will do just about anything to ensure that your stay in our office is full of smiles and cheer.

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PRESENT POSITIONS

1/05 - Present

South Coast Urogynecology, Inc.
President, Director, Owner

The Alinsod Institute for AVS Training
Institute for GYN Aesthetics
Director, Owner

The Laguna Laser Center
Director, Owner

Congress on Aesthetic Vaginal Surgery
Founder, Director, Program Chairman

Thermi
Chairman of Women's CAC
ThermiVa Center for Physician Education

PREVIOUS POSITIONS

9/94 - 12/04

Facey Medical Group, Partner
Department of OB/GYN
Risk Management Chairman
Litigation Committee, Pension Trustee
Board Member 1999 – 2000, 2002
Clinical Instructor: NH FP Residency
Clinical Instructor: UCLA Urogynecology

9/91 - 8/94

Chief of Gynecologic Services
554 Med Group, Nellis AFB
Las Vegas, NV

7/90 - 8/91

Chief of Gynecologic Services
35th Medical Group, George AFB
Victorville, CA

EDUCATION

7/86 - 6/90

Internship and Residency, OB/GYN
Loma Linda University Med. Center
Loma Linda, CA
Fellowship: Gynecologic Oncology
Yale University SM
USAF Active Duty

7/82 - 6/86

Loma Linda University Medical School
Loma Linda, CA
MD, BS Human Biology
Scholarship: USAF Health Professions
Activities: Chief Photographer

9/78 - 6/82

Pacific Union College, Angwin, CA
BS, Biochemistry

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CERTIFICATION STATUS

Board Certified, ABOG & ACGE 20
California Medical License
DEA License
Fellow of ACOG, ACS
Associate Fellow AACS, ASLMS

PROFESSIONAL SOCIETIES

ACOG, ACS, AUGS, IUGS, ICS,
ISPP AAGL, AAOCG, AACS
Felix Rutledge Fellow

PERSONAL

Married, 3 children
Skiing, Dobermans, Golden Retrievers
Photography

SPECIALIZED SURGICAL SKILLS

Aesthetic Vaginal Surgery (AVS)
Labia Minora and Majora Plasty
Clitoral Hood Reduction
Vaginoplasty/Perineoplasty
Hymenoplasty
Non-Invasive Labial tightening
ThermiVa Feminine Restoration
Pelvic Floor Reconstruction
Single Incision Slings
Advanced Laparoscopy/Hysteroscopy
Aesthetic Lasers, Fillers, Botox
O-Shot, Vampire Lift
Awake/In-Office Aesthetic Gyn Surgery

CLINIAL & INDUSTRY

Coloplast Medical Consultant
Thermi: Consultant, Inventor
Cooper Surgical: LoneStar Inventor
Ellman International: Instructor, Inventor
Monarch Medical: Alinsod Scissors/Table

PATENTS AND INVENTIONS

ThermiVa RF for Non-Surgical Labial and Full Depth Vaginal Tightening

Lone Star APS Vaginal Retractor

Sling with Bladder Support

Implants and Procedures for the Treatment of Pelvic Floor Diorders

Alinsod Surgical Table and Stand

Alinsod Scissors, Pickups, and Clamp

Surgical Techniques for Labial and Vaginal Surgery (RF Barbie Look Labiaplasty, Curved Medial Labia Majoraplasty, Vertical Clitoral Hood Reduction, Lateral Clitoral Hood Reduction, RF Hermorrhoidectomy)

Pudendo-Levator Block, Clitoral Block

LECTURE, PRESENTATIONS, PUBLICATIONS

Upon Requests

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Red Alinsod, MD, FACOG, FACS

Loma Linda University School of Medicine
Major, US Air Force

Private Practice 1994 to Present
South Coast Urogynecology in Laguna Beach, CA
Alinsod Institute for Aesthetic Vulvovaginal Surgery
Founder: CAVS (Congress on Aesthetic Vulvovaginal Surgery, founded 2006)
Honorary Founder of Aesthetic Gyn Societies in Brazil, Paris, Germany, Poland

Patents and Equipment Developed

1. Lone Star APS Retractor
2. Implantable Sling with Bladder Support
3. Implants and Procedures for Treatment of Pelvic Floor Disorders
4. Brought first Ultra Lightweight Mesh to USA in 2005 (Restorelle)
5. Alinsod Urogyn Table
6. Alinsod Scissors, Pickups, Clamps
7. ThermiVa – Patent Pending

Procedures Developed

1. Radiofrequency Surgical Techniques for Aesthetic Gynecologic Surgery In-Office
    a. First to treat vulvovaginal tissues with non-surgical RF energy
    b. Feathering Technique for Resurfacing Revision surgery
    c. Pudendal-Levator Block
2. In-Office RF Labiaplasty a. Barbie Look
    b. Hybrid Look
    c. Vertical Clitoral Hood Reduction
    d. Lateral Curvilinear Clitoral Hood Reduction
3. In-Office Vaginoplasty and Perineoplasty
4. Medial Curvilinear Labia Majoraplasty
5. Thermi-O (ThermiVa + O-Shot)
6. ThermiVa Research on
    a. Tightening of vulva and vagina
    b. GSM
    c. SUI
    d. OAB
    e. Orgasmic Dysfunction
    f. Fecal Incontinence
7. Gynecologic Dermoelectroporation for local anesthesia and vulvar lightening and plumping

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Meet Our Staff

Dr. Red M. Alinsod
Physician, Surgeon, Teacher, Photographer, Boss

He is the heart and soul and keeps us on our toes. Does he ever sleep? The patients love our office because of Dr. Alinsod and his vision. Patients have said that he has the best bedside manner they had ever encountered and the comfort level he provides is also second to none. He covers everything mentioned above and even answers his own email, sometimes a nice surprise to his patients. He is an educator, teaching patients and surgeons the world over about his expertise in pelvic reconstruction, vaginal rejuvenation and even medical photography.

red@urogyn.org

Maria Islas
Medical Assistant and Urodynamic Specialist

Maria, Medical Assistant and Urodynamics Specialist - Dr. Alinsod's right hand, Maria's compassionate and outgoing personality puts the patients at ease, starting with the initial appointment to the post-op visits. She is attentive to the patient's emotions of coming to the office, in discussing their issues, including post-op care and getting back on their feet. She is the number one person in individualized patient care and assisting Dr. Alinsod in all office procedures.
~Maria

maria@urogyn.org

Marisol
Medical Assistant

Marisol was born and raised in sunny Southern California. She joined the South Coast Urogynecology staff in 2012 and has been a wonderful edition to the team. She works meticulously with Dr. Alinsod, making sure all surgical needs are met in a timely, efficient, and caring manner. Above all else, her main priority is exceptional patient care. When she's not tending to patients, she enjoys spending time with her beautiful family.

Email: marisol@urogyn.org

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Meet Our Staff

Cindy, Medical Assistant

I started working at South Coast Urogynecology in 2015. I was referred by Marisol, the other medical assistant who I've known for years. Working with ladies I love really creates a wonderful dynamic for the office and the patients. We strive in providing the best care for our patients.

Email: cindy@urogyn.org

Diane Watson *Front Office Coordinator*

I was born and raised in Southern California and have a beautiful daughter who is my best friend. I have worked in the medical field in different specialties for over 25 years and have always enjoyed gynecology. Working for Dr. Alinsod has been challenging, rewarding, and a learning experience for me. I truly love coming to work every day and enjoy the interaction with our patients. My hobbies include walking, going to the beach, riding my bike and reading suspense novels. Spending time with my friends is also very important to me.

Email: diane@urogyn.org

Eunice *Medical Biller*

Eunice, Medical Biller - After all is said and done, Eunice works with the patient on their final step, insurance and patient payments. Not an easy task, Eunice has worked in medical billing for over 20 years. She reviews the patient's explanation of benefits and makes sure all appointments and procedures are billed correctly and in a timely manner. She certainly cracks the proverbial whip when it comes to correctly inputting patient data and marking all appropriate procedure codes.

Email: info@urogyn.org,

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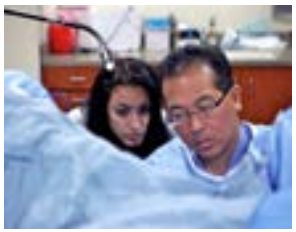
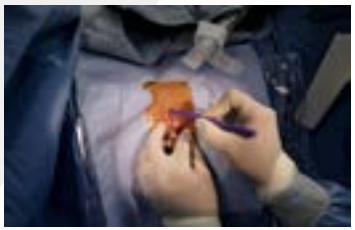
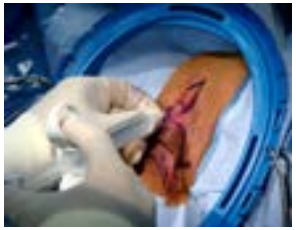
In-Office Awake Surgery without IV's is the Forte of Dr. Alinsod's Preceptorships

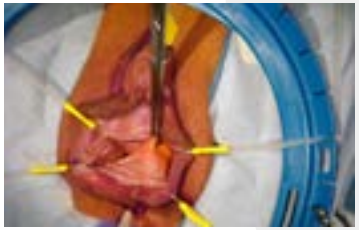
Dr. Alexander Bader



Dr. Ed Jacobson
Dr. Ladynez Espinal
Dr. Michael Safir







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Private One-On-One and Group Preceptorships in Aesthetic Vulvovaginal Surgery

For course photos [click here]

Dr. Alinsod provides intensive hands-on one-on-one training in advanced Aesthetic Vulvovaginal Surgery. It is a unique program like no other. Aesthetic Vulvovaginal Surgery is perhaps the fastest growing field in cosmetic surgery with very few training programs available worldwide. Dr. Alinsod's comprehensive program will teach the gynecologist, urogynecologist, plastic, or cosmetic surgeon techniques not taught in any residency program or competing course. These procedures include labia minora plasty, labia majora plasty, clitoral hood reduction, vaginoplasty, perineoplasty, hymenoplasty, and advanced vulvo-vaginal resurfacing techniques. The training is second to none when combined with a preceptorship in advanced reconstructive pelvic surgery. With the intimate small groups or solo training, there are no lasers to purchase and no mandatory equipment required. The courses are aimed at arming the surgeon with the technical skills and knowhow to confidently perform beautiful vulvovaginal surgery with the surgeon's equipment of choice. It also provides valuable information on how to transform a practice to rely less on insurance payments. Covered topics include medical photography, internet/print, and TV marketing. Tools and materials to build a unique website are offered. Search Engine Optimization (SEO) specialists are introduced. Medical malpractice and insurance topics will be discussed. We even train your nurses, office manager, and Patient Care Coordinator either in person or by teleconference. The rising demand for this course will necessitate advanced planning. For more information please call Dr. Alinsod at **949-499-5311**. *He welcomes your call.*

Learning Objectives:

1. Review the history of Aesthetic Vulvovaginal Surgery and reconstructive vaginal surgery
2. Discuss the terminology and anatomy of aesthetic and reconstructive vaginal surgery.
3. Describe technologies available for aesthetic vaginal surgeries. A laser/electrocautery lab will be provided.
4. Explain the clinical aspects of the procedures, including patient selection, pre-operative evaluation, anesthesia protocols, proper surgical methods and techniques, and post-operative care.
5. Review surgical techniques including: Labia minora plasty, Labia Majora Plasty, Clitoral Hood Reduction, Perineoplasty, Vaginoplasty, Resurfacing techniques using RF energy, Revision Surgery
6. Identify different aspects of patient markings prior to surgery.
7. Discuss proper equipment and methods in preparing medical photography. Practical hands-on sessions will be taught.
8. Describe possible complications related to performing Aesthetic Vulvovaginal Surgery and the proper mechanisms of management and apply the procedure into the existing office setting.
9. Apply internet strategies in marketing Aesthetic Vulvovaginal Surgery procedures.
10. Define issues of medical malpractice and how it relates to the OB/GYN and other specialty physicians.

Advantages of Dr. Alinsod's Private One-On-One Preceptorship

- Training alone or in a small group with Dr. Alinsod
- Surgeon tailored course for individual surgeon needs
- Full Course Training
- Labiaplasty Only Training available
- Vaginoplasty Only Training available
- Hymenoplasty Only Training available
- Extensive Medical Photography training with live models
- Unlimited free returns for Master-level training in Laguna Beach
- Turn-Key Services
- Complete set of clinical forms and protocols in digital format
- Marketing materials in digital format
- Complete photograph sets to start a practice
- Use of Dr. Alinsod's personal Graphics Artist and Web Master
- Use of Dr. Alinsod's personal Search Engine Optimization Specialist
- Preferred pricing from Ellman International, Monarch Medical and Thermi Aesthetics.
- Membership in AAOCG

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Sample Agendas for 2 and 4 Day Preceptorships

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Sample Agenda, 2 Day Group Preceptorship

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AESTHETIC VAGINAL SURGERY COURSE OUTLINE
2 Day Group Preceptorship
Maximum Participants: 5

MONDAY: LABIAPLASTY LECTURES AND SURGERY IN-OFFICE
Maximum Participants: 5
Time: 7 AM to Noon, 1:30 PM to 5 PM

Welcome and Introduction
Labiaplasty Module Day 1 Lecture
- Statistics
- Anatomy Review
- Pre-Op Evaluation
- Anesthesia Protocols: DEP & Exparel
- Procedure Techniques Review
  - Labia Minora Plasty
  - Labia Majora Plasty
  - Clitoral Hood Reduction

Surgery #1: Labiaplasty
LUNCH
Post-Op Care
Complications Management
Medical Photography with live model
Photography Workflow Tutorial
RF/Electrocautery Lab

TUESDAY: LABIA/VAGINOPLASTY LECTURES AND SURGERY IN-OFFICE
Time: 7 AM to Noon, 1:30 to 5 PM

Vaginoplasty/Perineoplasty Module Day 2 Lecture
Perineoplasty Review
Anesthesia Protocols for in-office vaginoplasty
- DEP, Exparel, Pudendo-Levator Block

Pre and Post-Op Care
Video Review
Surgery #2: Perineoplasty/Vaginoplasty
Q&A
LUNCH
Non-Invasive Treatments #1: ThermiVa
#2: ThermiSmooth
#3: PRP, Clitoral and G-Spot Treatments
Video Review
Marketing and Advertising and Internet Strategies

Both days are very full and fast paced. The exact order of lectures, events, and surgeries may change for convenience or medical reasons.

Be sure to have breakfast and your coffee before coming into the office for the Preceptorship. We will provide lunch. You will be able to have dinner on your own.

Please bring your own scrubs and notepads. I will provide you with selected digital files for office use. You can bring your iPads and computers.

You will be allowed to take selected photos during the course.

There will not be videotaping allowed.

We will have internet access for you.

The entire staff looks forward to your attendance.

Sample Agenda, 4 Day Group Preceptorship

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AESTHETIC VAGINAL SURGERY COURSE OUTLINE

4-Day Private and Group Preceptorship
Maximum Participants: 5

SUNDAY: WELCOME DINNER AND INTRODUCTION TO COURSE
Time: 5 PM to 8 PM

MONDAY: LABIAPLASTY LECTURES AND SURGERY IN-OFFICE
Time: 7 AM to Noon, 1:30 PM to 5 PM

- Welcome and Introduction
- Labiaplasty Lectures
  - Statistics
  - Anatomy Review
  - Pre-Op Evaluation
  - Anesthesia Protocols
  - Procedure Techniques
    - Labia Minora/Majora Plasty
    - Clitoral Hood Reduction
    - Hymenoplasty
  - Post-Op Care
  - Complications Management
- Medical Photography Hands-On Training
- Surgery in Office: Patient 1
- **LUNCH**
- Surgery In Office : Patient 2
- Electrocautery/Laser Lab
- Q&A and Video Review

TUESDAY: VAGINOPLASTY LECTURES AND SURGERY IN-OFFICE
Time: 7 AM to Noon, 1:30 to 5 PM

- Vaginoplasty Lecture
  - Anatomy Review
  - Pre-Op Evaluation
  - Medical Photography Review
  - Perineoplasty/Vaginoplasty Review
  - Integration of Pelvic Prolapse Repairs and Vaginal Rejuvenation
  - Anesthesia Protocols/DEP/Exparel/Pudeno-Levator Blocks
  - Post-Op Care
  - Vaginal Softening/Stretching Exercises
  - Complications Management
  - Medical Malpractice Issues
- Surgery In Office: Patient 3
- **LUNCH**
- Surgery in Office: Patient 4
- Photography Workflow Tutorial
- Q&A and Video Review

WEDNESDAY: AVANCED/COMPLEX/COMBO/REVISION CASES
Time: 8 AM to 5 PM

- Review and Steps of Combination Surgery
- Advanced Revision Surgery with Alinsod RF Feathering Technique
- Surgery in Office: Patient 5
- **Lunch**
- Surgery in Office: Patient 6
- Video Review of Hymenoplasty Surgery
- Q&A and Video Review

THURSDAY: OFFICE COSMETICS/LASERS
Time: 8 AM to 5 PM

- ThermiVa Lectures and Lab for Non-Invasive Vulvovaginal Treatments
  1. Labia Majora/Minora RF Tightening
  2. Vaginal and Perineal RF Tightening
  3. G-Spot/Clitoral Nerve RF Treatment
  4. Incontinence and Atrophic Vaginitis RF Treatments
  5. PRP use in Aesthetic Gynecology: Majora and G-Spot
  6. Vulvar Lightening Treatments wit Dermoelectoporation
- Elective and Upon Request: Botox and Fillers training
- **LUNCH**
- Marketing Strategies
- Internet Strategies
- Website and Design
- Q&A and Review
- Farewell Dinner

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Sample Agenda, Optional Day

OPTIONAL DAY: MONDAY OR FRIDAY:

SPONSORED BY COLOPLAST UPON ADVANCED REQUEST ONLY
INTEGRATING AESTHETIC AND FUNCTIONAL VAGINAL SURGERY
Time: 7 AM to 5 PM
New Frontiers in Pelvic Surgery
Surgery: Patient 1: Single Incision Slings
Surgery: Patient 2: Non-Augmented Pelvic Reconstruction
Surgery: Patient 3: Augmented Pelvic Reconstruction
Vaginal Surgery: A&P Repairs, Bilateral SSLS, Uterine Suspension
Q&A and Video Review

All days are very full and fast paced. The exact order of lectures, events, and surgeries may change for convenience or medical reasons.

Be sure to have breakfast and your coffee before coming into the office for the Preceptorship. We will provide lunch. You will be able to have dinner on your own.

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You will be allowed to take selected photos during the course.

There will not be videotaping allowed.

We will have internet access for you.

The entire staff looks forward to your attendance.

Red Alinsod, MD
red@urogyn.org
818-404-0044 Mobile
949-499-5311 Office

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Small Group Preceptorship

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Facilities

Dr. Alinsod and his staff provide a friendly atmosphere conducive to learning in a Southern California setting of beauty.

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Facilities cont.







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Course Photos

ThermiVa: Non-Surgical Vaginal Tightening

Dr. Alinsod is the inventor and trainer for the proper use of ThermiVa

The link to the recording of our last webinar is here:

https://www.dropbox.com/s/2euwuyuxx6vlpd8/2015-04-02%2016.02%20Introducing%20ThermiVa.wmv?dl=0

Disclosure from Dr. Alinsod:
Courses at the Alinsod Institute have functioned independently since 2005 and are not affiliated in any way with any outside organizations. Dr. Red Alinsod's courses are not affiliated in any way with Thermi, LLC, Cynosure/Ellman, Coloplast, or Cooper Surgical.

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ThermiVa: Non-Surgical Vaginal Tightening

ThermiVa: Non-Surgical Vaginal Tightening

PRWeb
Online Visibility from Vocus

ThermiAesthetics Welcomes Red Alinsod, MD as Chairman of Its Women's Healthcare Clinical Advisory Board

New Appointment Promises to Further Develop Clinical Validation for Treatment of Vaginal Laxity

Dallas, TX (PRWEB) February 28, 2014 -- ThermiAesthetics™, creator of the ThermiRF™ temperature controlled radiofrequency system, is pleased to announce the appointment of Red Alinsod, MD, FACOG, FACS as Chairman of the ThermiAesthetics Women's Health Advisory Clinical Board. Dr. Alinsod will help develop therapeutic strategies and devices to treat specific gynecological conditions.

"We are privileged to have a world renowned urogynecologist, with an outstanding clinical experience in treating women for vaginal laxity, join ThermiAesthetics as Chairman of our Women's Healthcare Advisory Board," says Paul Herchman, Chief Executive Officer of ThermiAesthetics. "Dr. Alinsod's experience is an excellent fit for the strategy and vision of our company as we transition from the development of products and treatments into offering a commercialized procedure and product line. We believe that Dr. Alinsod's clinical and strategic insights across core women's health issues will be a significant asset to ThermiAesthetics as we continue to execute on our strategic plans."

Dr. Alinsod commented, "I am honored to chair the ThermiAesthetics's Women's Clinical Advisory Board and work with such a talented team of industry executives and physician members of the clinical advisory council. ThermiAesthetics's clinical assets and its unique temperature controlled radiofrequency platforms, hold remarkable potential for groundbreaking therapies."

In addition to the Clinical Advisory Board, Dr. Alinsod will serve on the ThermiAesthetics Clinical Advisory Council, an independent body consisting of hundreds of physicians who are actively collaborating to advance the science of thermistor-regulated energy delivery and refine treatment protocols for a myriad of cosmetic applications. A number of additional applicators and studies are planned and underway to further demonstrate the safety and effectiveness of ThermiRF for a number of cosmetic conditions, such as skin laxity of the face and body, axillary hyperhidrosis, cellulite and snoring. The company plans to continue to expand the size and role of the Clinical Advisory Council over the next year.

About Red Alinsod, MD
Dr. Red Alinsod graduated from Loma Linda University School of Medicine and completed his OB/GYN residency at Loma Linda University Medical Center. His focus in those early years was pelvic surgery. He was the first Rutledge Fellow at MD Anderson Cancer and Tumor Institute and was also selected as a Galloway Fellow at Memorial Sloan Kettering Medical Center. Dr. Alinsod was accepted to Yale's Gynecologic Oncology fellowship but was unable to attend due to a military commitment with the US Air Force. He headed the Gynecologic Services at George Air Force Base, CA, and Nellis Air Force Base, NV, as he concentrated on benign gynecology, urogynecology and pelvic surgery.

Dr. Alinsod is instrumental in the development of aesthetic vulvovaginal surgery. He founded "CAVS" (Congress for Aesthetic Vulvovaginal Surgery) in 2005 and is considered one of the pioneers of this evolving field. He is responsible for the current techniques in radiofrequency labiaplasty of the minora, the "Barbie" and Hybrid Look labiaplasty, invented the Medial Curvilinear Labia Majoraplasty, and the central and lateral clitoral hood reductions. He developed the combination Pudenal-Levator Block for In-Office Awake/No IV

AIAVS

ThermiVa: Non-Surgical Vaginal Tightening

Contact: Emily Tidswell
The Woods & Co
212-838-1878
emily@thewoodsandco.com

ThermiGyn to Announce Vulvovaginal Breakthroughs in Non-Surgical Vaginal Rejuvenation at IMCAS World Conference

ThermiHealth Technology Offers Effective Treatments for Wrinkles, Skin Tightening, Face and Neck Lifting, Excessive Sweating and Now Vaginal Rejuvenation

Paris, France (January 26, 2015) –ThermiGyn, a wholly owned subsidiary of ThermiHealth, a world leader in thermistor-regulated energy solutions for medical and aesthetic applications, will announce breakthroughs in non-surgical vaginal rejuvenation at the 17th Annual IMCAS World Conference in Paris on January 30th.

Aging, loss of collagen, and vaginal births can result in vulvolaxity and dryness both internally and externally. Pelvic organ prolapse, tissue stretching, and nerve impairment are known impediments of sexual satisfaction and well-being. Red Alinsod, MD, FACOG, FACS, ACGE will present the findings of a pilot study using the ThermiVa procedure to treat vulvovaginal tissue using temperature controlled radio frequency. Dr. Alinsod is a global leader in the area of temperature controlled RF for the treatment of vulvovaginal laxity, and he is the Chairman of the ThermiGyn Women's Health Advisory Clinical Board.

In this pilot study, both vulvar laxity and vaginal laxity improved significantly for all patients after the first treatment and continued to improve after the third and final treatment. All participants reported improvement of sexual satisfaction as a result of the treatment. The primary endpoint of vulvovaginal tightening was achieved in all patients, and secondary endpoints of improved vaginal moisture and improved continence was achieved in selected patients with prior conditions. A larger multi-site IRB study has been approved, and participants are currently being selected.

Dr. Alinsod noted, "The potential for a simple and safe temperature controlled RF device to treat vulvovaginal laxity, atrophic vaginitis, mild to moderate stress incontinence, overactive bladder, and orgasmic dysfunctions holds great promise and could be transformational."

ThermiHealth Technology
ThermiHealth Systems integrate precise thermistor controlled micro-invasive and non-invasive applicators into unique multiuse platforms. The micro-invasive applicators are true surgeons' tools that provide surgeons a safe and effective instrument. Both the micro-invasive and the non-invasive applicators help the operator insure that specific tissue temperatures are achieved, maintained and monitored during procedures to help ensure safety and maximize results.

The ThermiAesthetics flagship product is the ThermiRF Temperature Controlled Radio Frequency Generator System and is FDA cleared for dermatological and general surgical procedures for electrocoagulation and hemostasis, and to create lesions in nervous tissue.

About ThermiHealth
ThermiHealth is a privately held company developing a broad range of uses for thermistor controlled radio frequency technologies and for applications in the medical and aesthetic marketplaces.

ThermiAesthetics, a Division of **ThermiHealth**, provides advanced technology using finely controlled thermal energy. The multi-use platform, promotes increased patient safety and clinical effectiveness, while providing versatile micro-invasive and non-invasive solutions for Plastic Surgeons, Facial Plastic Surgeons, Dermatologist, Cosmetic Surgeons and other physicians serving the aesthetic market.

ThermiGyn, a wholly owned subsidiary of **ThermiHealth**, provides advanced technology using finely controlled thermal energy. The multi-use platform, promotes increased patient safety and clinical effectiveness, while providing versatile micro-invasive and non-invasive solutions for OB GYNs serving the women's health marketplace.

ThermiEye, a wholly owned subsidiary of **ThermiHealth**, provides advanced technology using finely controlled thermal energy. The multi-use platform, promotes increased patient safety and clinical effectiveness, while providing versatile micro-invasive and non-invasive solutions for Ophthalmologists, Ocular Plastic Surgeons and other physicians serving the aesthetic market

For more information about ThermiHealth Companies, please visit www.thermi.com.

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ThermiVa: Non-Surgical Vaginal Tightening

What is ThermiGyn?

ThermiGyn is a wholly owned subsidiary of **ThermiHealth**, a leading developer and manufacturer of thermistor-regulated energy systems for medical and aesthetic applications. **ThermiGyn** was founded on a philosophy of engaging the physician owner in the advancement of innovative solutions to women's needs. Every **ThermiGyn** physician is invited to participate in the ThermiGyn Clinical Advisory Council (CAC). Dr. Red Alinsod is the Chairman of the ThermiGyn Women's Health Advisory Clinical Board. The CAC is a collegial body of physician owners which encourages the exchange of ideas. CAC member participation helps to accelerate learning, and maximizes success for both the practice and the patient.

ThermiGyn is committed to worldwide women's wellness through the global accessibility of its products and services. **ThermiGyn** products are based on the science of heat, using SmartTip technology to enable physicians to use temperature as an endpoint.

What is ThermiVA?

ThermiVa is the most current FDA cleared ThermiHealth procedure, using the "Science of Heat" in a new, non-invasive, non-surgical procedure for vaginal laxity. The controlled radiofrequency energy transfers heat directly to the area to be treated. In clinical trials, the ThermiVa procedure has shown results in these one or more of areas:

1. Vaginal Laxity: to tighten the vagina at the introitus and the full length of the vaginal canal.
2. Vulvar/Labial Laxity: to tighten the labial tissues and reduce noticeable sag.
3. Vaginal/Vulvar Dryness or Atrophic Vaginitis: to add softer and thicker skin and relieve dryness without the use of hormones.
4. Mild to Moderate Stress Incontinence: to reduce accidents and leakage, and possibly reduce urge symptoms. Used with consistent Kegel exercises, ThermiVa may reduce or eliminate the need for mesh slings.
5. Sexual Dysfunction: to increase sensitivity and strengthen muscular contractions, leading to greater sexual satisfaction for women and their partners.

The ThermiVa temperature controlled radio frequency system was invented, designed and developed by Red Alinsod, MD. He was the first surgeon to perform non-invasive labia majora RF skin tightening and RF vaginal canal tightening.

"I first started studying the effects of CO2 lasers in vulvovaginal tightening in 1990. I felt it was destructive and required unnecessary down time. Vaginal scarring with ablative CO2 lasers was unacceptable, as was discoloration on labial tissues. As a result, I stopped laser use on vulvar tissues except for medical indications. In 2007, I started using Ablative and Non-Ablative Erbium lasers and found tightening effects, but with downtimes of several weeks. I was not satisfied with the performance of either lasers for vaginal and vulvar tightening. I have studied the effects of radiofrequency on tissues since 2005. I did my first tissue tightening with RF in 2005, and my first external RF tissue tightening treatments in 2009-2010. With this new technology there was no downtime and no discoloration. There were significant tightening effects on the labial tissues and even moreso on the moistened vaginal tissues. I noted a correlation between the amount of water tissues held and the tightening that was reported. Hence, I chose RF as the focus of my clinical research, and today find that ThermiVa is the technology of choice for vulvovaginal treatments of the various conditions written above."

Red Alinsod, MD, FACOG, FACS, ACGE
Chairman, ThermiGyn Women's Health Advisory Board

How Does it Work?

ThermiGyn has mastered the delivery of controlled-heating. The ThermiVa technology uses real-time temperature monitoring and regulation, ensuring that the therapeutic temperature delivered to the sub-q layer is reached, but more importantly, maintained.

ThermiVa contracts tissues to a tighter bundle. It encourages collagen production and may help in tissue and nerve healing. Radiofrequency's therapeutic effects on muscular and tissue healing is well known and has been used in physical therapy practices for decades.

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ThermiVa: Non-Surgical Vaginal Tightening

FAQ's

Who suffers from vaginal laxity?
Vaginal Laxity is very common in women who have experienced a vaginal delivery. This condition can also be a result of aging, obesity, chronic constipation, straining or lifting, or any activity that would cause the vagina to stretch beyond its normal capacity.

Who are candidates for ThermiVa?
- Women who are experiencing vaginal laxity and loose feeling for any reason
- Women who are displeased with the appearance of their labia majora, especially while wearing bathing suits, athletic attire, leggings, jeans, etc.
- Women who are experiencing sexual dissatisfaction or having orgasmic problems
- Women who are having difficulty retaining tampons or may have pelvic prolapse such as fallen bladder or fallen rectum
- Women who may suffer from urinary leakage
- Women who may suffer from dryness of their vagina or labia (atrophic vaginitis) due to the effects of menopause

Is ThermiVa safe?
FDA cleared IRB study conducted by ThermiVa physicians makes ThermiVa a safe alternative treatment to surgery for vaginal skin laxity. No blisters, burns, infections, organ or nerve damage have been seen or noted in hundreds of uses.

Are anesthetics needed for this procedure?
No. The treatment has a comfortable warmth.

How long does the procedure take?
Approximately 10 minutes for labia majora reduction and 15-20 minutes each for vaginal tightening. 3 Treatments spaced a month apart is recommended.

What's the downtime?
None at all. Women can resume their normal sexual activity the same day.

How long do the results last?
An average of 9-12 months.

Who can provide ThermiVa treatments?
ThermiVa is offered exclusively by physicians who are trained by existing ThermiVa physician providers. Dr. Alinsod is the lead training physician. He hosts training programs at his office on a regular basis while he trains surgeons from around the world in Aesthetic Vulvovaginal Surgery.

Email info@therimva.com if you would like to attend a Clinical Advisory Council meeting and/or **ThermiVa Peer Training**. You can also call Dr. Alinsod directly at 949-499-5311 or visit www.thermiva.org for more information.

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Vaginal And Labial Looseness After Babies

For those with labial and vaginal looseness or unsatisfying gaping appearance we now have Dr. Alinsod's invention, called ***ThermiVa***. This is a device that tightens the labia and vagina without surgery.

Thermi Aesthetics received approval to initiate an Investigational Review Board (IRB) study assessing the potential benefit of Temperature Controlled Radiofrequency for the Treatment of Vulvovaginal Laxity. It specifically investigates the non-surgical approach to vulvar and vaginal tightening as well as evaluate effects on incontinence, vaginal dryness, and orgasmic response. The study will be lead by Red Alinsod, MD, FACOG, FACS, ACGE, and Chairman of the ThermiAesthetics Women's Health Advisory Clinical Board.

The study will evaluate the clinical efficacy of Temperature Controlled Radiofrequency for the Treatment of Vulvovaginal Laxity. Up to 500 subjects will be recruited nationwide over the next 12 months to participate in this important study. All patients will be treated utilizing the ***ThermiVa*** Temperature Controlled Radiofrequency system and hand piece. Dr. Alinsod's office will be the primary center for treatments in the United States with several other sites scattered across the country. Treatments are warm and comfortable without the need for anesthesia. There is absolutely no downtime and effects can be immediate with improvement seen over three months.

Damage from vaginal birth and aging can diminish sensation during intercourse, reduce sexual satisfaction, and change the relationship between partners. Radiofrequency heat has become a standard for promoting collagen remodeling and healing, which helps strengthen the structural support columns for the skin, improving the integrity & tightness of the skin. ***ThermiVa*** has mastered the delivery of controlled-heating in these intimate regions. Primary endpoints of the study include evaluation of non-surgical vulvar and vaginal tightening effects as it relates to sexual satisfaction. Secondary endpoints will look at the remarkable ability of radiofrequency to improve skin texture and tone to reduce urinary urgency and leakage, change vulvovaginal tissues to reverse the effects of atrophic vaginitis, and lastly, RF's effects on nerves responsible for normal sexual response and orgasms. For a limited time during the study process the three treatments are being offered for $1,500, or $500 per treatment. This is less than one third the standard costs. You must meet qualifying criteria.

Surgical vaginal rejuvenation and labiaplasty done in the office are also available from Dr. Alinsod.

For more information on ***ThermiVa*** please go to *www.thermiva.org* or call *949-499-5311* and speak with Diane.

Dr. Alinsod, inventor of ***ThermiVa***, teaches and performs the radiofrequency treatments for vulvar laxity, vaginal laxity, atrophic vaginitis, stress incontinence, overactive bladder, and orgasmic dysfunction. It is superior to any lasers for these indications and much cheaper and comfortable for the patient.

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Vulvovaginal Breakthroughs in Non-Surgical Vaginal Rejuvenation

Vulvovaginal Breakthroughs in Non-Surgical Vaginal Rejuvenation

Red M. Alinsod, M.D.

January 11, 2015

Introduction/Objective: Aging, loss of collagen, and vaginal births can result in vulvovaginal laxity and dryness both externally and internally. Reduction in sexual satisfaction and self-esteem can occur from unappealing genital appearance and looseness of both the gaping vaginal opening and internal vaginal canal. Pelvic organ prolapse, tissue stretching, and nerve impairment are known impediments of sexual satisfaction. We report on a pilot study to treat the entire vulvovaginal tissues (both external labia and vaginal introitus as well as the full-length of the vaginal canal) using temperature-controlled radiofrequency (RF).

Materials and Methods: Prospective non-randomized single-arm study of 15 parous and sexually active women ages 21-65 using temperature controlled RF (ThermiRF) applied to the external labia minora and majora, perineum, introitus, periclitoral areas, and the full-length of the vagina. Participants received a 20-30 minute treatment monthly for three months (total of 3 treatments per subject). The same doctor performed all 45 treatments. Measuring instruments included the validated FSFI (Female Sexual Function Index), VLQ (Vaginal Laxity Questionnaire), SSQ (Sexual Satisfaction Questionnaire), and GRA (Global Response Assessment), SQ (Satisfaction Questionnaire), and Adverse Reporting Questionnaire. During and after treatment administration, subjects was asked to assess the self-reported pain experience using a 10 scale Adverse Event questionnaire, with “0” being no pain and “10” being the worst pain imaginable.

The FSFI is a validated and well-known 19-question instrument. The VLQ is a 7-level scale used to obtain self-reported vaginal laxity/tightness (very loose, moderately loose, slightly loose, neither loose nor tight, slightly tight, moderately tight, or very tight). Additionally, the SSQ, a 6-level scale, will obtain information on subject level of sexual satisfaction from vaginal intercourse. The GRA, a 7-level scale, will be used to evaluate the response to the question “How are you now (levels of vaginal laxity/tightness and sexual satisfaction) compared to before treatment?” Subjects will also be asked to complete a general Satisfaction Survey, which will have the subject evaluate their overall treatment experience.

Results: In all 15 patients, both vulvar laxity and vaginal laxity improved significantly after the first treatment and continued to improve after the third treatment. All felt that their introitus and full length of the vaginal canal were tightened. One patient did not find improvement until after her second treatment. All patients noted labia majora fullness and tightness with softer skin and less sagging and a more appealing vulvovaginal appearance. Menopausal patients noticed increased vaginal moisture and much less vulvar irritation. Six patients who had pre procedure incontinence reported measurable reduction in urgency and urinary leakage with activities. Six patients who had prior difficulties in achieving orgasms reported an improvement in the ability to become orgasmic and a quicker time to orgasm. 10 of 15 patients reported more coordinated and stronger muscular contractions when performing Kegel exercises. In all cases the patient reported an increase in the VLQ and SSQ to be at least 3 points (e.g. VLQ from very loose to slightly tight, SSQ from poor to very good). Global Assessment showed that all patients Strongly Agreed with the statement that they would recommend the procedure to a friend or family member and that they were Strongly Satisfied with the series of treatments. There were no blisters or burns or complications found during the study. There were no adverse events. There were very few temperature spikes causing transient discomfort and all patients felt the treatments were comfortable and even pleasing. None complained of vaginal discharge or pain after the procedure. There was no downtime to the procedure and sexual activity was encouraged and unrestricted.

Analysis and Conclusions: Improvement of sexual satisfaction occurred across the board on all patients in this pilot study. A single treatment in all but one patient was enough to provide improvement but the full series of three treatments resulted in the best results in all 15 participants. The primary endpoint of vulvovaginal tightening was achieved in all patients. The secondary endpoint of improved vaginal moisture that reduced atrophic vaginitis symptoms was seen in several premenopausal and menopausal patients. Secondary endpoints of improved continence and improved ability to achieve orgasms were also noted in selected patients with prior problems. Ongoing analysis of results is being obtained to determine the duration and reproducibility of RF effects on vulvovaginal tissue. FSFI results are being compiled and statistically analyzed. A larger multi-site IRB study has been submitted for approval. The potential for a simple and safe temperature controlled RF device to treat vulvovaginal laxity, atrophic vaginitis, mild to moderate stress incontinence, overactive bladder, and orgasmic dysfunctions may hold great promise and could be transformational.

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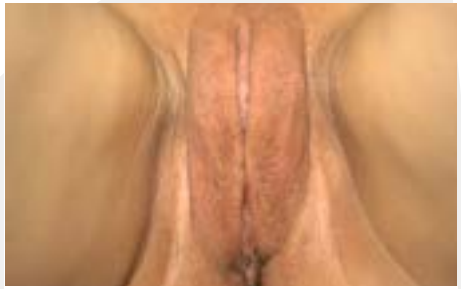
Before and After ThermiVa: Non-Surgical Vaginal **Tightening**



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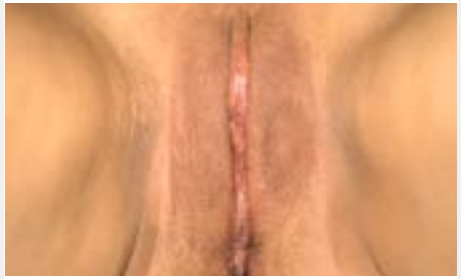

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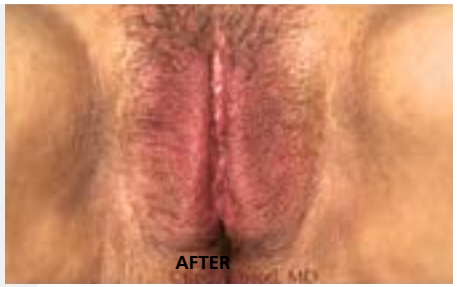

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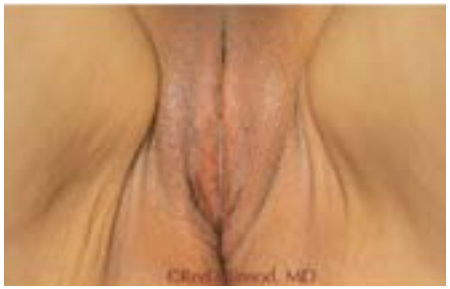

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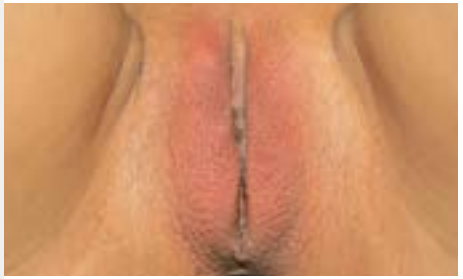

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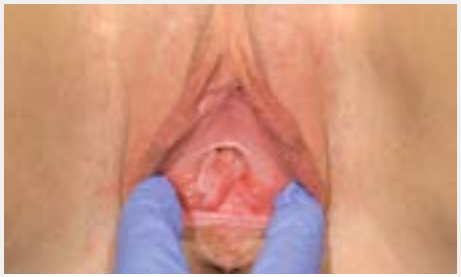

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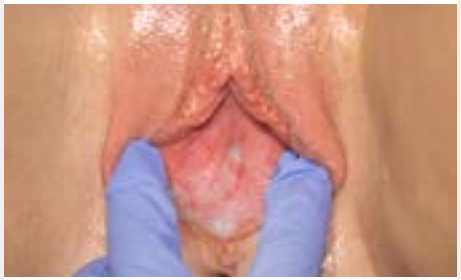

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ThermiVa: Dr. Alinsod White Papers

THERMiHealth
Application Notes Volume 1 • No. 1

Temperature Controlled Radiofrequency for Vulvovaginal Laxity: A Pilot Study

Red M. Alinsod, M.D., FACOG, FACS, ACGE
South Coast Urogynecology, Laguna Beach, CA
Consultant for ThermiGyn
Chairman of the ThermiGyn Women's Health Clinical Advisory Board

INTRODUCTION

The condition of vulvovaginal laxity and its relevance as a concerning medical condition has recently become a discussion point between women and their physicians. The attention and discussions surrounding gynecological and urological issues that women face may have historically gone by without any discussion, but thankfully today women are openly sharing their concerns with their doctors. In turn physicians are recognizing the clinical importance of vulvovaginal laxity and are looking for solutions for their patients.

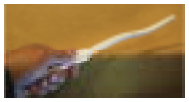
The term 'vaginal rejuvenation' has received a lot of attention and scrutiny. According to an article by Lauri Romanzi, M.D. (http://www.urogynics.org/2010/06/20/vaginal-rejuvenation-defined/) public perception of the term seems to fall into any of three categories: correction of incontinence and prolapse, improvement in the appearance of vulvar structures, and enhancement of female sexual gratification.

Vulvovaginal laxity (as with vaginal laxity) is associated with advancing age and the trauma of childbirth. Treatment of vulvovaginal laxity and related aspects in the past lay within a short spectrum heavily weighted at the ends. On one side stood non-invasive but minimally effective Kegel exercises to strengthen the pelvic floor, with risky, costly, and highly invasive surgery at the other end. Only recently have alternatives appeared to fill in the center of that range.


ThermiVa Generator

In response to this gap, modalities harnessing laser or radiofrequency (RF) energy and others for vaginal use have emerged. Vulvovaginal rejuvenation with energy based devices, as is done in aesthetic dermatology and plastic surgery on the face, neck, and décolleté, is a fairly new concept with real potential for success. Numerous studies in aesthetic medicine have demonstrated tissue contraction and determined a therapeutically ideal temperature range (40°C to 45°C) in which neocollagenesis (via the healing cascade) is stimulated without causing unnecessary damage to the skin or integral tissue structures.

Transcutaneous temperature controlled radiofrequency (TTCRF) brings with it numerous advantages to treatment. It is an established modality for tissue tightening via stimulation of neocollagenesis, denaturation of collagen, contraction, activation of the healing cascade. Unlike laser-based treatments skin type (color, or pigmentation) is not an issue with RF energy, and while it is showing consitent positive results when used for surface skin on the face and other areas of the body, RF energy is even more effective in tissue that is naturally moist and well hydrated, as seen with vaginal and labial tissue. The RF electrode used in temperature controlled procedures have a temperature sensor located at the tip; the thermocouple measures tissue temperature and and impedance, which provides feedback to the RF Generator; in turn the generator will adjust the power allowing the device to maintain a given set temperature throughout the treatment. The benefit is the physician can, for the first time, treat using precisely controlled RF energy at a preselected temperature setting.


ThermiVa Handpiece

The RF electrode has a treatment active area of the size similar to a postage stamp. This active part of the electrode rests within one side of the electrode close to the tip. The form of the electrode and location of the active treatment tip allows for easy placement on targeted tissue. The TTCRF treatment electrode is about 8 inches long with a slight 'S' curve at center, patterned after the highly successful Hegar dilator that has been in gynecologic use for decades. During TTCRF the RF electrode is passed back and forth over the desired area until the tissue is gradually heated to the therapeutically relevant level to induce collagen, shrinkage and create an inflammatory response which results in neocollagenesis, and its effect of tissue tightening. Patients report comfort during the procedure with no need for external cooling.

The purpose of the study is to evaluate the safety, tolerability and clinical efficacy of TTCRF as well as anecdotally document possible ancillary beneficial effects of treatment, to promote further study.

MATERIALS AND METHODS

Subjects (n=23; age range 21-65 years, mean 44; 5 menopausal, 5 perimenopausal) presented with self-described mild to moderate primary or secondary vulvovaginal laxity. Associated secondary conditions (orgasmic dysfunction, stress incontinence, atrophic vaginitis, etc.) were present in most subjects. Exclusion criteria included pelvic surgery less than 5 years from the beginning of study, presence of major psychiatric conditions or related need for medication, pregnancy or planned pregnancy within the study period, recent abnormal Papnicolaou test result, presence of vulvar lesions or disease (dermatitis, human papillomavirus, herpes simplex, vulvar dystrophy, etc.), or the presence of any condition or circumstance that, in the opinion of the investigating physician, may be unsafe or otherwise interfere with the study. Informed consent was obtained from all subjects prior to commencement of the study. Pre-treatment digital photography was performed at baseline along with physician evaluation of patients. Treatment was performed in a clinical office setting and no anesthesia was required. During treatment subjects were placed on a treatment table in the dorsal lithotomy position. A neutral return electrode pad was placed on the subject, with a coupling fluid used as a lubricant for treatment with the ThermiVa

ThermiVa: Patient Testimonials, Patient #1

Dear Dr. Alinsod,

I am a 53 year old woman who has had two children. My labia had become loose and a bit saggy and no matter how many Kegels I did, my vagina felt large and loose. Sex was ok, but I had lost some confidence in myself and ability to please my partner. I didn't really know what to think about "the procedure performed", but there was no down side to it. There was no pain during or after, no burning, no discharge, no mess. After the first treatment in a series of three, I was surprised that my labia seemed closer to my body and there also was some vaginal tightening.

It was after the second treatment that I noticed a significant difference. My labia were fuller and softer and my vagina was noticeably tighter. Sex was very good. I had not told my partner that I was having the procedure. He is ten years older than me and has difficulty ejaculating during intercourse. So I was surprised when my new tightness created enough friction for him to alleviate that issue. Sex became better for both of us I could feel him more and sex was more pleasurable for both of us.

I did not think things could get tighter or sex better, until after the third treatment. But they did and I am so thankful to Dr. Alinsod for recommending this procedure to me. I feel better about myself, more youthful and sexier. My partner is a happy man and our sex life, which was good, is now better than ever.

Thank you again Dr. Alinsod

A Very Happy Wife

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ThermiVa: Patient Testimonials, Patient #2

Dear Dr. Alinsod,

Now that I have completed all my treatments I wanted to give you my impression on ThermiVa. The treatments have really been wonderful and quite easy. I had no blisters, no burns, no discharge, and not a single complication. I had sex the same day of my treatments and I went to my gym immediately and it's as if no procedure had been done. It's crazy! Your design for ThermiVa handle so comfortable and very slim that I barely felt it being inserted and I felt just gentle pressure. All I felt was pleasing warmth on my labia and my vagina. It really helped that you were gentle and slow and did not rush. Putting a tampon inside is probably more uncomfortable than using your device. Your device was smooth and rounded and not scary at all.

So Dr. Alinsod, let me summarize how I felt immediately after your treatments and how it is now that I am months done. The first treatment definitely got me tighter and my husband and I loved it. It wasn't' immediate for me and it took me two weeks before I felt significantly tighter. I got tighter more after the second treatment and then even more after the third treatment. My husband said that my muscles felt stronger and that I had better grip and more noticeable friction. He loved the way the outside labia looked and he said it made a big difference visually. My husband said I look more youthful and pretty and appealing. Men are so visual. Appearance and comfort was so much better in both our eyes. Now I can wear my tighter clothing without the rubbing or at least not feeling irritated anymore. There was no difference in my vaginal moisture or how I got wet but that had never been a problem for me. My orgasms come quicker now with the same intensity and there's been no change in the frequency of my orgasms. I'm not sure why my orgasms are better but perhaps it can be because of my improved appearance giving me more confidence and less self consciousness worries. For sure I can feel my husband more and I'm definitely tighter.

I couldn't have multiple orgasms in the past now I'm able to have multiple orgasms for the first time in my life. I have more sensitivity. The strength of my orgasms are about the same as before but it feels better for some reason I can't really explain. Anyway this is probably the best lunchtime rejuvenation available out there! I'd pay for this procedure over and over and over!

I'm so glad you included me in your study. This is really going to help so many women around the world. I hope you get this out in the market soon and train doctors from all over the world.

With sincere thanks,

A Loving Wife and Mother

AIAVS

ThermiVa: Patient Testimonials, Patient #3

Dear Dr. Alinsod,

You asked me to write about my experience so I hope you don't mind that I am writing you not a very formal letter. I think it's better if I write from my heart. Thanks so much for taking care of me this past year. It has really changed my life in so many different ways. You have been so kind and open with me. You understood my needs and insecurities as a dancer and adult entertainer. So you knew how important this whole ThermiVa treatment was for me.

When you first started ThermiVa early last year I noticed immediately how the texture and tightness of my labia majora improved. Super dramatic changes for sure which got rid of my camel toes. Gave me lots more confidence when I performed. On the inside I had more vaginal tightness and it just kept getting tighter. My boyfriend loved the way it looks and how I was suddenly able to have orgasms one right after another when in the past I had none before treatments. My two kids really messed up my vagina and I thought I would never have orgasms again! It had been over 5 years since I had one before you treated me. Now I have multiple orgasms and they are super intense since the treatments. They are the "good kind" of orgasms and they come within seconds of each other to about three minutes apart. At one time I had seven in a row, which was completely unbelievable. I used to have only orgasms with oral or manual stimulation but now I'm able to have orgasms with penetration. This is really important to me. When you first treated me I was a little bit worried that you got me too tight because I couldn't insert my vibrators anymore. But now I don't need them because I can have great sex with my boyfriend and have orgasms without the toys. I notice I am more aroused and more wet and don't need lubrication anymore. I don't know how ThermiVa has done this whether it helped heal some of my nerves or if it's all in my head because now I feel healthier and sexier. I know the radiofrequency has helped both the inside and outside my vagina. Doesn't really matter if it is mental or physical healing with me, it helped!

You asked me also if there were any areas I thought it didn't help at all. Well, it didn't help me with my urination because I really had no problems with it before treatments. I don't leak when I cough or sneeze or jump around and exercise. I do have less feeling that I have to go all the time after the treatments. I don't know what that's about. One thing I did notice was that I had more control of my urine stream. My urination muscles are stronger and I can start and stop anytime I want now. Some other things I noticed where that my labia majora were softer and smoother but also more full feeling. I said earlier they feel more comfortable when I'm in tight clothes like jeans or bikinis.

So Dr. Alinsod, I will definitely be a regular customer coming to your office every six months. There is no way I want to lose what I have gained from your treatments. Have told all my close friends about you. Seeing you is so worth the drive.

A Happy Hot Mom from the Inland Empire

AIAVS

ThermiVa: Patient Testimonials, Patient #4

Dear Dr. Alinsod,

I have now finished all three of the ThermiVa treatments and am still in awe of the results I have gotten. I can't believe all this has happened to me without the need for surgery and with treatments that were comfortable, felt actually good, and were totally relaxing. And having absolutely no downtime was great. I could have sex the same day as the treatment, had no blisters, burns, or complications.

I was pessimistic at first after Dr. Alinsod did my first ThermiVa treatment. It only took half an hour and I was relaxed during the treatment of both my labia majora and my outer and inner vagina. I noticed some tightness immediately on the majora but did not feel a huge change inside my vagina during the first two weeks. I thought I was the failure for his treatments. So many other women had amazing and lasting results and here I was thinking "Great, it would be me that does not respond!" Then 10 days after the first treatment my vagina got really really tight! Significantly tighter! I felt better muscular control and increased strength in my vagina and urinary muscles and my husband sure felt that benefit! He also liked the tightness and softness of my labia majora and the moist smoothness inside my vagina. One thing I really liked was that my labia majora did not sag anymore and I got rid of the "Camel Toes." Never thought that would happen without surgery.

I used to have this pain on the left side of my vagina, for decades in fact. It was always tender when hit. The wand that Dr. Alinsod used treated that area on the floor of my vagina, a very sore muscle probably, and now the muscle is not sore at all! There is no more pain, as if my muscles were healed. That sure makes a world of difference not and both Dr. Alinsod and I can't really explain how a painful and sore area of muscle is now non-painful and working more strongly and more coordinated. I know radiofrequency treatments are used for sore and damaged muscles for professional athletes and physical therapy offices so now I can related to others who have had relief of muscle pain due to the healing effects of radiofrequency. Dr. Alinsod told me that it does encourage new collagen to form does help with tissue healing. I am a prime example.

There is one other wonderful thing I have noticed that got better with each ThermiVa treatment and that is the control of my urine. Dr. Alinsod did not do the treatments on me for the control of urine but simply to tighten my labia and vagina. When I reported to him that I leaked less urine, in fact I don't leak at all now since after the first treatment, he told me that it was a pleasant result of tightening the "pubocervical fascia" that help with urine control and fallen bladders. I can hold my urine longer now, can produce a stronger squeeze to prevent accidents, and can make it to the bathroom in plenty of time.

Lastly, I also noticed that after treatment around my clitoral nerves and the supposed G-Spot, my orgasms are now easier to achieve. I can't have multiple orgasms and my orgasms are about the same intensity but now it does not take me all night to get there! What a wonderful thing! I did not even have many orgasms before treatment and now it seems like I can get one on any lovemaking with my husband. I enjoy the lovemaking between my husband and I more and the stress and anxiety of getting that orgasm is gone. It is just a pleasure now being with my husband. That is worth everything. ThermiVa has really been a blessing for us. I hope it becomes available to all my friends and family.

With hope and happiness

AIAVS

READ MORE OF WHAT PATIENTS SAY ABOUT THERMIVA

Invented by Dr. Red Alinsod

Click the links below!

REAL PATIENT RATINGS

http://www.realpatientratings.com/ThermiVa

REAL SELF RATINGS

https://www.realself.com/thermiva

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Training Modules: Lectures, Lab, Photography

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Photography Lecture Slides 1 of 2

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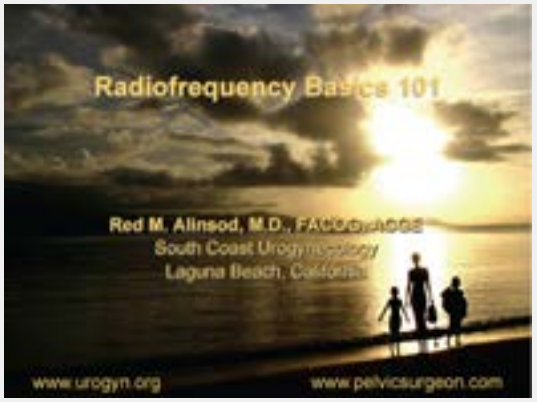
Photography Lecture Slides 2 of 2



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Ellman Pelleve/Surgitron v/s Lasers: Which is Best?

I am glad you have done your homework and have asked this important question about the use of lasers in Aesthetic Vulvovaginal Surgery. I have performed labiaplasty many ways. ***I have switched from the lasers to a more precise instrument called the Ellman Surgitron***. I did this because of the gorgeous results, increased precision, and decreased tissue damage when compared

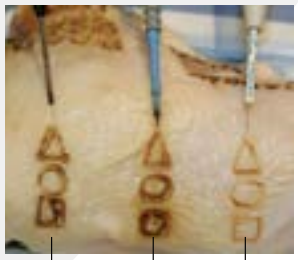
Ellman Pelleve

to a knife, laser, or regular cautery unit. The magnitude of safety is superior. There are no stray laser beams that may burn you. The tip is "cool" and precise. The Ellman Surgitron measures tissue destruction at the micron level unlike the Yag or 980 Diode laser that measures it in millimeters. Because it is such a safe and precise instrument I am able to perform labiaplasties in my office, under local anesthesia, quite successfully. That saves you thousands of dollars! There is no hospital cost, no anesthesiologist to pay. Although the term "laser vaginal rejuvenation" sounds quite catchy, it is strictly a marketing term. There is no advantage to the use of lasers in vaginal surgery in general. In fact, many who advertise the term "Laser Vaginal Rejuvenation" rarely use the laser doing a labiaplasty or vaginoplasty.

Please go to ***www.ellman.com*** and read about their Surgitron units. It is impressive. I am Ellman's pioneer in the use of their device for for beautiful Aesthetic Vulvovaginal Surgery.

Previously, it was used in cosmetic surgery, dermatology, ENT, spine, and neurosurgery. In fact, this unit was the device used to separate the conjoined twins that were attached in the head just a few years ago! ***In my humble opinion, lasers in vaginal surgery have seen their best days in the past. Aside from resurfacing the vulva or vagina, it has no advantage over the Ellman but carries distinct disadvantages such as hot and damaging tips.*** Another disadvantage of the laser is cost. A good CO2 or Yag laser costs $30-$110,000. You can imagine the cost passed on to you. The Ellman costs much less, gives dramatic savings, enables office surgery, increased safety, increased precision, minimal tissue destruction, and rapid recovery. It is a difficult technology to beat.

~ Red M. Alinsod, M.D.



980mm Diode Laser | ConMed System5000™ | Ellman Surgitron

The Ellman is extremely precise with minimal heat damage as seen on the far right. Compare the edges of the incisions.

The Switch is On

News is spreading like wildfire through the medical grapevine. More and more plastic surgeons, gynecologists, urologists, and urogynecologists are hearing about Dr. Alinsod's consistent results and safety record using the Ellman Surgitron and SurgiMax. Many laser trained aesthetic gynecologists and plastic surgeons have quietly retired their 980 Diode lasers and have purchased an Ellman in hopes of mimicking Dr. Alinsod's results. Several renown and prominent laser vaginal surgeons have taken Dr. Alinsod's Master Course in Aesthetic Vulvovaginal Surgery after spending $50-60,000 in a laser vaginal course. After initial impressions that lasers were effective in shrinking the vagina, surgeons soon realized that the 980 Diode laser was simply a very expensive cutting instrument with no significant advantage other than the glamorous marketing it was associated with. The lasers were found to be temperamental and tissue destructive with charred labias and vaginas resulting. Edge healing was compromised. The bubbling of the wound edges due to the immense heat the laser produced caused 2nd degree burns. Totally unacceptable to these fine surgeons. From New York to California, the switch to superior technology is on and a new Gold Standard is developing.

Dr. Red Alinsod is responsible for the advancement of Radiosurgery in vulvar and vaginal surgery. His work in developing RF sculpting and resurfacing techniques are far ahead of his time.

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Ellman/Laser Lab: Seeing is believing

Precision excisions are taught and compared to enable the surgeon to objectively choose his or her device of choice. At our Institute we choose the most precise technology available, the Ellman Surgitron, SurgiMax, and the newest Pelleve.

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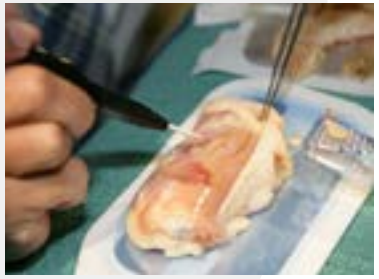
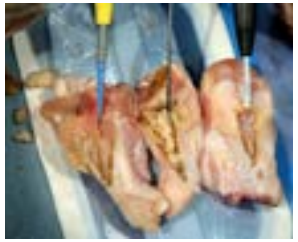
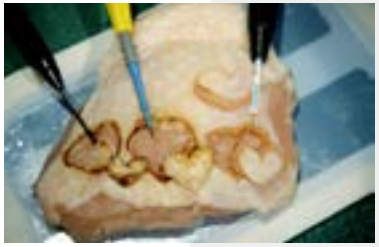
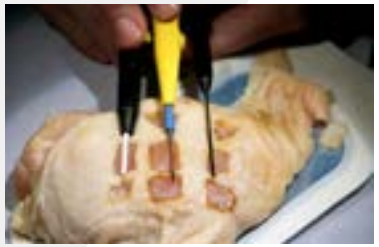
Radiosurgical and Electrocautery Lab




Precision excisions are taught and compared to enable the surgeon to objectively choose his or her device of choice.

"The surgeon is taught how to make precise incisions that allow performance of Hybrid and Barbie Look labiaplasties that cannot be done with any other technologies other than precision radiosurgery. Techniques that allow for beautiful resurfacing and revision surgery that Dr. Alinsod developed are extensively practiced on both animal and human tissues. For those interested in learning and using lasers in aesthetic gynecology, Dr. Alinsod will demonstrate and teach on materials such as dermoelectroporation, vulvovaginal lightening treatments, PRP use in aesthetic gynecology, ***ThermiVa*** non-surgical RF treatments."

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High Frequency (No Scalpel) Surgery vs. Laser Surgery

by Edward Jacobson, MD

If you have visited the many vaginal rejuvenation and labia reduction websites on the Internet you have probably discovered several different techniques promoted as the best for restorative vaginal reconstruction, especially laser surgery. As someone who was personally trained by the two top two pioneers in the specialty and who has over eight years experience with restorative vaginal surgery, let me share with you my thoughts on this subject.

For the first five years working in this subspecialty I used the laser for all of my vaginal rejuvenation and labia reduction procedures. The laser was highly marketable and well known to the public, literally and figuratively the 'cutting edge' of medical technology, and achieved very good results. Even today, many women believe if their surgeon isn't using a laser he is behind the times. Well, if the laser is so outstanding, what convinced me to switch to v surgery to perform the same procedures?

Before we go there, let's talk about the laser first. This is a device that focuses and concentrates light energy into a very precise cutting instrument. The type of laser used for vaginal rejuvenation uses a wavelength designed to seal small blood vessels as it cuts. The result: a precision incision with virtually no bleeding. However, there is a significant downside. The laser generates intense heat. The remaining tissue edges that need to be stitched together sustain a lot of thermal damage, resulting in swelling, peeling and inflammation that lasts for days or even weeks. A significant amount of post-operative discomfort persists and it takes a long time to heal, especially after vaginoplasty. During labiaplasty, if the inner labia are thin the residual heat damage can be very traumatic and result in distortion and prolonged discomfort, even it the best of hands.

High frequency surgery provides the best of all worlds. It generates a radiowave emitted by a fine wire. This cool tip doesn't even touch the skin as it cuts. As a result there is virtually no thermal effect, charring, swelling or inflammation. In fact the cut edges are 'cleaner' compared with a scalpel or knife because the width of the incision is so fine. Patients who waddled into my office the day after laser surgery now walk in with minimal discomfort, whether they had undergone

vaginoplasty or labia reduction. Where I previously ordered Percocet and Oxycontin for post operative pain with laser surgery I now only use a mild narcotic such as Vicodin, and even then only as a backup medication. Needless to say, you can be up and about and can return to normal activities faster and with greater comfort compared with the laser.

The problem with high frequency surgery is that women don't know about it and not many surgeons are trained in its use. It's actually been around for a long time and has been used by neurosurgeons, ENT surgeons and dermatologists. This is simply a new application of a well established instrument. It may not be sexy but it makes for a wonderful marriage of technology and restorative vaginal surgery.

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Sutureless Labiaplasty Revision with Radiofrequency Resurfacing

Patient History: Lady in her early thirties wanted a labial reduction. She went to a well known academic institution, a university plastic surgery practice, requesting a labiaplasty for discomfort and labial hypertrophy. The attending surgeon and resident surgeon reassured her that they had performed many labial surgeries in their careers. They had no photos of prior cases nor did they have other patients that she could speak with that the attending surgeon would recommend. The attending surgeon could not state where he learned how to do labiaplasty surgeries and stated that it was something he learned over the years and not in a residency program. He stated that it was only recently that some plastic surgery programs had started teaching labial surgeries. He stated that even gynecology residencies did not routinely teach labial surgeries. Because of the lower costs of surgery and the coverage by her insurance, she agreed to undergo labiaplasty. There was not a mention of clitoral hood surgery for symmetry of appearance.

Surgery was performed at the university surgery center. She underwent general anesthesia then an electrocautery and scalpel excision of excess labia.

She was immediately remorseful when the appearance of her surgical site had numerous bumpy and irregular areas and even worse symmetry than before surgery. She regretted not having had her hemorrhoids removed. She contacted our office and sent us photographs. We recommended a revision after a longer period of healing so that a more definitive repair could be done. Fourteen months after her initial surgery she underwent the radiosurgical resurfacing and revision and hemorrhoidectomy.

Procedure Performed: The patient requested a Barbie Appearance labiaplasty with reduction of the bulky clitoral hood. She wanted a smoothened and cleaner look with no irregular edges. A radiosurgical approach was recommended to achieve maximum tissue shrinkage and smoothness. No sutures would be placed. The Ellman Pelleve Radiosurgical device was used to smoothen and reduce the irregular edges. Radiosurgery was used to maximally shrink tissues to give a less bulky appearance without the need for sutures. Radiosurgical hemorrhoidectomy was also performed. She was told that it would take six weeks for full recovery.

Outcome: Extremely happy patient with the clean Barbie Appearance she had longed for. Relief from her former external hemorrhoids.

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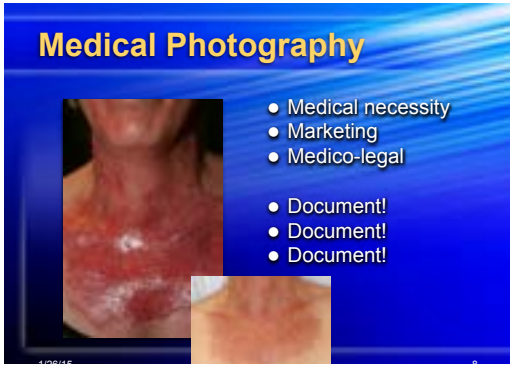
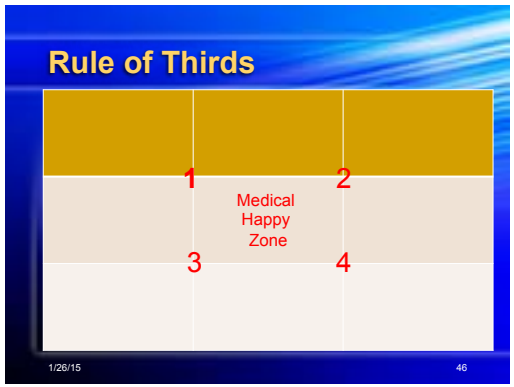
Photography Module





Case Studies of Dr. Alinsod's Vaginal Surgeries

http://urogyn.org/cases/case_index.html

"Medical photography for gynecologic medical conditions is a very difficult art that Dr. Alinsod works hard to teach his surgeons.

These are examples of how careful and precise lighting, positioning, and timing are taught to the surgeon during his preceptorship."

Please click on the Case Numbers below.

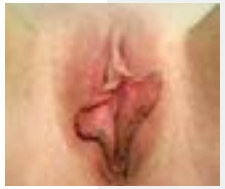

Case 1


Case 2


Case 3


Case 4


Case 5


Case 6


Case 7


Case 8


Case 9


Case 10


Case 11


Case 12


Case 13


Case 14


Case 15

Dr. Alinsod teaches the surgeon how to manage the most simple request for a labial reduction to the most complex repair of childbirth trauma, incontinence, and prolapse. This unique and integrated approach to beautiful vaginal surgery can be learned by gynecologists, urologists, urogynecologists, and interested plastic and cosmetic surgeons.

The intricate details of surgical order, labial size management, clitoral hood reduction, skin resurfacing techniques, perineal reconstruction, vaginal size evaluation, and prolapse repairs are given in a comprehensive multi media manner using print, photos, PowerPoints, videos, and live surgery. It is a transformational learning experience for the surgeon.

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Photography Module with Live Model

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Physician Testimonials

Physician Testimonials

A Testimonial for Dr. Red Alinsod from Dr. Sripoom Rungsin, Dr. Suchai Tanthawichian, Dr. Vitasna Ketglang, Director, The Cosmetic Gynecology Center

Yanhee International Hospital *highly regards Dr. Red Alinsod's training courses, a great way to promote excellence to our surgeons' practice. We extremely trust and appreciate his experience in the field as he incorporates his techniques and new medical advances with non--invasive and minimally invasive aesthetic procedures in his courses. We commend Dr. Red for his generous contribution to the medical aesthetic community through his trainings. He is superb, exceptionally professional and world--class, and we keep coming back!*

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Physician Testimonials

Alexandros Bader MD, AAOCG
Director of "Ob&Gyn and Cosmetic Gynaecology
Center of Athens
20 N.ZERVA St.
GLYFAD 16174
Athenstel: + 30 210 89 44 610
mobile: + 30 6944 98 83 57 fax : + 30 210 89 44 627
webpage: www.keepfemina.gr email: albader71@yahoo.gr

As a board certified gynecologist, I am dealing with high numbers of vaginal operations and my interest is focused on urogynecology and pelvic relaxation problems. I decided that my next goal was to increase my patient's quality of life as high as possible and to expand my knowledge regarding the sensitive pelvic and vaginal areas and focus my education on the cosmetic and aesthetic procedures that my patients are asking for.

After spending a great deal of time searching on the web, I found Dr. Red Alinsod. I also found too many other respectable colleagues, who offer such education. To be honest, I did not know any of them, since I am from far away Greece. I decided to contact Dr. Alinsod because of his reputation, professionalism, and great love of his job. My first impression was completely right since he answered my phone call almost immediately the same day. We had first contact by the phone and he gave me the feeling that my long travel to USA will be easy and very well organized. I received from this gentleman a full time education! He taught me all of his techniques and tricks over the week of surgeries. His staff looked after me at the maximum and of course we had a great time late in the afternoons to enjoy beautiful Laguna Beach.

After my return to Greece, I started immediately to perform all the new skills I acquired and using the knowledge I have received. I felt my surgical skills touched the very highest standards and my patients appreciated all of this. I feel respect for Dr. Alinsod and I am sure that he will be beside me any time I need him to support my practice in any way.

Dr. Bader has started his own teaching program in Athens and gives lectures all over Europe and the Middle East.

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Physician Testimonials

Michael Goodman, M.D.
635 Anderson Road, Suite 12B
Davis, California 95616
Phone: (530) 753 2787
Fax: (530) 750 0221
Email: info@drmichaelgoodman.com

In June 2010 I had the privilege of spending two days observing six pelvic support, sexual enhancement and genital cosmetic procedures at the hands of a gifted and innovative surgeon.

Although I am a long-experienced gynecologic, genital plastic and female cosmetic surgeon, and both teach and lecture on the subject, the two days I spent with Red were flush with new ideas about technique, helpful and innovative equipment, and office set-up. I was treated like an honored guest by both Dr. Alinsod and his kind and efficient staff.

I recommend Dr. Alinsod as a surgeon, an innovator, a mentor and a "mensch." To prospective trainees, I would recommend him as a gifted teacher who unquestionably "has his act together" when it comes to one-on-one training in all aspects of, and innovation in, women's genital plastic, cosmetic and pelvic support surgery. His courses are well organized; Red is very giving of his time, experience, and technique, including the important aspects of in-office analgesia/anesthesia, marketing, purchasing (capital expenditures and disposables) and office setup for these procedures.

Dr. Goodman started his own teaching program after his visit with Dr. Alinsod. Dr. Alinsod and Dr. Goodman are co-editing the first Academic Textbook on AVS.

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Physician Testimonials

Dr. Gracialyn Miranda-Tongol
Clinica Miranda
Ibanez Street
Barangay Sto. Nino, Angono Rizal,
1930 Philippines

I searched diligently for almost a year on the internet and spoke with professional colleagues to find the best teaching program and tutorial in aesthetic gynecology no matter what location. Every time I searched for teaching programs in "cosmetic gynecology" the name of Dr. Red Alinsod would always come out. Several competing sites offered some sort of didactic tutorial and a few surgeries but it was the sheer volume and scope of practical office surgery, meticulous eye and artistic passion of Dr. Red that kept his teaching program on top in this field. In fact, I found out that Dr. Red was responsible for the training of several very well known instructors in both America and Europe who developed their programs only after spending time with Dr. Red. He is very proud of his "students." But of course, I wanted to be trained by the trainer directly.

I finally came to Laguna Beach in the summer of 2014 to meet him in person, and spent a week doing case after case of amazing office based surgery. From the first hour of my preceptorship, I knew I had stumbled into a pot of gold. All aspects were covered from detailed surgical lectures, numerous videos, labs, photography training on live models, meeting with his very own marketing team, and more. We covered labia minoraplasty with his very own Hybrid and Barbie techniques, lateral and vertical clitoral hood reduction, labia majora reduction, hymenoplasty, perineoplasty, and full-length vaginoplasty. All were done awake in his office, with no IVs, and with the patient so very comfortable and usually either taking a nap or having a pleasant conversation with us during the actual surgery. You can't believe it until you see it. We also covered non-surgical radiofrequency tightening and PRP use on the labial and vaginal tissues. Truly inovative and something you will not see anywhere else in the world. His ***ThermiVa*** invention is game changing. It can do so much that lasers cannot achieve. It was endearing to see his very best traits, undying commitment to teach, his words of encouragement, which opened up to me a whole vision of seeing my gynecology practice on a higher plane. It was all worth the trip, my long journey from Manila to Southcoast Orange County and back, all alone by myself. But I experienced the most bountiful experience that I will cherish for a very long long time.

I'm looking forward to seeing him again in 2015 for even more advanced and ingenious techniques and technologies he himself has developed. He lets me come back as often as I wish. It seems like almost all the original ideas that are used in aesthetic gynecology have originated in beautiful Laguna Beach, California.

Lastly, Dr. Red's staff are masters of their craft. Indeed, my stay with Maria, Diane, Marisol, and Eunice was a really enjoyable and educational experience. Completely unforgettable.

With Warm regards,

Dr. LynLyn Miranda
Dec 31, 2014

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Physician Testimonials *http://urogyn.org/testimonials.html*

Dr. Earle M. Pescatore, Jr., DO
Women Specialists
2021 E Commercial Blvd #305
Fort Lauderdale, FL 33308
(954) 734-1298

Several years ago, when I attended your conference in Las Vegas, you suggested I might enjoy spending time with you at your offices in California. It took some time to arrange my schedule, but recently I was able to make the trip. From the time we first spoke on the phone to arrange my visit until after I left, everything was easy and well communicated.

It was a privilege to spend time at your office in Laguna Beach. The surrounding area is beautiful, and your facilities and staff are top notch. Not only did your staff help to arrange my hotels, they made sure I had appropriate transportation to the office. Plus , your personal experience, education, and insights make you an excellent teacher.

Each day was well planned and packed with information. I appreciated observing the live surgeries and radiofrequency treatments. The didactics were well presented, the wet lab with the use of the instruments was helpful, and your training in medical photography with both lectures and the use of live models was unparalleled. For patients in your geographic area, their choice of provider should be crysta l clear. As a urogynecologist with additional training in gynecologic oncology, you bring skills to aesthetic vaginal surgery that a plastic surgeon simply does not possess. Thank you again for the experience.

Sincerely,

Earl Pescatore, Jr. DO

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Physician Testimonials *http://urogyn.org/testimonials.html*

Dr. Yvonee Wolny
Testimonial for Dr Alinsod
Yvonne Wolny, MD
Lincoln Park GYN
830 W DIversey Pkwy, Suite 200
Chicago IL 60614
info@lpgyn.com
www.fibroidchicago.com
(773) 880-6064

After many weeks of a very diligent research for the most extensive and complete course for cosmetic gynecology, I decided to attend Dr. Alinsod's world renowned course in beautiful Laguna Beach, California. My experience exceeded all expectations given a very thorough didactics and even more the practical surgical part of the course. He is truly a perfectionist in all aspects of his clinical and surgical approach, including his superb techniques and meticulous handling of each surgical step. As a compulsive surgeon myself, it was astounding to watch; the ultimate goal to achieve the absolute perfection and not compromising until the best is achieved. Dr. Alinsod is an excellent role model for this seemingly easy but deceptively difficult subspecialty. His friendly and unassuming manner inspires confidence.

I have participated in many other programs all over the country, on both Coasts. However, Dr. Alinsod's course is significantly notches above in all aspects. It is no wonder surgeons fly in from all over the world to learn. I should have had Dr. Alinsod teach me from the start. Needless to say, I am very satisfied with my decision and thankful for Dr. Alinsod for his willingness to generously share his exceptional experience, secrets, and perfectionism to others. My confidence in performing cosmetic gynecologic procedures changed for the better after this extraordinary experience. One can't learn perfectionism, since it is an inherent quality. Thank you for the great teaching! Though seemingly expensive at first, the course is a bargain and of greatest value when it comes to my career path.

I will be returning soon to learn more.

AIAVS

Physician Testimonials

Dear Red and the Gang,

Hope you are all great. I want you all to know I think about the time I spent there frequently and how wonderful you all are and how much I appreciate your kindness. I met you in 2010 at your excellent annual Aesthetic Vulvovaginal Surgery course. It took me three years to get the courage to pay a lot of money for a visit for training with you. I had already taken Dr. Matlock's course and had decided to improve my skills. But after the course, I realized it was really stupid of me to have waited this long because of what I learned. I am a much better surgeon now both in skills from the excellent teaching I received and in the special little nuances you shared with me. You held nothing back and your showing and teaching me all your secrets meant great deal. The degree of finesse work and precision are amazing. Your techniques are unmatched and your results speak for themselves.

In addition you really let me be part of the evaluation and discussion with the patients. You had never met 3 of your 4 patients who flew in from all over the world so I saw in real time how you listened and connected with the women visiting you. You made them feel relaxed, well taken care of, and well educated. So now I am so much ore confident in how I evaluate, plan, and advice my patients. Last week I returned from your course and saw 2 women who inquired about the vaginal rejuvenation. I told both of them they were normal and did not need any surgery. But I did explain the other things I could do to help them. I have so many options available now that you have shown me! You talked me through how to do a balanced and complete evaluation. They both signed up and each one sent a friend in to see me Then those friends go excited and signed up and each one sent a friend in to see me. So in one week I paid for the course with 3 of 4 women requesting their tailor made surgery. Amazing! It used to be 1 in 4 would sign up and no one ever sent a friend in. The difference is that I am so much more confident in my presentation. I learned so much from you, Red, that now I can offer these women so much more than before. And now how I am presenting it is so much better and with confidence. Now my patients get excited too. My only regret is that I did not bring my office staff. The women that work in your office (Laureen, Maria, Diane, and Marisol) are really good. They really are very thorough and every patient leaves feeling special. In addition they know how to take great care of you so that you can be more efficient. I do wish I had brought my office staff in to learn how it is done in Laguna Beach with a Red carpet! It was a great experience.

I am off to Bangkok to lecture at a sexual surgery meeting and will look forward to seeing you out here. Hope your wife and kids are all well. I do understand now why you are visited by patients and doctors from just about all continents. Your program there in Laguna Beach is just the best. Don't know why anyone would train anywhere else. Those who choose a course just because it is less expensive will pay for it later. I hope to visit again soon in the near future.

Best wishes,

Burt Webb

AIAVS

Physician Testimonials

Essentially You
Terri-Ann Samuels MD, FACOG
4126 Southwest Freeway
Suite 1210
Houston, TX 77027
Phone: 832-356-3033

Jan 21, 2015

I searched long and hard to find the right course for me. I needed to find an upstanding physician and talented surgeon. I found these qualities in Dr. Alinsod. The wealth of knowledge Dr. Alinsod has to share is invaluable in order to approach these aspects of our specialty with confidence and responsibility. This course should not be missed. His wealth of experience makes the process seamless. And for me as a fellow urogynecologist there was the definite added benefit of THAT experience and a holistic approach to the pelvic floor. In addition, his personality and his staff make your time spent super enjoyable. I highly recommend this course and would do it again. Some of the most influential aesthetic gynecologic and plastic surgeons have made the journey from all over the world to train with Dr. Alinsod. Anyone looking for the best course and best value can find it in Laguna Beach.

Thanks Dr. Alinsod for an outstanding course.

AIAVS

Physician Testimonials

Johan Brahme, M.D.
Diplomate, American Board of Plastic Surgery
La Jolla Cosmetic Surgery Centre
9850 Genesee Ave Suite 130
La Jolla, California 92037
(800) 942-2816
drbrahme@ljcsc.com http://www.ljcsc.com

As a long-time practicing plastic surgeon I can wholeheartedly recommend Dr. Red Alinsod's one-on-one preceptorship. After researching the courses available in the United States, I came to the conclusion that Dr. Alinsod is the most skilled and credentialed of vaginal surgeons and one with the best teaching preceptorships around. The course itself was very well organized and I was exposed to a wide variety of vaginal procedures. Content materials were excellent. I was able to bring my staff, which meant that we received all the information to start vaginal rejuvenation procedures immediately. I am very happy to say that this part of my practice continues to grow and that there is a definite pent-up demand for these services. I feel that the hands-on approach of Dr. Alinsod's program are invaluable. All in all it was a great time and an excellent investment. I will be happy to talk to you about my experiences.

AIAVS

Physician Testimonials

Edward Jacobson, MD, FACOG
Greenwich Center for Restorative Vaginal Surgery
One Perryridge Road,Greenwich, CT 06830
Tel: 203 869-8360 Tel: 888-248-3003 Fax: 203 329-9740
Email: drjacobson@lvrdoc.com
Web: http://cosmeticvaginalsurgery.com
Contact Dr Jacobson: Calls from outside USA: 001 203 869 8360

I am a board certified gynecologist and have been in private practice in Greenwich, Connecticut for over 25 years. I have specialized in sexual enhancement surgery since 2003 and have performed well over 1000 procedures covering vaginoplasty, labial reduction, labia majora reduction and hymenoplasty. I found Dr. Red Alinsod of Laguna Beach, California, who pioneered a different and unique approach to aesthetic vaginal procedures using radiosurgery with the Ellman Surgitron®.

I worked two very full days with Red in a one-on-one preceptorship, learning his techniques for surgery under local anesthesia, use of fine suture materials, and how to make precision incisions with radiosurgical instruments resulting in a 90% reduction in lateral thermal damage that I found so problematic with other power devices. We used radiosurgery with the Ellman Surgitron® for reduced post-operative discomfort, minimal scar formation, enhanced healing and excellent cosmetic results. Within 10 days I incorporated all of these newly learned skills into my practice and was delighted not only with the immediate cosmetic results but with the significant reduction in post-operative discomfort experienced by my patients. Most importantly of course, patients were extremely pleased with the results.

A patient who I previously performed labiaplasty couldn't believe how comfortable she was immediately after a subsequent vaginoplasty. Individualized training with Dr. Alinsod was not inexpensive, and I had my reservations before committing to work with him. Those doubts were completely dispelled. Red is a terrific teacher and has showed me how to provide a much higher level of aesthetic surgery for my patients. His training is unquestionably worth the cost.

Edward Jacobson, MD

AIAVS

Physician Testimonials

Dr. Igor Emanuel Martinek, MD
FMH Gynaecology & Obstetrics
FMH Operative Gynaecology
The Swiss Institute, Montreux Switzerland and London UK
2 Chemin de la Prairie 1815 Clarens Montreux Switzerland
T +4121 981 02 02 F +4121 981 02 04
info@swissinstitute.com

Acknowledgement to Dr. Red Alinsod for his website.

I am Swiss board certified gynaecologist and surgeon and had the privilege to attend a full preceptorship with Dr. Alinsod. Going straight to the point: this was a highlight and the most interesting and enriching post graduate training I have done and the best investment time and resource wise.

Many thanks to you dear Red for the new insights you gave and the human bonds made during this intensive week. I especially enjoyed the tips and tricks you gave which make all the difference at the end of the day. I was able to witness your human and compassionate attitude towards patients. My patients at the Swiss Institute are grateful to me for what I learnt from you. The experience was unique and I look forward to our maintained fellowship.

With all my gratitude and thanks.

Dr. Igor Emanuel Martinek, MD

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Physician Testimonials

Thierry D. Pache, MD, PhD, MBA
FMH Gynaecology & Obstetrics & Gynaecological Surgery
FMH Reproductive Medicine & Gynaecological Endocrinology
Ch. de la Prairie 2 – 1815 Clarens/Montreux – Switzerland
The Swiss Institute - 112 Harley Street, W1G 7QJ London – UK
E-mail to: drpache.info@swissinstitute.com
E-mail to: mmc@montreuxmenopause.com

It was a pleasure and a most rewarding experience to attend Red Alinsod's preceptorship in esthetic vaginal surgery. As a newcomer in the field, notwithstanding a 25 years experience in the area of gynaecological pelvic surgery, I was amazed to be taught a number of delicate procedures and «tricks » I was not aware of. Red Alinsod's longstanding and outstanding expertise was conveyed with an extreme patience, a very rare gift of didactics, and a message of a lot of care and respect for the patient on the top of it. Indeed, Red a lot of thanks for paving my way towards this very delicate and somewhat « artistic » side of surgery, I do hope that our collaboration will strengthen in the years to come, for the best sake of patients in need of repair in this most delicate part of their anatomy. Warmest regards!

Physician Testimonials

Eser Agar, MD, Istanbul Turkey
+90 505 260 7238
+90 533 731 3556
www.eseragar.com

I am practicing gynecology in Istanbul, Turkey. Since the beginning of my career, my interest was in aesthetic surgery and after specializing in gynecology, I sought to specialize in both aesthetic vaginal and pelvic floor surgery. For a long time, I dug deep into the internet for someone who provided a teaching course and found Dr. Alinsod. I decided to take his Aesthetic Vulvovaginal Surgery course because of his world-renowned reputation on this subject. I researched all the training programs available in the U.S. and the world and found out that Dr. Alinsod's program is second to none. It is the best teaching available for learning the new field of Aesthetic Vulvovaginal Surgery. His expertise in both reconstructive vaginal surgery and Aesthetic Vulvovaginal Surgery and in urogynecology makes the decision easy and sound. He has invented most everything that is new in the field of Aesthetic Vulvovaginal Surgery. Why go elsewhere when you can go to the source of brilliant techniques. So I flew over 20 hours to California for this opportunity.

When I came to Laguna Beach, I met a kind, helpful, and happy person. Wewere instant friends. He infused his surgical skills into me and taught me his finer points on aesthetic vulvovaginal and pelvic floor surgery. We did cases for an entire week mostly in his office. Amazing feats of surgery with the patient awake and comfortable, truly useful in countries such as mine where cost savings are very important. He showed me an amazing new technique for hymenoplasty which will be helpful to those nations that are doing hymenoplasty in large numbers. You would be surprised about the innovation of his technique and the fantastic results he has achieved with this surgery. Patients from all over the Middle East and the world travel to Laguna Beach to take advantage of Dr. Alinsod's compulsion for perfection.

I thank Dr. Alinsod for his kindness, for his smiling face and hospitality. I greatly appreciate the time he spent with me. We will be friends for life and I look forward to Dr. Alinsod's visits to Europe. I would also like to thank Laureen, Tasha, Maria and Diane. I hope to meet you again in the near future.

AIAVS

Physician Testimonials

Elizabeth Hutson, M.D.
Board Certified Gynecologist
Reno Gynecology
343 Elm Street, Suite 306
Reno, NV 89503
Tel: 775-324-4477
FAX: 775-324-0858
Web: http://www.renogynecology.com

I am a board certified gynecologist practicing in Reno NV with a very talented and progressive group of physicians. Our interests include general gynecology, minimally invasive surgery, urogynecology with pelvic reconstruction and in-office procedures. I first met Dr. Alinsod about 5 years ago when I came to watch him do pelvic reconstruction with permanent mesh. I was "wowed" by his surgical skills, compassionate and caring nature, and his teaching style. He made it easy for me to adopt his practical, innovative, and brilliant approach to pelvic reconstruction. Over the past 5 years, our group has been using the "Alinsod technique" for vaginal reconstruction with great results. After reviewing his data on the Restorelle mesh presented at AAGL in 2008, we decided to visit again to gain further insight on his current techniques and pearls regarding pelvic reconstruction and urethral slings. Coloplast sponsored the day with Dr. Alinsod and his delightful staff and we found this course to be very helpful and enlightening. He also tickled our interest in Aesthetic Vulvovaginal Surgery and invited us to take his training course.

I took the Aesthetic Vulvovaginal Surgery course with Dr. Alinsod and gained even greater respect for him. The course was fascinating, informative, comprehensive, unbelievable, tailored, professional, and …FUN! The amount of information provided was incredible and beyond generous. The enthusiasm that Dr. Alinsod has in this area of his practice is contagious. During the course, I kept trying to process all the pearls and tools and how I could apply them to my practice as soon as possible. While the surgeries were impressive and packed full of tricks and tips for success, the supporting information regarding setting up this kind of practice was equally helpful. I feel honored to have had the opportunity to work with Dr. Alinsod and learn from a true master and pioneer in the field of vaginal surgery. I would highly recommend this course to anyone interested in Aesthetic Vulvovaginal Surgery and believe that the investment will be returned many-fold!

Elizabeth Hutson, M.D.

AIAVS

Physician Testimonials

Thomas T. Easter, M.D.
Womens Medical Group of Upland
Rejuvenaire Medspa
600 N. Mountain Ave, Ste A104
Upland, CA 91786
Phone: 909/ 373-3149

My experience working with Dr. Alinsod was extremely rewarding from both an educational and financial standpoint. The surgical training I received allowed me to immediately begin introducing vaginal rejuvenation procedures to my office practice safely with high patient satisfaction. The value of " in office" cosmetic vaginal surgery provides an opportunity to manage one's time in a more efficient and economical manner. Eliminating the reliance on insurance reimbursement is liberating. He provides a comprehensive program with precise surgical technique and unique technical approaches to the restoration of the female pelvic floor. He is truly defined by the statement " a scholar and a gentleman". I have continued to consult Dr. Alinsod since my training and he eagerly responds and provides helpful hints and solutions to complex anatomical issues. I highly recommend the " one on one" teaching experience and the marketing information which is needed to successfully develop a cosmetic vaginal practice.

Ladynez Espinal, MD
Lady's Care Center
3000 SW 148 Ave Suite 215
Miramar, FL 33027
Phone: 954.538.1700

I had an amazing experience during my preceptorship! I learned various techniques for pelvic floor reconstruction that I can't wait to apply in the OR. My experience in those 4 days were invaluable. I had the opportunity to see both inpatient pelvic reconstruction cases, sub urethral sling placement, and outpatient aesthetic vaginal surgeries which included clitoral hood reduction, labiaplasty, and vaginoplasty.

You are a great teacher and your way of teaching is very efficient and thorough. I wouldn't trade the experience of training with you over anyone else. It was worth traveling across the country. Your knowledge in the field, I believe, is unsurpassable as well as your bedside manners. I did my research on physicians trained in labiaplasty and I know I made the right choice because not only does one learn the aesthetic portion, one learns the proper anatomy and technique needed for pelvic reconstruction. I can't foresee any physician who desires training in pelvic reconstruction or Aesthetic Vulvovaginal Surgery ever regret doing the preceptorship with you or ever think they have been short-changed.

I highly recommend this preceptorship! Thanks again!

AIAVS

Physician Testimonials

Michael H. Safir, MD
Diplomate American Board of Urology
23101 Sherman Pl, Ste 304 West Hills, CA 91307
Tel: 818-703-9500 Fax: 818-703-9506
Web: http://www.drsafir.com

I am a reconstructive and female urologist in the San Fernando Valley and Beverly Hills and was fortunate to attend a private preceptorship in Aesthetic Vulvovaginal Surgery with Dr. Red Alinsod.

You will reliably begin your training with high expectations regarding the quality of the training due to the cost of the program, but you will certainly not be disappointed and will likely leave only wishing you had attended sooner. From the beginning of your experience to the end, you will feel that Dr. Alinsod has painstakingly crafted his unique program only for you and that he has carefully chosen surgical patients, during your training, who demonstrate the spectrum of functional and aesthetic challenges.

I sought out Dr. Alinsod to provide comprehensive aesthetic vaginal training to complement my formal training and expertise in repair of pelvic prolapse and urinary incontinence. The surgical experience was terrific, beginning with discovering Red's approach to augmented mesh prolapse repairs. Even the most seasoned pelvic reconstructive surgeons will discover surgical pearls from Red and I am already using some of the pearls I have "stolen" from Red.

The days in the office are a mix of surgically relevant and carefully thought out lectures and observation of Red's surgical methods. He is a consummate surgical instructor and a gentleman. Red has "opened up" his secrets for developing a successful aesthetic practice that focuses on surgical excellence and compassionate care. It is as close to a turn-key practice addition as one could hope to achieve.

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Physician Testimonials

Otto J. Placik, M.D.
Associated Plastic Surgeons, SC
MD Aesthetics Skin Care Center
880 West Central Road, Suite 3100
Arlington Heights IL 60005
Phone: 847/398-1660

As a board certified plastic surgeon performing Aesthetic Vulvovaginal Surgery, I sought the expertise of Dr. Alinsod to refine my skills and expand my knowledge base. I found the education I received invaluable and would highly recommend it for surgeons just beginning to explore this opportunity as well as for those wishing to master the intricacies of the operation.

I was grateful to leave Chicago for a break to study on a bright sunny day in Dr. Alinsod's office overlooking the Pacific Ocean. His fully equipped operatory suites and expansive office allowed sufficient room to accommodate myself as well as my staff for a lecture in his audiovisual conference area and surgical observation. He provided obscure and essential details that have been gained from his practice. He was meticulous in his explanations covering all aspects of the various procedures from consult to pre-op eval to photography to surgical assist to equipment setup and spec to post-op care and follow-up. The "hands-on" participation during the procedure was extremely valuable and insightful. The instruction even included an enlightening lab exercise to demonstrate comparable methods (laser, radiofrequency, and electrosurgery) of labiaplasty which I found eye-opening.

I appreciated receiving educational materials and a starter set of vaginal retractors specially designed by Dr. Alinsod for the vaginoplasty procedure. He discussed many pearls and graciously offered proprietary publications which have obviously taken years to develop. We discussed key issues such as marketing advice, web site design/positioning, and print advertising. He also openly presented his contacts for each of these services and was most willing to provide introductions. His printed materials included an extraordinarily detailed syllabus and practice management resources. He welcomed my questions and answered them thoroughly. I benefited tremendously from the interdisciplinary exchange of information. Given the lack of published materials on this subject, I looked into many of the other training opportunities and was extremely pleased with my choice of Dr. Alinsod.

This experience provided the best value for the time and monies spent.

AIAVS

Physician Testimonials

Thomas L. Roberts, III, MD, FACS
Associate Clinical Professor of Plastic Surgery,
Medical University of South Carolina
Phone: 864-583-1222
Town & Country Magazine named Dr. Roberts
One of the Top Plastic Surgeons in America

As a board certified plastic surgeon, I was very interested in finding what solid clinical material might be available to understand more fully the concept of "vaginal rejuvenation." My search led to Dr. Red Alinsod, a Board Certified Gynecologist in Laguna Beach, California, whose practice consists exclusively of reconstructive and aesthetic procedures in the female perineal area. Not only does he have a busy clinical practice, but he teaches frequently.

I personally took a 10-hour preceptorship with him. The day began early with about 2 hours of well illustrated didactic material. We then interviewed the first surgical patient, and he demonstrated the standard photographic views, which are fairly complex even for a very experienced photographer. He discussed her procedures and the indications for it and then my surgical nurse and I saw these procedures done in Dr. Alinsod's surgical suite under local anesthetic and mild sedation. Dr. Alinsod discusses the procedure and the anatomy the entire time and is a natural teacher. The first procedure included reduction labiaplasty and vaginal rejuvenation. This involves a true anatomic recreation of a tighter, more functional vagina, as well as a lot of attention to aesthetic details. The labiaplasty was meticulously performed and repaired with the skill we appreciate in plastic surgery.

The second procedure was a vaginoplasty and reconstruction of the hymen; the patient was encouraged to discuss with us the reasons for the surgery and we found them very interesting.

I gained a new respect for this field and certainly for Dr. Red Alinsod, and would recommend him highly for anyone seeking a good one-on-one preceptorship.

If you have any further questions, please feel free to contact me at my office at 864 583-1222.

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Physician Testimonials

Les Blackstock, M.D.
Medical Director Enhance Clinic
5 Claremont Street South Yarra 3141
Melbourne Victoria Australia.
Freecall 1800 062 181
Phone 03 9829 7777
Facsimile 03 99829 7766
http://www.aesthetica.com.au
doctor@enhanceclinic.com.au

I would like to offer my thanks for your excellent training. When I was researching the place to get training in this new area I contacted peers and assessed the local knowledge base and training and found it grossly wanting. I was aware of training offered in Los Angeles and Florida but after contacting others I felt the presentation of Dr. Red Alinsod and the American Academy of Cosmetic Gynecology was the best choice, so I flew half way around the world to train with them. I was glad I did. The course was well prepared, well resourced and well presented. I felt that in the environment I undertook that training I learnt efficiently and when I was assess on my knowledge by Dr. Alinsod the learning reflect his trust in my skills. I was able to start doing cases on my return and Dr. Alinsod and the American Academy of Cosmetic Gynecology have both offer excellent ongoing support and I look forward to being an active member as the special interest area gains international interest. I would endorse the training and be happy to discuss this with any potential candidates.

Regards,

Dr. Les Blackstock, Medical Director

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Physician Testimonials

Oscar A. Aguirre, MD, FACOG
President, Pelvic Specialty Care
The Center for Female Pelvic Medicine
Medical Director, Female Pelvic Medicine & Reconstructive Surgery
President & Medical Director, Milestone Medical Research, Inc.
Clinical Assistant Professor, University of Colorado Health Sciences Center, Department of Obstetrics & Gynecology
Certified Associate of the Laser Vaginal Rejuvenation Institute of America
Englewood, CO

I have had the privilege of participating in Dr. Alinsod's intensive one-on-one training in advanced Aesthetic Vulvovaginal Surgery. As an accomplished fellowship-trained urogynecologist and reconstructive pelvic surgeon with an emphasis on vaginal rejuvenation, I feel my time spent with Dr. Alinsod was invaluable. I have now implemented an office based aesthetic vaginal surgical program which benefits both my patients and my practice. Observing Dr. Alinsod's superior surgical skills and distinctive approach to Aesthetic Vulvovaginal Surgery, with the patient comfortably awake and without an I.V., was illuminating. I did not think it was possible till I saw it with my own eyes. I have added the techniques which he taught me to my current armamentarium of Aesthetic Vulvovaginal Surgery.

Sandip Maiti, M.D.
Medicina Pelvica Avanzada
OCA Medical Center
pino suarez 645 Centro, Monterrey
Mexico
Phone: (81)80440780
sandipmaiti@hotmail.com

Sailing through the internet I came to know about Dr. Alinsod through his web page. It was really great for me to take my training with him and get certified by America Academy of Cosmetic Gynecology in Oct 2007. He, as a urogynecologist and aesthetic vaginal surgeon, is an innovated man with great ideas for converting, through surgery, something beautiful. The time I was with him in the training, he taught me to be very precise in the techniques, and how to get great results. For me, as a urogynecologist also, it was easier for me to understand his techniques and apply them along with the pelvic reconstructive surgery. He is a very nice, human, patient and professional teacher. I had a great time at South Coast Urogynecology center in Laguna Beach.

Thank you, Dr. Alinsod.

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Physician Testimonials

David Ghozland, M.D.
530 Wilshire Blvd, Suite 202B
Santa Monica, CA 90401
(P) 310-393-9359
http://davidghozland.com

I have always had a passion for vaginal reconstructive surgery. Therefore, when I decided to take the next step in my training. I not only looked for someone with excellent surgical skills and on the cutting edge of cosmetic vaginal surgery but someone who could inspire me to see things in a whole new light. Dr. Red Alinsod did just that, he generously shared his wealth of experience and outstanding surgical skills but even more so, he mentored me in how to reconstruct my practice and inspired me to take my surgical skills to a whole new level and direction. Both he and his staff have been phenomenal in every which way.

Neil Goodman, M.D., PH.D., FACOG, FAACS
President, Cosmetic & Laser Consultants, LTD.
Faculty, American Academy of Cosmetic Gynecologists
Speaker, Allergan National Faculty
Luminary, Palomar Technologies
New York, NY

Dr. Alinsod runs a very comprehensive and organized teaching program for vaginal rejuvenation under local anesthesia. He clearly demonstrates why a laser is not necessary and gives useful insights on how to get the best results while avoiding complications. I highly recommend his teaching program to all gynecologists who wish to begin office based vaginal rejuvenation procedures.

AIAVS

Physician Testimonials

Maria L. Rodriguez, MD, FACOG
1691 Galisteo, Suite D,
Santa Fe, NM 87505
Phone: 505/989-3870

I am a gynecologist in Santa Fe, NM. My aesthetic practice is the Women's Center for Aesthetic & Vaginal Rejuvenation. I researched which course I wanted to take and have had absolutely no regrets I chose to take Dr. Alinsod's course in vaginal rejuvenation. I had an exceptional time training with Dr. Alinsod. He is an extremely talented surgeon and is very open to share his knowledge and techniques. His meticulous technique was very important to me as I also am a perfectionist when it comes to surgery. He was fun and pleasant to be around. His staff was very accommodating and made me feel welcome. His techniques do produce results women are looking for and the results speak for themselves. I have been back several times to watch him work and he has always been very accommodating to allow me to observe whenever I come out to Laguna Beach. He takes the time necessary to give his patients the necessary preop instructions and never makes his patients feel rushed. I was also impressed with his bedside manner.

I would highly recommend Dr. Alinsod's aesthetic course in vaginal rejuvenation over any other available courses. His friendly personality, his expertise and openness to share his techniques is invaluable in a training course. He is also talented in photography and using his website to the fullest. He also shares his techniques on how to take photos at the right angles to enhance your work. He also has a very successful Urogynecology practice. You come away feeling as though you have a friend and mentor for life.

Thank you Red

Susan Hardwick-Smith, MD, President
6410 Fannin Suite 825,
Houston, TX 77030
ph 713-791-9100
fax 713-791-1016
www.CompleteWomensCareCenter.com

I had the pleasure of taking Red's private course this week and I am very happy that I made the trip. Although I have had a successful cosmetic gyn practice for several years, he provided me with some very useful tips and ideas that will be extremely helpful to me in my practice. Red's openness and willingness to share his enormous knowledge and experience is refreshing, and I highly recommend that anyone in this field, new or experienced, spend some time one on one with him to absorb as much as possible. I hope to come back soon and enjoy the great company and the amazing Laguna Beach weather!

AIAVS

Physician Testimonials

Gregory P. Zengo, MD
Practical CME Medical Training / PracticalCME.com
2 South Main St. Suite
Watkinsville, GA 30677
www.newimagegeorgia.com
(706) 769-5757 Email: gzengo@bellsouth.net

As an OB/GYN physician who has practiced aesthetic and wellness medicine for the past 10 years, I can say that Dr. Alinsod's course in cosmetic vaginal surgery is a true highlight of my postgraduate medical training. Dr. Alinsod emphasizes the surgical techniques first and foremost, without complicating the surgery with needless extra steps that do not improve the results. There is absolutely no pressure to buy proprietary equipment. His techniques are well-presented in a very logical manner and demonstrated so clearly and meticulously that any motivated physician can learn these procedures and practice them in their office with great results.
Moreover, the extensive syllabus and office forms (both in print and digital) reinforce the training and have allowed for the smooth addition of this service into my practice. I felt that after this training course, I learned how to adapt my current surgical technique to perform labiaplasty and vaginoplasty in my office with great results, and market the service effectively to my patients. Dr. Alinsod's course is truly the first choice for any physician looking to add cosmetic vaginal surgery to his practice.

Kyung S. Park, M.D., FACOG
100 Stevens Ave. 7 FL.
Mount Vernon, NY 10550
914-668-9090 (Office)
914-668-6465 (Fax)
www.drkpark.com

I am a board certified OBGYN physician and have been practicing in New York over the past 25 years. I have been performing vaginoplasty and labiaplasty with diode laser for the last 7 years. Even though I have had good results, I have dealt with some surgical aesthetic concerns.

With Dr. Alinsod's preceptorship program I learned of three major surgical tips in performing these procedures. First, using the Ellman Surgitron I am able to make precise clean incisions without lateral heat damage. Secondly, surgery under local anesthesia has benefitted both myself and the patient.

Lastly, learning how to do a scar revision, I am able to deal with a patient who has aesthetic concerns due to alteral heat damage.

Dr. Alinsod is an excellent surgeon, great teacher and a fine person. This was an extremely positive educational experience for me.

AIAVS

Physician Testimonials

Lyn Lam, MD
1267 Kawaihae Road
Kamuela, HI 96743
Phone: 808-885-7511

The days spent in one-on-one teaching with Dr. Red Alinsod have been the most valuable of any continuing education programs I have done in the past twenty years. There is no higher method of instruction than the thorough and insightful sharing of procedures and experience which he provides. The course was completely tailored to my needs as an experienced Urogynecologist wanting to add Aesthetic Gynecology to my practice.

For the experienced Gyn surgeon Dr. Alinsod provides every detail needed to facilitate changing the course of your practice with ease. If a comprehensive program is wanted, look no further.

J. Kyle Mathews, MD, FACOG, AACS
Plano Urogynecology Associates
Institute for Aesthetic Vulvovaginal Surgery
3108 Midway Road, Suite 210
Plano, TX 75093
972-781-1444
www.drjkm.com

Throughout my life I have had the opportunity to learn from industry icons that not only are leaders in their fields but develop them as well. These experiences have proven invaluable. Dr. Alinsod is one such individual. His foresight, innovation, and personality provided a great learning experience that has furthered my knowledge and skills in Aesthetic Vulvovaginal Surgery. The opportunity to learn from a truly exceptional vaginal surgeon cannot be over emphasized. His ability to teach his innovative techniques, and explain complex concepts makes his preceptor experience second to none. With a well-organized staff, excellent operating facilities, and great location, I am left with only one question, "When can I go back."

I highly recommend Dr. Alinsod's Aesthetic Vulvovaginal Surgery Course. His willingness to share advanced techniques, surgical pearls, and vast experience make the course an exceptional learning experience. The course is well organized and case observations are excellent. The extensive syllabus, office forms, and supportive materials reinforce the training experience and provide a valued resource for review and reference. It has been my privilege to work with Dr. Alinsod on a number of occasions now and each time I leave with a vast improvement of my knowledge, and skills. He is truly an innovator in the field. Hope all is well. JKM

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Physician Testimonials

Dr. Sejal Desai
MD, DNB, MICOG, FCPS, DGO, DFP
Sarla Hospital & ICU, Santacruz (West)
Mumbai - 400 054, India
Tel.: +91-9820-019-805 | +91-22-6117-8811/8822/8833
Email: sejaldesai@dr.com | Web: www.drsejaldesai.com

I had the most amazing time in my preceptorship with Dr. Red. What can I say about Aesthetic Vulvovaginal Surgery! It was an eye-opener, something beyond what I had imagined. There was a demand created (excellent marketing skills), patients were counseled (superb team), beautiful surgeries, patients' needs were top priority & end results- truly breathtaking!

Coming from India, where prolapse is very common, I thought I had seen it all in Vaginal Reconstructive Surgery, but was pleasantly proved utterly wrong.

Dr. Red is an astounding surgeon. He thinks the case entirely through, is very clear about anatomic landmarks & is a bold surgeon. His operative skills are "par excellence" and he gives the patient his best…which is the best available. His mindset is of a plastic surgeon….He is soooo patient, every stitch is perfect, like poetry in motion. To top it all, the environment is so warm & friendly, making it so easy to communicate, have an open mind, & learn. If I could even put half of his efforts & skills into practice…I would feel I achieved.

The experience was unique. To invite Dr. Red & his entire team to India would indeed be a pleasure.
I really look forward a long association.

Warm Regards
Dr. Sejal Desai

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Physician Testimonials

August 29, 2012

Dear Dr. Red Alinsod and Your Wonderful Staff,

I would like to express my sincere gratitude for the thorough, precise, candid experience you gave me during my course with you. The technical instruction I received far surpassed my expectations. I am impressed with, and grateful for, the amount of specific detail to which you provided me. I felt you completely opened up your practice, techniques and secrets to success and that was more than I could have hoped for. You welcomed my plethora of questions with smiles and honest answers.
What is truly amazing about your program is that the learning and support didn't stop with the completion of my 3-day course. You graciously invited both me and my staff to return whenever needed to ask more questions or to do more observing. In addition, your offer of continued mentors hip after our second visit was a pleasant and welcomed gesture.

The ability to learn from and observe several live surgical cases was invaluable. I am completely satisfied with my choice in your program. I evaluated several other programs and cannot imagine anyone being able to find a more valuable experience than the one . my staff and I shared with you.

I wish you continued success and thank you immensely for the solid start you have provided me on my new venture.

Fondly,
Courteney White, MD

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Patient Testimonials

Patient Testimonials

I decided to have labiaplasty because I was embarrassed about the size of my labia minora, they were too big. I wanted to feel sexy, and I could not feel that way with my inner lips the way they were. I don't have a lot of money, so when I saw an ad for this very inexpensive place called San Dimas Surgical Center, I thought this sounded like a good choice. The first thing that should have raised a red flag that this wasn't the ideal place to have surgery was the fact that on the website there wasn't any information about the doctor who would be performing my surgery, namely his expertise, which should never be the case with any surgical procedure. To be honest, I just thought this was a common procedure often performed, and it never crossed my mind that anything could go so terribly wrong. After the surgery, I noticed a difference between my two inner lips immediately, but I thought maybe it was just the swelling and it would all end up looking normal after a couple of months. Well, a couple of months passed, and it just ended up looking worse. One side was still very big, and the other side was very short and bumpy, with notches of skin through out. I felt totally scarred and deformed, and what's worse I thought it would be a permanent problem. I even thought I might have to give up sex because it looked so awful. I was very depressed and worried. This is were I started doing some research and I wanted to find, this time, the best in the business. I came across Alinsod Institute, and took a look at Dr. Alinsod's work. His pictures of labiaplasty procedures were the best I'd ever seen, so smooth, so natural. Based on his pictures, I thought if anybody can help me, it has to be him. And sure enough, when I met Dr. Alinsod he made me feel so at ease, he is such a gentleman, and so in touch with what a woman needs. He assured me that he could help me, and those news, to a woman who felt so incredibly hopeless up to that point, were music to my ears. My final results are incredible. I am so smooth down there, that I don't even think any man would ever notice I had anything done! I'm very satisfied with my results. If I could do this procedure over again, I would never again choose a doctor based on price. I would, without a doubt, choose Dr. Alinsod. He is very experienced at what he does, and has a great staff, most noticeably, Maria, his assistant, who was always so nice and reassuring. If you are considering labiaplasty, please choose wisely, this is such a complex procedure, and you should only let the most experienced surgeon work on such a delicate and important area to us women. Thank You Dr. Alinsod!!! – *C*

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Patient Testimonials

I couldn't be happier with the results of my labiaplasty – with the beautiful transformation done on me by Dr. Red Alinsod at Alinsod Institute. It has made a huge difference in my everyday comfort (no more rubbing and chafing!) and I must say, I do think my vulva looks beautiful; a definite added bonus to a procedure I saw primarily as a physiological necessity rather than an aesthetic choice. The result is symmetrical, pretty, and totally natural looking. There is no scarring, and no loss of sensation of any kind.

I'm really glad I flew out to California all the way from Boston, Massachusetts just to have Dr. Alinsod do this procedure. The added expense was well worth it. I had spent many months researching doctors doing this procedure and found that Dr. Alinsod's web site conveyed an unparalleled professionalism, the best "before" and "after" pictures, the friendliest staff, and comforting photos of the clinic offices. I was especially impressed by the on line patient information and handouts, and detailed description of what to expect before, during and after the procedure. It was obvious to me that he really cares about his patients, has a high level of perfectionism, and understands that this is a bit of a scary decision to make. I knew right away that this was the place to go to be treated with respect, kindness and to get the best care and excellence. Also, I wanted the procedure to be done using the Ellman Surgitron Radio frequency device, rather than with the lasers used in most other clinics. After reading about it, it became clear that Dr. Alinsod is a leader in his field and that the Surgitron is the best tool.

In person, Dr. Alinsod's bedside manner is kind, gentle, sincere and immediately puts you at ease—completely professional. And his wonderful assistant, Maria, was there to hold my hand in every way. I felt confident that I was in the best of hands and that everything would go well, as it did! I was also given every opportunity to talk with Dr. Alinsod directly at any point in the following weeks and months when I had concerns or questions about the healing process. My emails and phone calls were always returned immediately or within hours by Dr. Alinsod himself. I have never been so well cared for during a surgical procedure. If any gynecological issues should come up in my future, I will definitely go directly to Dr. Alinsod and his staff. *–Catlin, Boston, MA*

Dear Dr. Alinsod, I will try my best to explain in words how I feel about my vaginoplasty and perineoplasty surgery. I would of never considered plastic surgery vaginal rejuvenation, until I needed bladder and rectal repair. My organs were no longer where they belonged. My first feeling that something was not quite right was a wideness in my pelvic area and feeling of separateness. Then a difficult and long time to urinate. It wasn't until my organs fell into my pelvic anatomy and sex with my husband was extremely emotional. My condition went from moderate to severe.

I felt my vaginal anatomy was ruined and knew just fixing my organs would not be enough. I am not your plastic surgery type nor do I believe it should be in this category. These issues are at the core of a women's sensuality. Us women at the age of 50 and over don't realize the change in that area since it is so gradual or until something serious like your organs falling.

I gave your card to 2 of my friends that called and asked re: vaginoplasty, etc. After, I told them how perfect I feel from the reconstruction as well as if I had a butt lift my buddies want a new vagina as well. Two days after surgery, while in the hospital, I showed my girlfriend and she said it looked just like a 21 year old. She couldn't believe how good it looked on the 2nd day or recovery. I told her the advertisement indicates you will look like a 21 year old again. A bonus is the 21 year old vaginal canal. I feel renewed and restored as well as empowered and somewhat young again. I could be a spokeswomen for these procedures in the enlighten state I feel. Thank you once again. I hope your creative future restoring a woman's core being her sensuality and sexuality grows big and bright. Further, the wonderful women employed by Dr. Alinsod are the best, without them I could not of gone through this surgery. *Love and Light E*

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Patient Testimonials

Since the birth of my 3rd child, I searched for a physician who would help me correct what I was told to be "normal" by numerous obstetricians / gynecologists. I thought I had stress incontinence, and knew I had large, uncomfortable labia, and a stretched vagina. I felt helpless until I met Dr. Alinsod.

It was last year when I discovered Dr. Red Alinsod by searching the Internet. I contacted him via e-mail and to my surprise was contacted the next day, which happened to be on a Saturday. I could not believe the quick response and his sincerity and loyalty to his patients. I immediately knew he was a genuine person and very experienced by our phone conversation. He understood my needs and scheduled a consult.

Dr. Alinsod performed a labiaplasty with unbelievable results. I was so impressed. I went back and within two months had a vaginoplasty, rectocele repair, and stress incontinence sling. My quality of life is 110% better.

I travel from North County, San Diego area to Laguna to see Dr. Alinsod. I highly recommend traveling across the states to anyone seeking the highest quality, state-of-the-art treatment. Dr. Alinsod is compassionate and truly takes pride in his profession. He is professional and kind with communication being one of his best qualities. I recommend Dr. Alinsod to all of my family and friends. I truly wish that all physicians practiced medicine in the same manner as Dr. Alinsod. He is simply amazing. – *DM* I am originally from the Middle East and in my mid-twenties. After my child was born, some things just weren't the same (ladies you know what I mean!). But of all the changes my body was going through, this was one that I couldn't stand. I eventually got the guts to say enough, and do something about it (after trying a billion Kegels with no results!) I had a consultation with Dr. Alinsod and shortly after I decided to go with the vaginoplasty, and perineoplasty. The first week after the procedure was tough, but then it just healed nicely and really changed my life! My partner feels a great difference and the procedure was definitely worth it for the both of us.

Dr. Alinsod is very professional and experienced and really did a wonderful job making me feel more like my pre-baby self again! *–EM, from Cairo*

Dr. Alinsod. Now that I am on the recovery side of my surgery, I had to write to tell you how much your compassionate care for me made the process of my bladder surgery possible. I couldn't have gone through this without the help of you and your staff. As you know, I was terrified at the prospect of undergoing bladder surgery and when you added the other procedures to the picture, I was very nervous about the outcome. My recovery has been manageable and now I'm looking forward to getting back to my active lifestyle with no worries whatsoever.

I can't thank you enough for all that you have done. Your communication skills are terrific and that made it easier to understand the procedures that I was having. In addition, your nurse Maria is really a saint. I put her to the test with my concerns about my bladder and she shouldered them all with that loving way she treats your patients. I feel blessed to be a part of your medical family and have already recommended you to two of my friends who are as afraid as I was to address my bladder issues. Lucky am I to have you in my world. - *Anonymous*

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Patient Testimonials

I have been able to observe Dr. Alinsod's career for over seven years as both his patient and as a medical professional. I have the utmost trust and confidence in his surgical skills and abilities and have been fortunate enough to have been under his care. His incontinence surgery have kept me dry and feeling refreshed. The cosmetic vaginal surgeries have enhanced my sexual experience and have improved my self image. Dr. Alinsod is able to make me feel relaxed and open in my personal discussions and I feel quite fortunate to have a physician I can confide in. – *LA*

When I decided that labiaplasty was a procedure that I wished to pursue, I carefully researched the credentials of many physicians that offered this procedure and I quickly recognized that Dr. Alinsod was clearly highly and uniquely qualified (being both board certified in gynecology and trained in this type of an aesthetic procedure). I had the procedure in early January. Prior to the surgery I met with Dr. Alinsod and his extremely kind and professional staff. As soon as I met each of them and Dr. Alinsod, I realized that there was a sincere kindness and professionalism in how they treated their patients, and that I was in very good care. Even then, however, I did not realize how skilled my surgeon actually was. I have had many dental procedures that I only wish could have gone so well. Pain and swelling were minimal and medications that Dr. Alinsod prescribed for pain management were highly effective. My recovery was very quick. The improvement in appearance and comfort is striking. I am quite sure that no one (even another surgeon) would not be able to recognize that I had the procedure done, as there is no scar at all. I truly cannot thank Dr. Alinsod enough for the quality of surgery and care that I got. – *MB*

Dr. Red Alinsod is a caring and compassionate physician that has helped change my personal outlook on life. For years I suffered low self-esteem due to the appearance of my vaginal area brought on by the ravages of childbearing. Not only did I leak urine but my labia were quite enlarged and caused irritation and pain. I could not wear jeans or tight clothing and wearing a swimsuit made me feel very self-conscious. I asked friends and family and medical professionals who I should see and all suggested I get in contact with Dr. Alinsod. I have never regretted my decision to seek out his opinion and to go ahead with my aesthetic surgery. I underwent a labial reduction, laser perineorrhapy, and vaginal tightening that has resulted in my renewed sense of youth. Some would call this "vaginal rejuvenation." I am in my mid 40s and but my private areas are 21 years old again! I am so pleased and happy even more so than my husband who is quite impressed with the surgical results. I feel like a new woman not afraid to dress any way I please and no longer am I self-conscious because I have made the right decision to choose Dr. Alinsod to be my personal aesthetic surgeon for my most private of parts. – *NR*

This was one of the BEST things that I could have ever done for myself…and my husband!! The procedure was incredibly easy with relaxing music and Dr. Alinsod and his staff explaining everything and keeping me comfortable every step of the way. I look and feel INCREDIBLE and can't believe how perfect everything went. Thank you Dr. Alinsod. You've made me sooo happy!!" You guys are the Best! - *P from San Diego*

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Patient Testimonials

About 4 years ago I noticed a marked vaginal looseness. This became a very bothersome problem for me. I spoke with my primary care doctor who prescribed kegel exercises. This obviously did not work, as it does not work for most women unless they are 20 years old and never had children. I then spoke with my gynecologist who told me that the surgery to tighten my vagina was possible with a price tag of about 27,000 dollars. I was very upset. If you are reading this and considering this surgery, you already know my frustrations. I started Googling "vaginal tightening" and luckily found and clicked on Dr. Alinsod's website. I called and spoke to Diane who immediately was able to set up an appointment for a consultation and surgery the same day because I would be on vacation down in southern California at the time. I live in the Northeast and had to fly in.

I was met at the door by Maria who is wonderful, very understanding and down to earth. She made me feel very relaxed. Dr. Alinsod walked in and I was so impressed. He mixed professionalism with humor and understanding. He made me feel instantly relaxed. The vaginalplasty surgery went wonderfully. At this time Dr. Alinsod said I was also a good candidate for labia plasty. At the time this was not important and I choose not to do it.

I can honestly say I did not follow the "healing plan". The next day I went to Universal Studios with my family and went on a lot of rides. This was not a good idea. I caused some stitches to rip. Within 3 weeks I had to go back to see Dr. Alinsod and have him re-stitch me. He did this happily and free of charge. After 6 weeks I questioned how I was healing and went back down to Southern California to see him. Dr. Alinsod believed I was healing great and told me I was fine. After a few more weeks I emailed Dr. Alinsod and told him I was not as "tight" as I had hoped to be. He told me if I was unhappy, he would make me "good as new" and would also perform labiaplasty on me free of charge because it was a training day for him. It was extremely nice of him to do the extra surgery for me. I am now a couple weeks into the healing process and I am doing great. The surgery site looks terrific! This time I am taking it easy.

I have never met a more professional and kind doctor. He responds to all emails lightening fast and always is patient and kind. He is a true gift to his profession. He gives women a fresh start where others cannot. He is a pioneer in vaginal plastic surgery and goes where 99% of all other doctors will not. His staff is understanding, patient and kind. I would recommend him to ANY woman who wants a fresh start and who wants to feel like the woman she once was or had always wanted to be. Thank you Dr. Alinsod, you are a diamond on a beach of stones. Sincerely, TA from the Great Pacific Northwest

I finally did it!!! I had a vaginoplasty and labia majora plasty done–ten years after my youngest child was born, and after researching it extensively for 2 years. Now, four months later, I feel it's one of the best decisions I have ever made. The results are amazing! I gave birth to two children–both deliveries were very difficult. I'm an extremely petite, small boned woman and the delivery with my second child included 18 hours of labor and 3 hours of pushing.

After delivery, when my OB was stitching me up (for 2 hours) she said "Your poor, virgin vagina." She was right!! It never felt the same–urinating, having bowel movements, and of course during sexual intercourse. The looseness was almost a numb feeling. I felt un-plumbed and looked loose and crooked with the birth trauma and aging.

I met Dr. Red Alinsod after interviewing several other prominent doctors often seen on TV. Dr. Alinsod was very professional, understanding, and a gentle soul. He knew exactly how I felt and what I wanted to accomplish. His credentials as a vaginal surgeon was unmatched by his more famous TV doctors. He gave me the confidence to go forward with a procedure that I really needed. His recommendations were nothing more and nothing less than what I needed. Surgery went smoothly and everything turned out to be great!!! It's all back in working condition–all operations make me feel young again. I am very very happy with my decision and I feel every woman should be given this opportunity if she feels the need. I highly recommend Dr. Alinsod and am thankful I found him in. *–LLW*

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In The News

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In the News

PRIME PROMOTION

ADVANCES IN AESTHETIC VULVOVAGINAL SURGERY

Dr Red M. Alinsod, specialist in aesthetic vaginal surgery, discusses his experience of using Ellman's Pellevé system, and the increased precision it offers for vulvovaginal surgery

RED M. ALINSOD, MD, FACOG, FACS, ACGE, specialist in Urogynaecology and Reconstructive Pelvic Surgery and Aesthetic Vaginal Surgery at South Coast Urogynecology, Inc. and Laguna Institute for Aesthetic Vaginal Surgery in Laguna Beach, CA, US.

"Ellman's Pellevé Generator is the device of choice for any labial and revision surgery"

DUE TO THE EFFECTS of childbirth, ageing, trauma, and/or genetics, the vaginal tissue and surrounding muscles can become stretched and lose their strength and tone. Labial enlargement, unevenness, or traumatic tears from childbirth also affect the appearance of the labia which may result in discomfort with intimate contact, chronic rubbing, pulling sensation, vulva pain, and discomfort when wearing certain types of clothing, such as jeans or swimsuits.

Aesthetic vulvovaginal surgery (AVS), also called female genital cosmetic surgery (FGCS), cosmetic vaginal surgery, or cosmetic gynaecologic surgery, is an umbrella term for various surgical procedures performed to improve the appearance or function of the vulvovaginal region. Aesthetic and functional techniques include traditional vaginal prolapse procedures, as well as cosmetic vulva and labial procedures. These consist of elective minimally invasive surgeries, such as vaginoplasty (vaginal tightening techniques), perineoplasty for vaginal tightening, labia minora plasty for hypertrophic or irregularly shaped labia minora, clitoral hood reduction for an excessively large clitoral hood, labia majora plasty for enlarged or lax labia majora, or labia majora augmentation for hypotrophic labia majora.

The line between cosmetic and medically indicated procedures has become blurred, and many operations are performed for both purposes. Women seeking FGCS need to be educated about the range and variation of 'normal' labia widths and genital appearance, and should be evaluated for true pelvic support disorders such as pelvic organ prolapse and stress urinary incontinence[1].

Most patients want their prolapse repaired, and their genital area to be tighter and more attractive. The typical age of women seeking labial surgery is 20s to 30s. We also see teens who are athletic and self-conscious about the way their genital area appears in a bathing suit or shorts. There may be a genetic component and some girls will present with a predisposition to larger labia.

Women post childbirth and those who are back on the dating scene after divorce may seek vaginal tightening or require deep pelvic surgery to correct a prolapse, fallen uterus or rectum. Being able to address the functional as well as aesthetic issues in one stage offers significant advantages in terms of recovery, convenience, and costs.

Ellman's Pellevé offers versatility

The Pellevé® S5 System (Ellman International, Inc.) is a versatile radiofrequency (RF) device that can be used for both surgical and non-invasive vaginal tightening. Our practice was the first to perform and develop protocols for non-surgical labia majora laxity. Formerly, only surgery could help a patient suffering from the unsightly drop of their labia majora and loss of skin tone. Patients who had the 'camel toe' appearance or had personal discomfort issues with their labia majora are able to avoid labia majora plasty surgery with this 30-minute non-invasive labial skin tightening technique.

My philosophy is to do the most minimal surgery to get maximum results.

Therefore, we can achieve minimal damage to the tissues, with good precision, which is important especially when you are working around tender genital areas. By using the minimally invasive technique, I can perform 98% of the cosmetic work with the patient awake, without IVs, and not experiencing pain. I was the first to use the technique of dermoelectroporation (DEP) for anaesthesia. This transdermal delivery technique utilises the skin's water based channels to allow macromolecules of the anaesthetic agent to penetrate safely into the tissue so patients are totally comfortable during the procedure. We have perfected a protocol for vaginolplasty using a microtumescent local anaesthetic, without the need for invasive tubes, lines, and spinal needles. The typical labiaplasty uses only 4-7cc of local anaesthetic. My development of the pudendo-levator block in conjunction to the Lone Star APS Vaginal

Click to download Dr. Alinsod's recommended reading

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In the News

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REVIEW ARTICLE

Female genital cosmetic surgery: a review of techniques and outcomes

Cheryl B. Iglesia · Ladin Yurteri-Kaplan · Red Alinsod

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Abstract The aesthetic and functional procedures that comprise female genital cosmetic surgery (FGCS) include traditional vaginal prolapse procedures as well as cosmetic vulvar and labial procedures. The line between cosmetic and medically indicated surgical procedures is blurred, and today many operations are performed for both purposes. The contributions of gynecologists and reconstructive pelvic surgeons are crucial in this debate. Aesthetic vaginal surgeons may unintentionally blur legitimate female pelvic floor disorders with other aesthetic conditions. In the absence of quality outcome data, the value of FGCS in improving sexual function remains uncertain. Women seeking FGCS need to be educated about the range and variation of labia widths and genital appearance, and should be evaluated for true pelvic support disorders such as pelvic organ prolapse and stress urinary incontinence. Women seeking FGCS should also be screened for psychological conditions and should act autonomously without coercion from partners or surgeons with proprietary conflicts of interest.

C. B. Iglesia
Section of Female Pelvic Medicine and Reconstructive Surgery, MedStar Washington Hospital Center, Washington, DC, USA

C. B. Iglesia (✉)
Departments of ObGyn and Urology, Georgetown University School of Medicine, 106 Irving Street, NW Suite 405 South, Washington, DC 20010, USA
e-mail: cheryl.iglesia@medstar.net

L. Yurteri-Kaplan
Section of Female Pelvic Medicine and Reconstructive Surgery, MedStar Washington Hospital Center, Georgetown University School of Medicine, 106 Irving Street, NW Suite 405 South, Washington, DC 20010, USA

R. Alinsod
South Coast Urogynecology, Inc, 31852 Coast Highway Suite 200, Laguna Beach, CA 92651, USA

Keyword Female genital cosmetic surgery · Cosmetic gynecology · Vaginal rejuvenation · Labiaplasty · Vaginoplasty

Introduction

Consumer marketing and media hype have spawned the considerable controversy over female genital cosmetic surgery (FGCS). FGCS articles first appeared in North American journals in 1978, and the first technical article appeared in 1984 [1, 2]. This review describes the techniques and outcome data of labiaplasty, vaginoplasty, and other cosmetic gynecological procedures.

Female genital perceptions

Women seek FGCS for both aesthetic and functional reasons including pain with intercourse or sports, vulvar irritation, chafing, and discomfort with underwear or clothing [3]. Younger generation X women (ages 18–44) prefer pubic hair removal, which allows for easier vulvar visualization compared with older women [4]. Konig et al. found that 78 % of 482 women learned about labia minora reduction via the media and 14 % thought their own labia minora looked abnormal [5]. Indeed, many women undergoing labia minora reduction perceive their own genitalia as abnormal [6]. Feelings of embarrassment with sexual function including a strong desire to improve strained relationships are also commonly cited as reasons for FGCS [7]. Issues of vulvar dissatisfaction can start in early adolescence and have been reported in girls less than 10 [8, 9]. Michala et al. evaluated 16 girls with a mean age of 14.5 years who presented for labia minora reduction [8]. Six girls were bothered by labia minora asymmetry while 10 complained of labia minora protrusion, despite having normal labial width.

Western perception of ideal female external genitalia differs from other countries. In Rwanda and Mozambique elongated labia minora are considered attractive [10, 11]. Elongated labia minora are seen as a sign of modesty in Mozambique, and the butterfly appearance of the labia minora is considered desirable in Japan [11, 13].

Cosmetic gynecological surgery versus female genital mutilation

Critics of FGCS note parallels with female genital mutilation surgery (FGMS) [13]. According to the World Health Organization, female genital mutilation comprises all procedures that involve partial or total removal of external female genitalia, or other injury to female genital organs for non-medical reasons [14]. There is legislation and call for reform in some European and Western countries based on this definition [15]. Clearly, opponents of FGCS are motivated by a desire to protect women from the potential dangers of elective genital surgery and the societal pressures some girls and women may feel about the appearance of their own genitalia. While FGMS should be prosecuted, FGCS is a matter of debate. The decision to operate should account for the physical and mental health of each patient, including assessment for body dysmorphic disorder. Informed consent of the potential benefits, risks, and limited outcome data should be reviewed and consideration for additional evaluation by a clinical psychologist or psychiatrist may prove useful.

Surgeons performing FGCS

Traditionally, gynecologists are most comfortable with vaginal and vulvar surgery. However, more plastic surgeons have been performing FGCS, and have added modifications such as fat grafting. A survey of the American Society of Plastic Surgeons revealed that more than half (51 % of the 750 respondents) offer labiaplasty [16]. Only 31.5 % had formal training for this procedure. Case volume over 24 months ranged from 0 to 300 procedures with a mean of 7.37 procedures. Gynecologists, urogynecologists, and urologists also perform FGCS. While no formal training programs exist, several marketing and franchised training programs have been developed in the USA and abroad.

Indications for cosmetic gynecological surgery

In general, cosmetic surgery does not require a medical indication. According to a 2007 ACOG committee opinion, indications for FGCS include reversal or repair of female genital cutting and treatment for labial hypertrophy or asymmetry secondary to congenital conditions, chronic irritation, or excessive androgenic hormones [17].

Surgeons focused on vulvar aesthetics also cite vaginal relaxation, feeling loose or lacking friction during intercourse, and enhancement of a partner's sexual experience as additional reasons to pursue FGCS [18]. In one multicenter retrospective study, 76 % of 258 women underwent surgery for functional reasons; 53 % percent had surgery for cosmetic reasons and 33 % to enhance self-esteem. Fifty-four percent of women who underwent vaginoplasty and perineoplasty and 24 % of those who had a combined vaginoplasty, perineoplasty, labiaplasty, and clitoral hood reduction did so to enhance their male partner's sexual experience. Only 5 % of participants underwent surgery because they were urged by their partner [18]. In another retrospective study on labiaplasty, 94 % (503 women) felt that their labia minora protruded beyond the edge of the labia majora, 46 % felt that their labia minora were enlarged, and 71 % felt that the edges were dark [19]. Fifty-two percent wanted the labia minora edge below the labia majora [19].

Types of cosmetic surgery

The types of cosmetic surgery are detailed in Tables 1–3.

Vaginoplasty/vaginal rejuvenation/vaginal tightening

Vaginoplasty refers to plastic surgery of the vaginal opening, vaginal canal, and vaginal epithelium. Perineoplasty is the surgical reconstruction of the vaginal introitus and is often part of a complete vaginoplasty repair. Vaginoplasty is not intended to correct pelvic floor defects; however, these repairs are modifications of traditional colporrhaphy and are frequently performed in conjunction with reconstructive procedures for prolapse [20].

"Laser vaginal rejuvenation" is a trade-marked term and most commonly refers to traditional posterior and anterior colporrhaphies carried out to treat a "wide" vagina [8, 18, 21, 22]. These procedures involve vaginal reconstructive techniques to anatomically modify the vaginal caliber by decreasing the diameter of the lower third of the vagina while reconstructing the perineal body [21, 23–26]. A "full-length vaginoplasty" consists of decreasing the vaginal caliber of the lower two thirds of the vagina as far up as the ischial spines [26]. The desired surgical outcomes of these procedures include improvement in both aesthetic external appearance and an increase in frictional forces during intercourse; however, loss of sexual pleasure due to vaginal laxity has not been established [24], and no currently published FGCS studies adequately address the complex psychological components involved with sexual function and response. No comparative

In the News

Table 1 Labiaplasty studies

Author	*n*	Hypothesis	Results	Follow-up (months)	Complications	Study type	Grade
Triana and Robledo [63]	74	Labia minora excision with or without clitoral hood molding and management of the labia majora	92 % satisfaction 8 % dissatisfaction (6 % asymmetry, 2 % fat reabsorb into the labia majora)	6	Infection 2 Wound dehiscence 1 Fatty cyst in the labia majora 6	Retrospective cohort	Very low
Goodman et al. [18]	258	Evaluation satisfaction for labiaplasty Clitoral hood reduction Vaginoplasty Perineoplasty	91.2 % satisfaction 83 % satisfaction for vaginoplasty and perineoplasty	6–42	Dyspareunia 5 Skin burn 1 Introitus narrow 1 Rectal perforation 1 Repair dehiscence 6 Postoperative bleeding 2 Introital narrowing 2 Perineal fistula 1	Retrospective Cross-section	Low
Marchitelli et al. [70]	32	Evaluate indication for vulvovaginal plastic surgery	Labia minora reduction 95 % satisfied Widening of vaginal reduction 100 % satisfied Patient satisfaction on questionnaire 97 %	Not recorded	Wound dehiscence 3 (9.3 %) Vulvar hematoma 1 (3.1 %) Dyspareunia 2	Retrospective cohort	Low
Munhoz et al. [46]	22	Inferior wedge resection and superior pedicle flap reconstruction of the labia minora	86 % cosmetic result good / very good 95 % very satisfied 14 % unaesthetic scar	46 6–77	Flap necrosis 1 (4.7 %) Wound dehiscence 2 (9.5 %) Infection 1 (4.7 %) Hematoma 1 (4.7 %)	Retrospective cohort	Very low
Pardo et al. [71]	55	Laser labia minora labiaplasty	50 (91 %) very aesthetically satisfied 5 (95 %) aesthetically satisfied 55 (100 %) very functionally satisfied	2	Suture dehiscence 3 (5.4 %) Transient pain 2	Prospective cohort	Very low
Giraldo et al. [41]	15	Central wedge resection of the labia minora with 90 ° Z-plasty	100 % satisfaction	30 6–80	Wound dehiscence 2 (13 %)	Prospective cohort	Very low
Rouzier et al. [53]	163	Inferior wedge resection	93 % (n=151) anatomical surgeon satisfaction 89 % (n=87) patients satisfied with aesthetic 93 % (n=91) patient satisfied with functional outcome	Not recorded	Wound dehiscence requiring 2nd procedure 11 (7 %) Transient entry dyspareunia 23 %	Prospective cohort	Very low
Maas and Haage [52]	13	Running W-shape resection with interdigitated suturing	100 % satisfaction	2–72	Hematoma 1 (8 %) Minor dehiscence 1 (8 %)	Prospective cohort	Very low
Trichot et al. [56]	21	labiaplasty	18/21 satisfied with results	6–25	None reported; telephone survey	Retrospective	Very low
Rezai and Jansson [44]	50	Labiaplasty W resection versus de-epithelialization	45 patients satisfied (85 %) viewed results as good or very good	2–24	5 dissatisfied in resection group 8 with decreased sensation	Retrospective	Very low

Definitions of grades of evidence [72]

High = further research is unlikely to change our confidence in the estimate of effect

Moderate = further research is likely to have an important impact on our confidence in the estimate of the effect and may change the estimate

Low = further research is very likely to have an important impact on our confidence in the estimate of the effect and is likely to change the estimate

Very low = any estimate of the effect is very uncertain

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Table 2 Vaginoplasty studies

Author	*n*	Hypothesis	Results	Follow-up (months)	Complications	Study type	Grade
Ostrzenski [32]	10	Vaginal rugation rejuvenation with CO2 laser	18.7 % (5.1) increase PSIQ-12 100 % improvement in vaginal wide smooth sensation	Not recorded	None	Case–control	Very low
Adamo and Corvi [31]	40	Lateral colporrhaphy can improve sexual sensitivity in women with a wide vagina	16 (40 %) some improvement 22 (50 %) significant improvement	1.5	Local infection 2 (5 %) Post-operative vaginal bleeding 1 (2.5 %)	Prospective cohort	Very low
Pardo et al. [21]	53	Traditional colporrhaphy to treat subjective wide vagina and sexual dysfunction	94 % tighter vagina, able to achieve orgasm 74 % expectations fulfilled 4 % regret	1.5	2 (4 %) wound dehiscence 4 % regretted having procedure	Prospective cohort	Low
Moore and Miklos [23]	76	Vaginal rejuvenation with or without prolapse surgery	Mean PISQ-12 improvement from 30.4 to 38.9 ($p<0.001$) 98 % satisfaction	6 months		Prospective cohort	Low
Alinsod [33]	200	In-office vaginoplasty and perineoplasty		up to 6 years	2 % post-operative vasovagal reaction 1 % perineal wound breakdown 3 % dyspareunia needing an in-office band release at the introitus 1 recto-perineal fistula	Retrospective	Low

trials of FGCS and traditional pelvic reconstructive surgical repairs have been published [18, 27].

Laser-assisted colporrhaphy, also known as laser vaginal rejuvenation, uses a 980-nm diode contact fiber laser to cosmetically alter the vulva and vagina [28]. Compared with conventional surgery, laser vaginal rejuvenation is reportedly associated with reduced morbidity, scarring, and favorable outcomes in vaginal caliber and sensation [23]. Radiofrequency surgery, in combination with standard cautery, achieves similar results [26], but no studies confirm the superiority of laser or radiofrequency dissection compared with traditional scalpel, scissors or electrocautery.

Designer laser vaginoplasty (DLV) is a trademark-registered term for the reshaping and resculpting of the external vulva including clitoral unhooding, labiaplasty of the labia minora and majora, augmentation labiaplasty of the labia majora, and liposuction of the vulva and mons pubis. Ideal candidates for office-based vaginal rejuvenation surgery are healthy, nonsmokers, with a normal BMI [22].

The term "laser" in laser vaginal rejuvenation and designer laser vaginoplasty is the trademark-registered term. Variations of similar techniques have been performed and are marketed without using the word "laser."

Vaginoplasty: surgical technique

The surgical procedures employed in aesthetic vaginoplasty vary and include anterior colporrhaphy, high-posterior colporrhaphy, excision of the lateral vaginal mucosa, or a combination of techniques. Lateral ablation or removal of mucosal strips from the anterior and posterior sides of the vaginal fornices allows tightening of the diameter of the vaginal canal as well as the introitus and perineum [20, 24, 26, 27]. Compared with other procedures, lateral colporrhaphy reportedly causes less scarring [20, 24], but does not adequately address pelvic floor defects.

Frequently, vaginoplasty involves dissection of the posterior vaginal epithelium and trimming of tissue to the desired diameter. Rectovaginal muscularis is plicated creating a narrower diameter similar to traditional colporrhaphy. Sometimes, a levator ani plication is also performed, but this may cause significant dyspareunia and is not recommended for cosmetic surgery.

Laser therapy for vaginoplasty

Contact (Nd9 YAG and 980 nm Diode) and CO_2 lasers are used for vaginoplasty with claims of reduced blood loss and improved healing [22]. Gaspar et al. evaluated the effects of vaginal fractional CO_2 laser combined with local application of platelet-rich plasma and pelvic floor exercise [28]. Less dyspareunia was noted in the vaginal fractional CO_2 laser group with histological evidence of an increase in the fibrillar

Table 3 Clitoral hood reduction

Author	*n*	Hypothesis	Results	Follow-up (months)	Complications	Study type	Grade
Alter [47]	17	Clitoral hood flap for treatment of severe deformation after labia minora reduction due to trimming technique.	Revisions 5	Not recorded	Pain at scar requiring revision 1	Prospective cohort	Very low
		Wedge excision, YV advancement flap, controlled touch up trimming.	100 % satisfaction		Necrosis at tip 1 Epidermolysis 1 Dyspareunia 1		

component of the extracellular matrix and vaginal epithelial thickness [28]. In a comparative study using the laser for vaginal tightening, group 1 received ablative CO_2 laser therapy, while group 2 underwent treatment with a non-ablative erbium:YAG laser [29]. Improvement in vaginal tightening was observed in both groups; however, more complications were recorded in CO_2-treated patients [29]. Of note, these findings are limited to one center with proprietary conflicts [28, 29].

Another technique utilizes injection of autologous fat or the bulking agent, hyaluronic acid. This procedure remains experimental and should be used with caution [24, 30]. There are several creams and potions advertised to tighten the vagina, but none has adequate clinical evidence to support such claims.

Vaginal rejuvenation studies

In one study on vaginal rejuvenation, resection of the lateral vaginal mucosa to "tighten" and treat a sensation of a wide vagina, 16 out of 40 patients (40 %) noticed some improvement and 22 (55 %) noticed significant improvement of vaginal sensitivity [31]. Of the partners, 15 (37.5 %) noticed some improvement and 17 (43 %) noted significant improvement. Goodman et al. evaluated 81 patients who underwent either vaginoplasty, perineoplasty, or a combination. Eight-seven percent had a positive effect on sexual function and 82 % percent perceived enhancement of their partner's sexual satisfaction.

Another cosmetic gynecological procedure uses a CO_2 laser to restore vaginal rugae by vaporizing tissue. In one small case control study [32], sensation remained intact using a heat–cold test; however, the clinical importance of the sensation of a smooth vagina is unclear.

Complications

Risks of vaginal tightening procedures include dyspareunia, wound disruption, and de novo incontinence [18]. In the study by Goodman et al., 16.6 % of women had complications including poor wound healing, dyspareunia, postoperative bleeding, pain, over-tightening of the introitus common and bowel or bladder injury with resultant fistula formation [18, 33]. Complications from CO_2 laser and erbium:YAG laser include a burning sensation [28], agglutination, and vaginal constriction [29].

Conclusion

Despite the paucity of quality studies with long term follow up on aesthetic vaginoplasty, short-term patient satisfaction is high for medical, functional and psychosocial outcomes [18, 21–23]. It is uncertain whether any ablative or non-ablative laser technology, ultrasound, or radiofrequency modality will be able to shrink the vaginal diameter enough in women with symptomatic pelvic organ prolapse. Serious adverse events do exist and monitoring for long-term safety and effectiveness is necessary.

Perineoplasty

Background

Perineoplasty, also known as perineorrhaphy, refers to surgical reconstruction of the vaginal introitus. Perineoplasty tightens the perineal muscles and the vagina in an effort to decrease the size of the vaginal opening. Perineoplasty is often performed with a posterior colporrhaphy. Reverse perineoplasty involves reconstruction of scar tissue caused by lichen sclerosus or prior surgery [34]. In refractory vestibulitis cases, perineoplasty can be used as a salvage treatment and is referred to as vestibulectomy [35]. While incision and excision procedures remain the primary technique used in perineoplasty, laser and radiofrequency resurfacing have also been described [33].

Surgical technique

Perineoplasty involves removal of a diamond-shaped wedge of tissue on the perineum above the anus. The lateral borders of the diamond-shaped resected tissue extend to the hymeneal ring or a few centimeters past it. The bulbocavernosus and superficial transverse perineal muscles are reapproximated to produce an elevated perineum, tightened vaginal orifice, and reconstructed perineal body [20].

In the News

Reverse perineoplasty to treat dyspareunia involves incision of palpable bands and scar tissue while creating an advancement flap to widen the diameter of the introitus. Resurfacing perineoplasty uses radiofrequency or CO_2 laser to eliminate skin tags, ridges, uneven edges, and redundant skin and purportedly regenerates collagen, making the epithelium softer and paler.

Clinical evidence

In McCormack and Spence's approximately 5-year follow-up of women who underwent traditional perineoplasty for vulvar vestibulitis, relief of preoperative vulvar discomfort was noted in 27 out of 34 women (80 %) [36]. Of 33 sexually active women, 85 % reported improvement of painful intercourse after surgery. Foster et al. studied 93 patients undergoing perineoplasty for vulvar vestibulitis and 7.5 % were "unchanged," while 4.3 % had "worse" symptoms [37].

Laser therapy for perineoplasty

There are no published articles on the use of lasers or radiofrequency in resurfacing the perineal tissue for smoothing or tightening effects. Alinsod reported using radiofrequency resurfacing of the perineum to achieve a smoother and more aesthetically pleasing perineal and anal appearance [33]. Laser treatment, particularly CO_2 lasers, however, should be used with extreme caution, since this therapy can lead to an unacceptable level of patient discomfort [38, 39].

Labia minora labiaplasty

Background

Labiaplasty, less commonly called labioplasty, is a procedure to reduce the size and shape of either the labia majora or the labia minora [3, 40]. Nymphae, the labia minora, are bilateral longitudinal mucosal-cutaneous folds located between the labia majora and the vulvar vestibule that contain a core of erectile connective tissue and profuse nerve endings that are sensitive to touch during sexual stimulation [3, 40–42]. The labia minora vary in length, thickness, symmetry, and protuberance [3, 42–44]. The mean width of the labia minora is 2.5 cm with a range of 7 mm to 5 cm (Fig. 1) [24, 43]. There is no consensus on the precise measurements of abnormally enlarged minora, but labia minora with a length of 3–5 cm are classified as hypertrophic by FGCS providers [40]. When the labia minora protrude past the labia majora or are disproportionally larger than the labia majora, patients may view this as aesthetically unattractive [24, 41]. Labiaplasty may be a therapeutic intervention as well as a cosmetic surgical procedure.

Fig. 1 Measurement of the labia minora. Normal width ranges from 7 mm to 5 cm

In 1984, Hodgkinson and Hait described their experience in performing aesthetic labiaplasty on three women dissatisfied with the size and protuberance of the labia minora [2]. Today, labia minora labiaplasty ranks as one of the most frequently performed FGCS procedures. First described in 2005, the "Barbie look" was a slang term used by lay patients in Los Angeles who requested all or almost all of the labia minora to be removed [26]. Similar slang terms such as the "rim look", a linear curved excision that removes the dark edges of the labia minora, and the "hybrid look", removing all the labia minora and leaving only a small amount of tissue, emerged [45]. In one study, 98 % of 238 women requested the "Barbie look." [3]

Surgical technique

Labia minora linear resection with reapproximation of the epithelial edges was the first technique described in case reports [2]. In an attempt to decrease contraction, wound dehiscence, and tension on the suture line, the wedge resection was developed. First described by Alter in 1998, a V-shaped center portion of the labia minora was resected and the edges reapproximated to preserve the labial edge and color [45]. Another modification called the inferior wedge resection and superior pedicle flap reconstruction involves a V-shaped wedge excision of the inferior portion of the labia minora [46]. Other modifications of this original procedure include de-epithelialization; laser, radiofrequency, or W-shaped resection; and Y–V advancement flaps [21, 26, 47–50]. The goal of labiaplasty often is to preserve the contour of the lips and maintain the labial edge color. The procedure can be performed under local anesthesia, conscious sedation, or general anesthesia.

A combination of techniques may be required to achieve adequate reduction. Elliptical or curved linear resection, also known as the "amputation technique," removes protuberant tissue followed by over-sewing of the edge (Fig. 2) [49]. The goal of this trimming technique is to maintain a minimum labial length of 1 cm and permit protrusion past the introitus [42]. However, this technique fails to preserve the natural contour of the corrugated free edge of the labia [24, 40]. Risks include over-correction or complete amputation warranting surgical revision [47]. In one study of 550 women, 97 % requested removal of the dark edges [19] Fig. 5.

The wedge resection is a full-thickness excision with theoretically less risk of nerve injury or residual scar [24, 40, 45]. The advantage of this technique is prevention of over-resection and excessive tightening [42, 45]. The extended central-wedge resection incorporates an external wedge ("hockey stick V") to reduce excess lateral clitoral hooding or dog-ear formation [42, 51]. This approach is associated with wound edge separation, fistula formation, clitoral hood excess, and postoperative pain [42]. The addition of a 90-degree Z-plasty to the central-wedge excision spreads the tension over the suture line, thus minimizing traction on the suture line [41]. The Maas and Hage technique closes opposing z-shaped incisions with a tension-less zigzag suture-line running obliquely across the edge of the labium [52]. This surgical method decreases the likelihood of wound dehiscence (Fig. 3). In the inferior wedge resection approach, the wedge is removed in the inferior part of the labia, and the superior pedicle is then used to reconstruct the labia [46]. The downside of wedge type labiaplasty surgery is the variable blood supply of the labia and

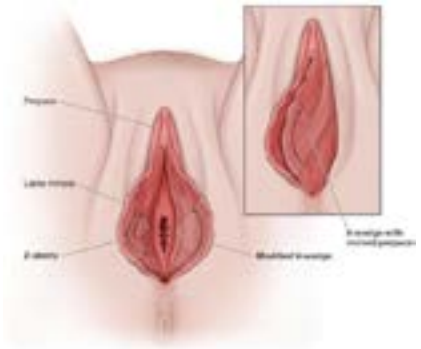

Fig. 2 Labia minora labiaplasty examples of Z-plasty, modified V-wedge, V-wedge with revised prepuce. The goal is to prevent overcorrection and excessive tightening thereby spreading tension over the suture line to avoid excessive traction

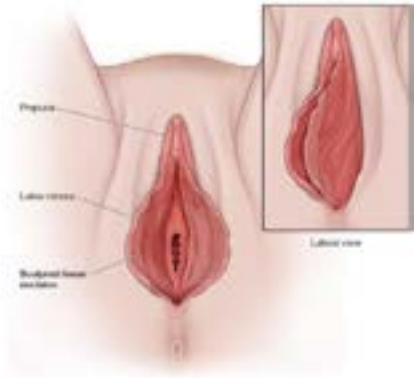

Fig. 3 Labia minora labiaplasty linear resection technique

outwardly pulled edges due to tension, which can result in improper healing, holes in the labia, or distinct pizza shaped gaps when the edges are pulled apart. In a review of 35 labiaplasty revisions, over 75 % of the defects were the result of wedge edges pulling apart [33].

In bilateral de-epithelialization both the medial and lateral sides are marked to delineate hypertrophic areas, and then both sides are de-epithelialized with either a scalpel or laser (Fig. 4) [24]. This technique is appropriate when only a minimal amount of labial tissue needs to be excised. Possible complications include a redundant free border, increased labial thickness, and abrupt color change at the suture line [24].

Complications

Adverse effects of labia minora plasty range from 2.65 to 6 % [18, 51, 53, 54]. Complications include postoperative infection, hematoma, asymmetry, poor wound healing, wound separation, over-zealous resection, urinary retention, skin retraction, delayed local pain, and dyspareunia (Figs. 6–8) [26, 33, 42, 44, 50, 55].

Conclusion

Studies of labia minora labiaplasties reveal high rates of overall satisfaction, including improved self-esteem [18, 42, 44, 46, 51, 53, 56]. In a survey of clinicians who perform labia minora labiaplasties, curved linear resection/simple amputation (52.7 %) was the most common technique followed by a central V-wedge (36.1 %) [16]. The linear edge excision leaves a suture line at the periphery that may result in scar contracture and pain during coitus [57]. Some experts consider the wedge resection the technique of choice; however, there is no

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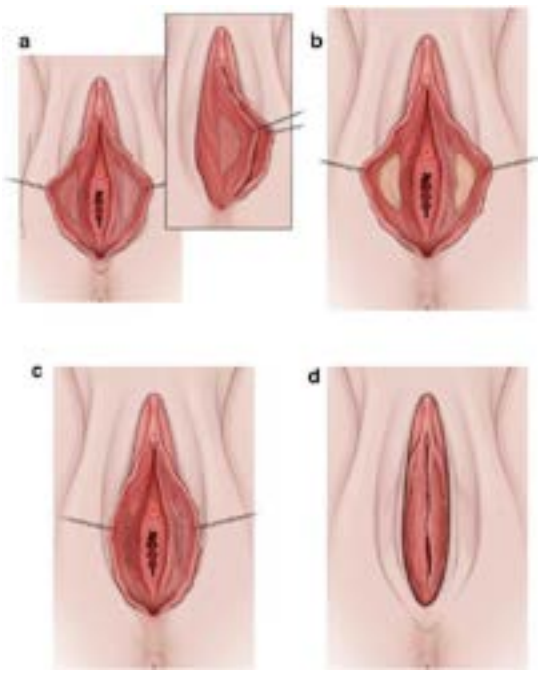

Fig. 4 Bilateral de-epithelialization. **a** Both the medial and lateral sides are marked to delineate hypertrophic areas. **b** De-epithelialized bilaterally with either a scalpel or laser. **c** Reapproximation of the incision. **d** Postoperative outcome

consensus [24, 44]. In the absence of long-term follow-up, no recommendations can be made regarding which technique provides the best cosmetic result with the fewest complications.

Clitoral hood reduction

Background

The clitoral hood, or preputium clitoridis, is a fold formed from the labia minora that drapes over the external tip of the clitoral glans [42]. Clitoral hood reduction, also known as reductive clitoral hoodectomy, is an elective vulvovaginal aesthetic procedure to separate the prepuce from the clitoral tissue [20, 42]. Clitoral hood reduction involves excision of excess skin in the fold surrounding the clitoris. Rich in nerve endings, the clitoris contains small corporeal bodies and is protected by skin that varies in volume and size [42, 58].

Clitoral hood reduction differs from clitoridectomy, the surgical excision of the clitoris, a form of "female genital mutilation".

Although there is no consensus on the definition of clitoral hood enlargement some women opt to undergo clitoral hood reductions to improve sexual function and aesthetic appearance [20]. The main surgical goal of a clitoral hoodectomy is to decrease the length, protuberance and thickness of the clitoral prepuce, or to remove redundant clitoral hood folds [18, 20]. This operation is performed less frequently for functional purposes. Some women seek clitoral hood reduction to expose a larger area of the clitoris to enhance sexual gratification [20]. Other reasons include interference with coitus due to a trapped clitoris, chafing, interference with exercise, and hygiene concerns [18, 20, 21, 51, 53].

Surgical technique

Clitoral hood reduction typically involves wedge resection labiaplasty followed by bilateral fusiform excision of excess lateral clitoral hood skin [18, 51, 54, 59]. Wedge resection labiaplasty is performed to reduce the size of the clitoral hood as well as the overall size of the labia minora. The ablated or

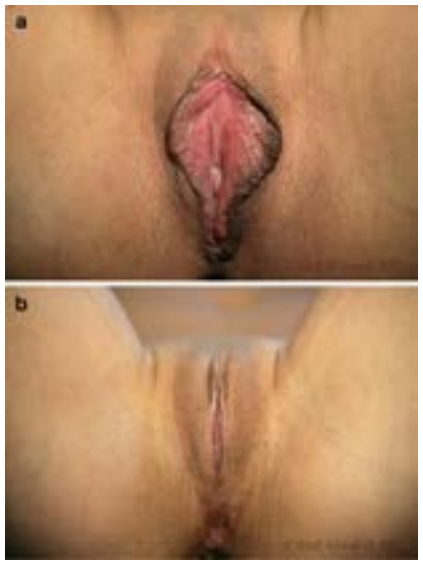

Fig. 5 Labiaplasty **a** before and **b** after

excised exterior wedge sections of labial tissue are extended to include redundant clitoral prepuce tissues [51]. The surgeon must ensure that the clitoris is not over-exposed, which potentially could raise the risk of hypersensitivity. Other risks are nerve damage leading to anorgasmia or accidental severing.

Another technique involves bilateral semicircular, elliptical, fusiform excision of the redundant folds of clitoral prepuce

Fig. 6 Complication of a labial sinus hole after labiaplasty. *Red arrow* highlights the sinus tract. The patient also had a clitoral hood reduction leading to scarring

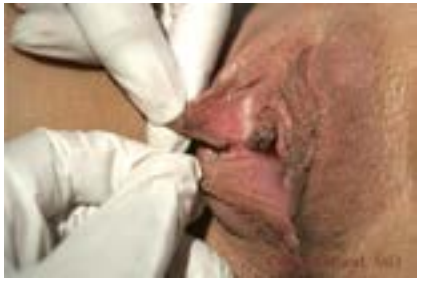

Fig. 7 Complication: wedge resection separation

[26, 54, 59]. Incisions are made parallel to the long axis of the clitoris, on the fold between the minora and majora, thus leaving the clitoris more exposed, but maintaining a midline position relative to both the labia minora and majora (Fig. 9) [54, 59].

Complications

Of 407 patients who underwent central wedge labia minor labiaplasty with lateral clitoral hood excision, 4 % had complications and 2.9 % needed revision surgery [51]. According to Felicio, concurrent labial and clitoral hood surgeries carry a higher risk of prolonged edema lasting up to 3 months [54]. Without the use of cooling measures, clitoral hood skin can become large and edematous, resulting in re-formation of excess skin. Future studies are needed and patients should be counseled about possible pain, denervation injury, and adverse effects on orgasm. Similar to other FGCS, there are few studies with large sample sizes and long-term follow-up to establish clear safety and efficacy guidelines.

Fig. 8 Complication of labial separation

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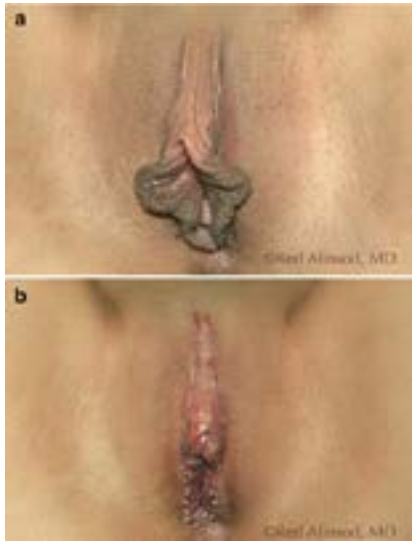

Fig. 9 **a** Before and **b** immediately after clitoral hood reduction labiaplasty

Labia majora augmentation

Background

Labia majora augmentation by autologous fat transfer enhances the volume, shape, symmetry, firmness, and contour of atrophied labia majora. This technique involves an injection of excess fat extracted from areas of the patient's body into the labia majora [54, 60, 61]. The procedure is similar in principle to other cosmetic dermal surgeries that utilize microfat injection to repair sagging, lax, and wrinkled skin [60, 61]. Aging or rapid weight loss causes a loss of hyaluronic acid, dermal collagen, and fat in the labia majora leading to potential laxity of the labia majora, decreased volume, wrinkles, discoloration, and sometimes reduced skin elasticity [60].

Hypotrophic labia majora may be too small to cover the labia minora, thus making the minora look unusually large. Atrophy of the labia majora can cause exposure of the labia minora, resulting in dryness [60]. To correct labia majora atrophy, autologous fat is injected into the subcutaneous fat layer of the labia majora where it serves as a filler [54]. An alternative to fat grafting is to perform a labia majora plasty [26]. Excision of the excess labia majora skin can produce a smoother labial appearance.

Surgical technique

Purified fat is collected from body sites such as the knee, abdomen, and hips and then processed [61]. In the syringe technique, the harvested fat is put in a small diameter blunt cannula connected by tubing to a 10–20 cc Luer–Lock syringe for injection [61]. Alternatively, fat may be harvested using liposuction under low negative pressure with 3-mm suction cannulas [61]. The harvested fat is mixed with autologous platelet-rich plasma (PRP) in a 4:1 ratio to promote graft viability, and then injected using a 15-cm, 14-gauge blunt cannula subcutaneously about 20 mL in a fan-like pattern through 1-mm incisions per labium majorum [61]. Salgado uses dual grafts with dimensions of 10×2 cm harvested from the abdominal skin-fat paddle and then positioned on the dermal side of each labium majorum and sutured with 3–0 absorbable suture [60].

Clinical evidence: safety and efficacy

In one case report, a patient with pain and deformity after resection of the labia majora for Bowen's disease underwent an autologous fat injection [62]. Suction-assisted liposuction aspirated fat grafts were used in the fat transfer technique. This procedure was effective in attaining cosmetic results and in reducing mucosal exposure and dryness, but differs from standard methods used for augmentation [54, 60, 61].

Felicio performed labia majora augmentation followed by liposculpture in 31 out of 449 (6.9 %) FGCS cases [54]. A maximum of 60 mL of fat per labium majorum was transferred using the syringe transfer technique initially with additional fat grafts after 6 months. Lipoplasty was performed with either an S incision/excision, syringe common or with both techniques [54]. After fat transfer, the labia majora were re-contoured using skin excisional techniques. In some cases concomitant grafts and flaps are combined with fat injections to achieve volumetric enhancement [54].

Complications

Several complications are associated with labia majora augmentation. The overall complication rate in Felicio's study was 2.65 % [54]. Triana et al. examined the outcomes of 74 patients who had labia minora excision with or without clitoral hood molding and, in some cases, labia majora augmentation. Palpable fatty cysts were found in the labia majora after fat injections in 6 patients who underwent labia majora augmentation [63]. Resolution of the cysts occurred in 5 of 6 patients by 6 months. One patient had a palpable mass that was not visible or painful, which persisted for 8 months [63]. In Salgado's case report, the labia majora increased by 40 % from 2.5 cm to 3.5 cm after dermal fat grafting [60]. Increased perspiration and the appearance of a "camel toe" (a slang term

referring to the outline of the labia majora in tight clothing) are other reported adverse effects [33].

Conclusion

Insufficient data exist to conclude procedural safety and efficacy for labia majora plasty.

G-Shot® (G-spot amplification)

Background

G-Shot® (G-spot amplification) is a trademarked non-invasive technique intended to amplify the small anatomical region known as the Gräfenberg spot, or G-spot, to increase sexual stimulation during friction with intercourse [64]. Originally described by the German gynecologist Ernst Gräfenberg in 1950, the G-spot refers to an erogenous zone located 1–2 cm from the urethra on the anterior vaginal wall [65]. Since this description was published, there have been many reviews and papers questioning the validity of the G-spot [66, 67]. Ostrzenski claimed to have found the G-spot during a cadaver dissection; however, no histological analysis was performed to confirm neurovascular tissue [68].

Surgical technique

G-spot amplification is a non-invasive dermal filler injection technique used to expand the size of the G-spot, as identified individually by each patient. The procedure was developed to produce an increased responsiveness to tactile stimulation during sexual activity. The G-Shot® consists of a small dose of hyaluronic acid (high molecular weight hyaluronan) injected via a 3.5-inch needle into the presumed G-spot that causes the target area to enlarge by nearly 100 %. Injection of hyaluronic acid is an "off-label" use. The effects of the G-Shot® vary individually, typically lasting 3–5 months. Other substances, such as autologous fat, collagen, and Radiesse (a subdermal filler) have been injected into the G-spot with varying and unpredictable results [33].

Complications

The danger with the G-spot injection is intravascular placement. A case report of a woman presenting with shortness of breath and cough after injection of 5 mL of hyaluronic acid to the anterior vaginal wall ultimately ended in her need for mechanical ventilation because of a nonthrombotic pulmonary embolism [69]. A granulomatous foreign body reaction with multinucleated giant cells was confirmed by video-assisted thoracopic lung biopsy. Listed risks of G-Shot® include: bleeding, infection, hematoma, urinary complications, accelerated hyaluronan re-absorptions, allergic reaction, and lack of therapeutic effect.

Conclusion

Low-quality anecdotal reports exist for G-spot injection and no conclusions can be made on procedural effectiveness and safety.

Summary

The aesthetic vaginal surgeon's intent is to alleviate distress—psychological and/or physical pain—triggered by unattractive, obtrusive common or poorly functioning genitalia. Although gynecological surgeons are the original architects of FGCS, the growth of this field is driven by the patients and the media. Some gynecologists fail to grasp the intimate relationship between a woman's perception of her own vulva-vagina and her self-esteem, the psychobiological need for sexual gratification, and self-worth.

The aesthetic and functional procedures that comprise FGCS signal the latest final frontier of cosmetic surgery. The line between cosmetic and medical surgical procedures is blurred, and today many operations are performed for both purposes. The contributions of gynecologists are crucial since the pelvic floor, perineum, and vulva are the rightful domains of our profession.

Adolescents and adult women who are waxing, shaving, and using other depilatory agents often have a clear view of the perineum. Genital images, many of which are enhanced, on internet pornography and other social media promote narrow genital hiatuses and thin labia minora. Aesthetic vaginal surgeons who have significant proprietary conflicts of interest may unintentionally blur legitimate female pelvic floor disorders with other aesthetic conditions. Deceptive marketing practices that promote vaginal rejuvenation for the correction of prolapse, cure of stress incontinence, and improvement in sexual function are concerning and should be discontinued. In the absence of quality outcome data, the value of FGCS in improving sexual function remains uncertain. Procedures performed on pre-pubescent adolescents should also be discouraged.

Women seeking FGCS need to be educated about the range and variation of labia widths and genital appearance, and should be evaluated for bona fide pelvic support disorders for which well-established treatment options exist. Women seeking FGCS should also be screened for psychological conditions including body dysmorphic disorder and should act autonomously without coercion from partners or surgeons. The ethical obligations of surgeons include truth telling, avoidance of conflicts of interest and patient exploitation. Appropriate informed consent about alternatives, potential benefits and harms, and the lack of long-term data should be discussed. Adequate training is necessary. While FGCS represents "luxury medicine," our professional

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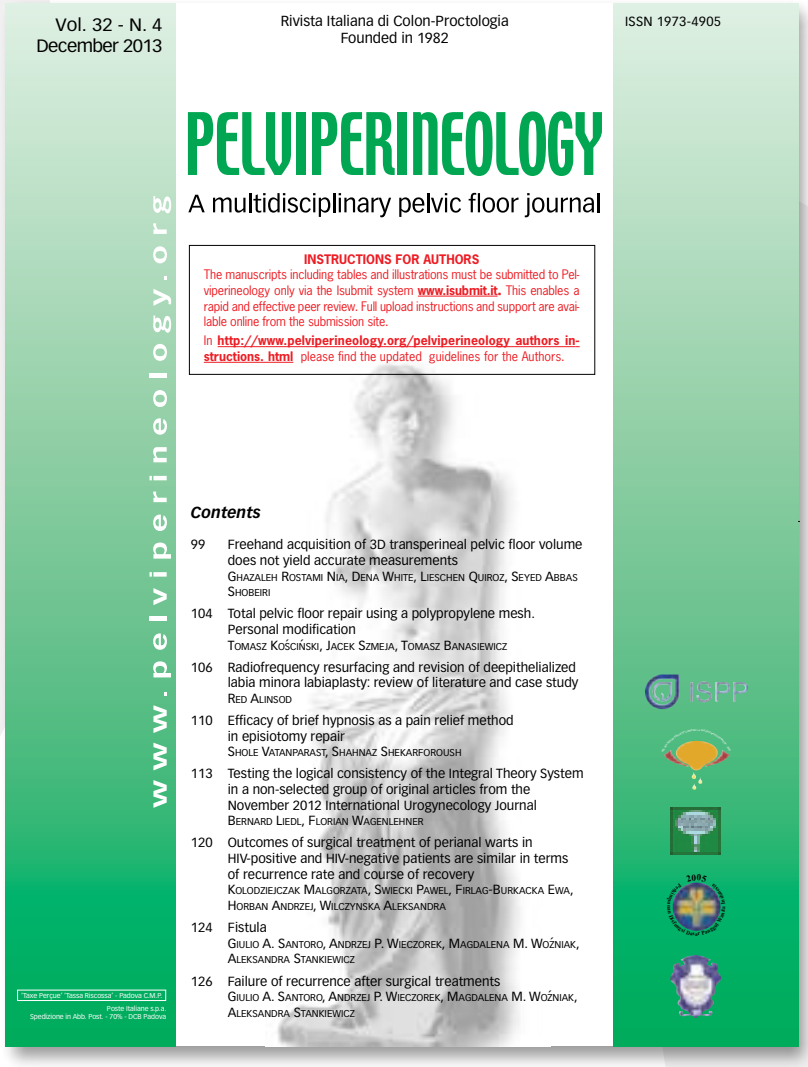
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In the News

Aesthetic gynecologic surgery

Radiofrequency resurfacing and revision of deepithelialized labia minora labiaplasty: review of literature and case study

RED ALINSOD
Urogynecology Director, The Women's Center and The Laguna Laser Center, South Coast, CA

Abstract: The growing demand for Aesthetic Vulvo-vaginal Surgery (AVS), particularly elective and therapeutic labia minora plasty (labia minora reduction) procedures, has increased the risk of failed labiaplasties when performed by inexperienced or poorly trained surgeons. Inadequate labia minora reduction surgery may result in medical and functional complications as well as aesthetically unattractive results. Complications of a botched labiaplasty include bleeding, infection, delayed wound healing, iatrogenic asymmetry, and under or overcorrection. This case report illustrates the use of an innovative radiosurgical technique to repair poor anatomical outcomes of an unsuccessful de-epithilialized labia minora plasty. Revision surgery was achieved using a radiofrequency device that allows incision, micro-smooth cutting, and resurfacing of the vulva-vaginal region, including the labia minora and clitoral hood. Radiofrequency was found to be an effective tool for ironing rough surfaces, smoothing uneven edges, excising hypertrophic labial tissue, and sealing small blood vessels in a labia minora plasty revision surgery.

Key words: Labia minora plasty; Radiofrequency; Aesthetic vulvo-vaginal surgery (AVS); Female genital cosmetic surgery (FGCS); Clitoral hood reduction.

INTRODUCTION

Enlarged or irregular labia minora associated with chronic irritation, other physical discomfort, or an unsightly aesthetic appearance is a growing complaint of women seeking surgical treatment from gynecologic surgeons or cosmetic surgeons.[1] Labia minora (labia) plasty is the term for several female cosmetic genital surgical techniques to reduce the size and in some cases to alter the shape of hypertrophic, asymmetric, or protruding labia minora for aesthetic or functional purposes.[1-2] Standard techniques for the reduction and reshaping of the labia minora include curved linear excision or simple amputation,[3-4] central wedge resection,[5] de-epithelialization,[6] W-shaped labial resection (zigzag technique),[7-8] and laser labiaplasty in which a laser is used in place of a scalpel.[1] More recently, radiofrequency labiaplasty has been found to be beneficial due to its precision and safety in the clitoral area.[9] In a small case series, posterior wedge resection was found to be an effective technique for aesthetic labiaplasty.[10] Deepithelialized labiaplasty recently has gained popularity because of its purported safety combined with its ability to preserve the natural free edges and neurovascular supply of the labia minora.[1]

A combination of labia minora plasty techniques, including 5-flap Z-plasty, reportedly can produce optimal surgical outcomes for labia minora reduction, depending upon the patient's individual needs.[1] Labia minora plasty procedures are minimally invasive surgeries that do not typically lead to significant surgery-related complications.[3] However, there is a risk for serious adverse effects resulting from labia minora reduction procedures if a surgeon is not adequately trained and experienced in Aesthetic Vulvo-vaginal Surgery (AVS). Complications of labiaplasty such as bleeding, infection, iatrogenic asymmetry, poor wound healing, and either under or overcorrection may require medical intervention, revision surgery, or both.[1]

In this case report we describe an innovative surgical technique involving the use of monopolar high frequency radiofrequency (RF) energy for revision of labia minora labiaplasty. The patient was a 32 year-old Caucasian gravida 3, Para 2 female who had undergone a labia minora labiaplasty under general anesthesia in a plastic surgeon's office surgery center before consulting our office. The surgeon claimed to have previously performed vaginal cosmetic procedures, but provided no credentials or photographic documentation of expertise in labiaplasty.

Approximately two weeks after her surgery, the patient noticed holes in what appeared to be "de-epithelialized" areas of the labia. Seeking a "Barbie Appearance" to correct an unsatisfactory surgery, the patient requested a consultation one month after her operation and then sent our office photos of the postoperative results. The "Barbie Look" is a colloquial term for external genitalia characterized by either no or only minimal labia minora tissue that extend beyond the labia majora. The vertical vaginal orifice appears simply as a fine line. The patient was advised to postpone an appointment with our office until two months after surgery to allow maximum time for normal wound healing. When no improvement occurred, she visited our office one month after initially contacting us. Her operative report suggested that the plastic surgeon had performed a de-epitheliazation labiaplasty in which strips of skin were removed from both sides of the labia minora. An inverted U clitoral hood reduction was also performed with the labia minora labiaplasty (Figure 1).

Figure 1. – After de-epithelialization labiaplasty. Following botched de-epithelialization labiaplasty the minora reveal rough elevations, uneven edges, and large flaps of skin connecting minora and majora.

Figure 2. – Pre-op revision. Front view pre-op revision shows protrusion of minora beyond majora, with the clitoral hood topped by a hardened painful scar. Multiple holes are present.

Figure 3. – Immediately after resurfacing revision. Immediately post-op revision shows that excess labial tissue has been trimmed from minora, edges evened, and clitoral hood prominence reduced with radiofrequency surgical technique of "flathering".

CASE REPORT

Our pelvic exam revealed that the patient's minora was connected to the majora via unattractive flaps of labial tissue with strands of skin. A painful firm scar was observed on top of the clitoral hood. The labia showed rough, bumpy and irregular areas, uneven edges, and an asymmetric pattern that was more pronounced in the postoperative physical exam than in the pre-operative photos (Figure 2). The blood supply had been compromised, thus preventing full healing at the labial edges. Since the labia minora is usually thin, removal of strips of skin on the medial or lateral side can leave an extremely narrow strip of tissue with vasculature that subsequently easily becomes impaired. This defect can result in holes appearing in the de-epithelialized segments.[9] Additionally, clitoral hood reductions performed on the anterior surface of the clitoral hood can form thickened and painful scars. A scar may appear unsightly as a pale but visible and palbable firm strand traversing the surface of the clitoral hood.

The patient requested a revision surgery to achieve a Barbie Look and signed the appropriate consent form. The Surgitron® Dual RF™ S5 with Pellevé™ equipped with a handpiece (Radiowave technology, Ellman International, Oceanside, NY, USA) was used to perform sutureless RF labial resurfacing and revision in our in-office surgical suite. The patient was administered a topical and local anesthetic but no I.V. In lieu of conventional scalpel-based ablation, RF was utilized initially for excisional surgery to excise labial tissue that had detached from the vulva. The labial surface and edges were then resurfaced with RF to smooth and refine the tissue. A "feathering" techique was used in which multiple passes were made with the device until the desired smoothness and tissue shrinkage was achieved.[9] Injured vasculature in labial tissue were coagulated with the Surgitron to seal small blood vessels. Finally, the thickened tender scar resulting from the clitoral hood reduction was resurfaced with RF (Figure 3). The patient achieved a full recovery within 8 weeks postoperative at which time she was able to have normal sexual relations (Figure 4). She expressed complete satisfaction with the results of the revision labiaplasty and remained satisfied at 3-year follow up.

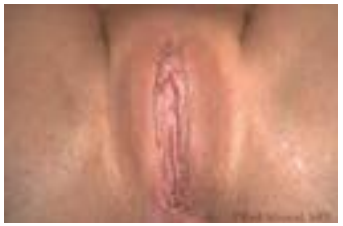

Figure 4. – Post Op 3 Years. Resculptured labia minora at Post Op 3 years remain fully healed and aesthetically attractive with no hypertrophy, asymmetry, holes or rough surfaces.

COMMENT

The RF applications described in this case report include excisional labiaplasty techniques and the RF Pelleve procedure to correct the poor clinical outcomes of the patient's previous de-epithelialized labiaplasty. RF permitted maximum smoothing of the edges of each labium minora to improve their aesthetic appearance while also decreasing labial bulkiness by shrinking the bumpy areas. Compared to lower frequency electrosurgery instruments, monopolar RF treatment is associated with decreased tissue resistance and maximum control in precision cutting as well as tissue tightening to smooth wrinkled skin.[9] This technique is appropriate for corrective labiaplasty cases requiring delicate and meticulous repair of labial tissue and vasculature.

The versatility of radiosurgery with its detachable handpiece hair wire tips allows it to function in a multimodal capacity as an electrosection instrument for incision, micro-smooth cutting, resurfacing, and vascular repair. The individual variability of small blood vessels in the labia minora poses a challenge for restoration of function to damaged vasculature. However, the Surgitron enables precise microsurgical manipulation required to seal off open small blood vessels with minimal lateral thermal damage of 20-40 microns.[9] By stimulating coagulation, the attachable ball electrode tips of the device promote soft tissue shrinkage and skin tightening. Monopolar RF surgery has been associated with less thermal destruction, thereby reducing burning or charring during techniques to excise or smooth vulvar skin.[9]

CONCLUSION

Revision of de-epithelialized labia minora labiaplasty utilizing RF is beneficial for the reversal or at least mitigation of poor postoperative results due to suboptimal healing in prior surgery. RF labiaplasty is a promising cutting-edge surgical technique for initial labiaplasty as well as for revi-

In the News

sion procedures of the female external genitalia.[11] The efficiency and effectiveness of radiosurgery in treating all of the adverse outcomes of the patient's previous "botched procedure" suggest that this device may be highly advantageous for revision labiaplasty requiring incision, resection, resurfacing, skin tightening, and/or small blood vessel repair. Future case series to further investigate the safety and efficacy of RF for revision surgery of failed de-epithelialized labia minora labiaplasty are warranted.

NOTES

Statement of Informed Consent.

A signed statement of informed consent was obtained from the patient to publish medical information pertinent to the case study as well as the photographs relating to her procedure.

Ethical approval: Not required.

Funding: None.

Conflict of Interest Statement.

Red Alinsod, M.D. has previously received financial support from Ellman International, Inc. for an assessment of other clinical research on the use of radiofrequency in Aesthetic Vulvo-vaginal Surgery.

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Correspondence to:

Email: red@urogyn.org

Multidisciplinary Uro-Gyne-Procto Editorial Comment

To improve the integration among the three segments of the pelvic floor, some of the articles published in **Pelviperineology** are commented on by Urologists, Gynecologists, Proctologists/Colo Rectal Surgeons or other Specialists with their critical opinion and a teaching purpose. Differences, similarities and possible relationships between the data presented and what is known in the three or more fields of competence are stressed, or the absence of any analogy is indicated. The discussion is not a peer review, it concerns concepts, ideas, theories, not the methodology of the presentation.

Procto... Doctor Alinsod is a Urogynecologist and his paper describes a surgical approach to aesthetic problems affecting the vulvo-vaginal area of some women who are inadequately treated by inexperienced or poorly trained surgeons. For many reasons, mostly cultural, the number of these procedures apparently is growing all over the world with needs that often seem to be quite different or even contradictory conforming the different cultures. Aesthetic problems of the perineal region obviously may involve also the anal and perianal area, and this applies to both sexes. Men and women may require plastic or aesthetic surgery at the anal level either for a purely aesthetic reasons or for a functional problem as well, or both. The condition can be congenital, iatrogenic, or the result of some diseases, or finally it can derive from a normal evolution due to aging.

An ectropion of the rectal mucosa is sometimes seen after operations for rectal atresia or imperforated anus or an inadequate hemorrhoidectomy. In these cases the patient may also complain a more or less severe fecal incontinence. The Saraffof's operation is an interesting but poorly known procedure for the correction of the anal mucosal ectropion. Operations for anal fistula sometimes leave disfiguring scars, as well as severe perineal trauma or suppurative hydrosadenitis, all these eventually requiring plastic surgery with flaps or other procedures. Flaps are also indicated in severe anal strictures. Skin tags of various size are observed in most adults and they are usually asymptomatic, so they do not need to be removed. They may be the consequence of a healed anal fissure or of a reabsorbed perianal hematoma as frequently seen after the vaginal delivery. Some women, and less often some men, however are bothered by the skin tags either for local hygiene reasons or for cosmetic reasons during their sexual activity. Skin tags are easily removed under local anesthesia with a relatively painful recovery. The operations aiming to improve both the appearance and mostly the function of the anal area are not easy, and good results are not the rule, so they must be performed by experienced colorectal surgeons. Skin tags removal is safe and easily done with diathermy or excision and a reabsorbable suture, leaving skin bridges to avoid a complete circular scar. The patient though has to be warned that the recurrence is possible. Histology of the removed tissue is always mandatory.

GIUSEPPE DODI
Colorectal Surgeon, University of Padova, Italy
giuseppe.dodi@unipd.it

In the News


THE AESTHETIC
Ongoing Corporate Acquisitions Ultimately Benefit Physicians
Advances in Body Enhancements
Industry Leader Market Insight
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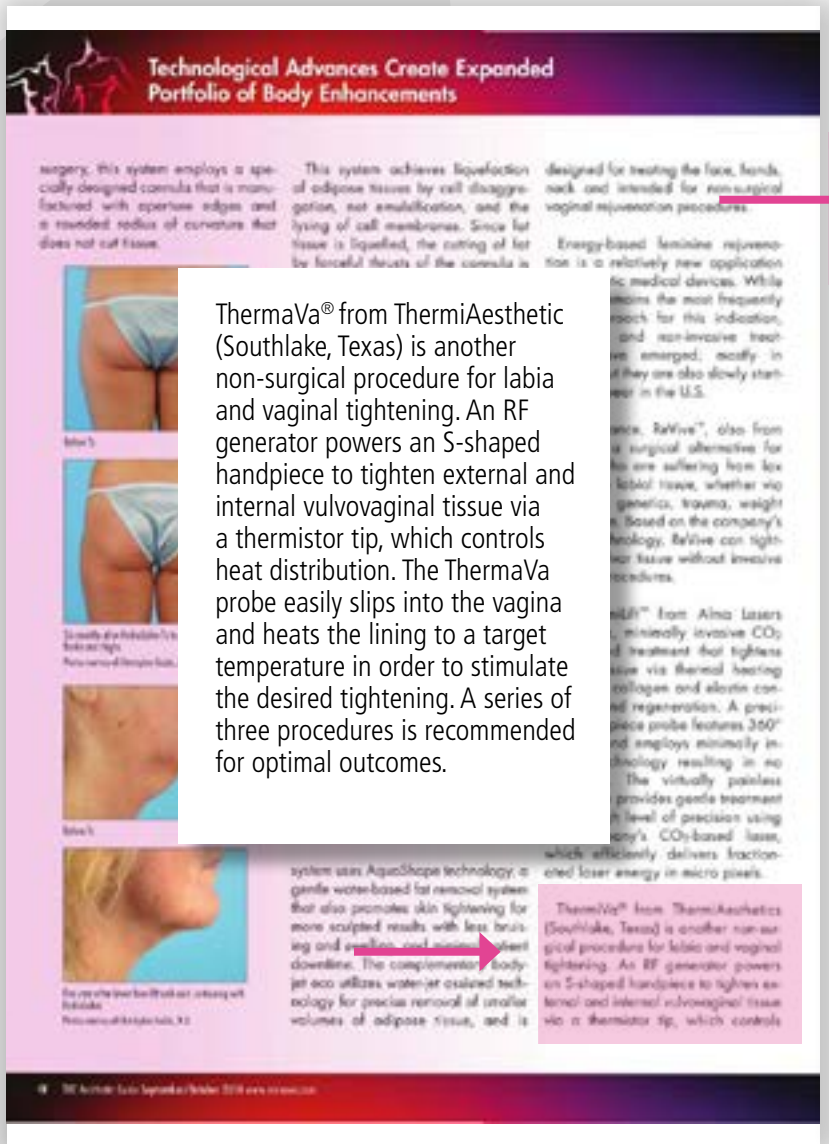
In the News

Technological Advances Create Expanded Portfolio of Body Enhancements

By Jeffrey Frentzen, Executive Editor

Rapid advancements in cutting edge technology and novel applications of existing modalities have led to an increasingly wide-range of body shaping enhancements practitioners can offer patients. While liposuction and other surgical solutions are still considered the gold standard for sculpting the body, non-surgical approaches are quickly gaining traction among consumers.

In the News



Technological Advances Create Expanded Portfolio of Body Enhancements

surgery, this system employs a specially designed cannula that is manufactured with aperture edges and a rounded radius of curvature that does not cut tissue.

This system achieves liquefaction of adipose tissues by cell disaggregation, not emulsification, and the lysing of cell membranes. Since fat tissue is liquefied, the cutting of fat by forceful thrusts of the cannula is

designed for treating the face, hands, neck and intended for non-surgical vaginal rejuvenation procedures.

Energy-based feminine rejuvenation is a relatively new application

ThermaVa® from ThermiAesthetic (Southlake, Texas) is another non-surgical procedure for labia and vaginal tightening. An RF generator powers an S-shaped handpiece to tighten external and internal vulvovaginal tissue via a thermistor tip, which controls heat distribution. The ThermaVa probe easily slips into the vagina and heats the lining to a target temperature in order to stimulate the desired tightening. A series of three procedures is recommended for optimal outcomes.

Technological Advances Create Expanded Portfolio of Body Enhancements

heat distribution. The ThermiVa probe easily slips into the vagina and heats the lining to a target temperature in order to stimulate the desired tightening. A series of three procedures is recommended for optimal outcomes.

Similarly, the Protégé Intimo from BTL Industries, Inc. (Framingham, Mass.), is a new system designed to address labia remodeling without surgery. It combines focused monopolar RF-based energy with built-in safety features to prevent burns, sparking or arcing, making this innovative treatment pain-free and low risk. The device can reach skin surface temperatures of around 40° C to 42° C, and a single application takes approximately 12 minutes – six minutes per each side of the vulva. As well, it utilizes the proprietary Energy Flow Control safety system, EFC Elite, which includes visual contact confirmation, dual ground contact monitoring and an intelligent impedance system to guarantee uniform energy distribution.

In the same circle, the MonaLisa Touch™ system from DEKA M.E.L.A., S.r.l. (Calenzano Firenze, Italy), offers a minimally invasive, laser-based solution that focuses on vaginal atrophy, a common condition related to menopause. This photorejuvenation technique restores the patient's natural physiological and mechanical mucosa conditions to improve reduced vaginal lubrication, vulvar itching and painful intercourse. When the pre-menopausal structure is restored, the vaginal mucosa recovers hydration, trophism, tone and sensitivity. The MonaLisa Touch employs the company's SmartGlide® system, with the MiScan VUE scanning system, along with an exclusive fractional CO_2 laser containing Pulse Shape Design (PSD®) technology that provides a pulse specifically created for this treatment.

IntimaLase™ from Fotona (based in the U.S. and Europe), is a laser-based therapy for non-invasive photothermal tightening of the internal vaginal tissues. This system's 2940 nm Er:YAG non-ablative laser with proprietary "Smooth-mode" technology thermally affects the tissue, stimulating collagen remodeling and neocollagenesis in the vaginal mucosa and collagen-rich endopelvic fascia. As a minimally invasive procedure, usually two sessions are recommended to achieve optimal tightening, with no special pre-op preparation or post-op downtime.

Additional drivers are currently heralding more advances in body shaping and related procedures. These are emerging technologies that hint at a future of improved outcomes, as well as better and more precise treatment modalities – mostly non-surgical.

For instance, microfocused ultrasound technology is a novel modality for transcutaneous heat delivery that reaches the deeper subdermal connective tissue in tightly focused zones at consistently programmed depths. This new and evolving technology applies energy at different levels of the dermis, outlined by vector areas and ultrasound thermal / coagulation points. The goal is to produce a deeper wound healing response at multiple levels with robust collagen remodeling and a more durable clinical response.

The products derived from this technology can also release significant bursts of energy, which can enable practitioners to perform various procedures in a single session. The Ulthera device from Ulthera is an early example of this type of technology.

In addition, practitioners will start seeing real time imaging being added to many energy-based device feature sets.

Possibly the biggest deal among laser-based body enhancements is TRASER (Total Reflection Amplification of Spontaneous Emission of Radiation) technology, which provides a single modality containing all available wavelengths, implemented via reusable laser cartridges that simply plug into a device. Until now, laser specialists often needed multiple systems to address different indications, but TRASER has the potential to replace many laser and light-based systems with one "tunable" device. ■

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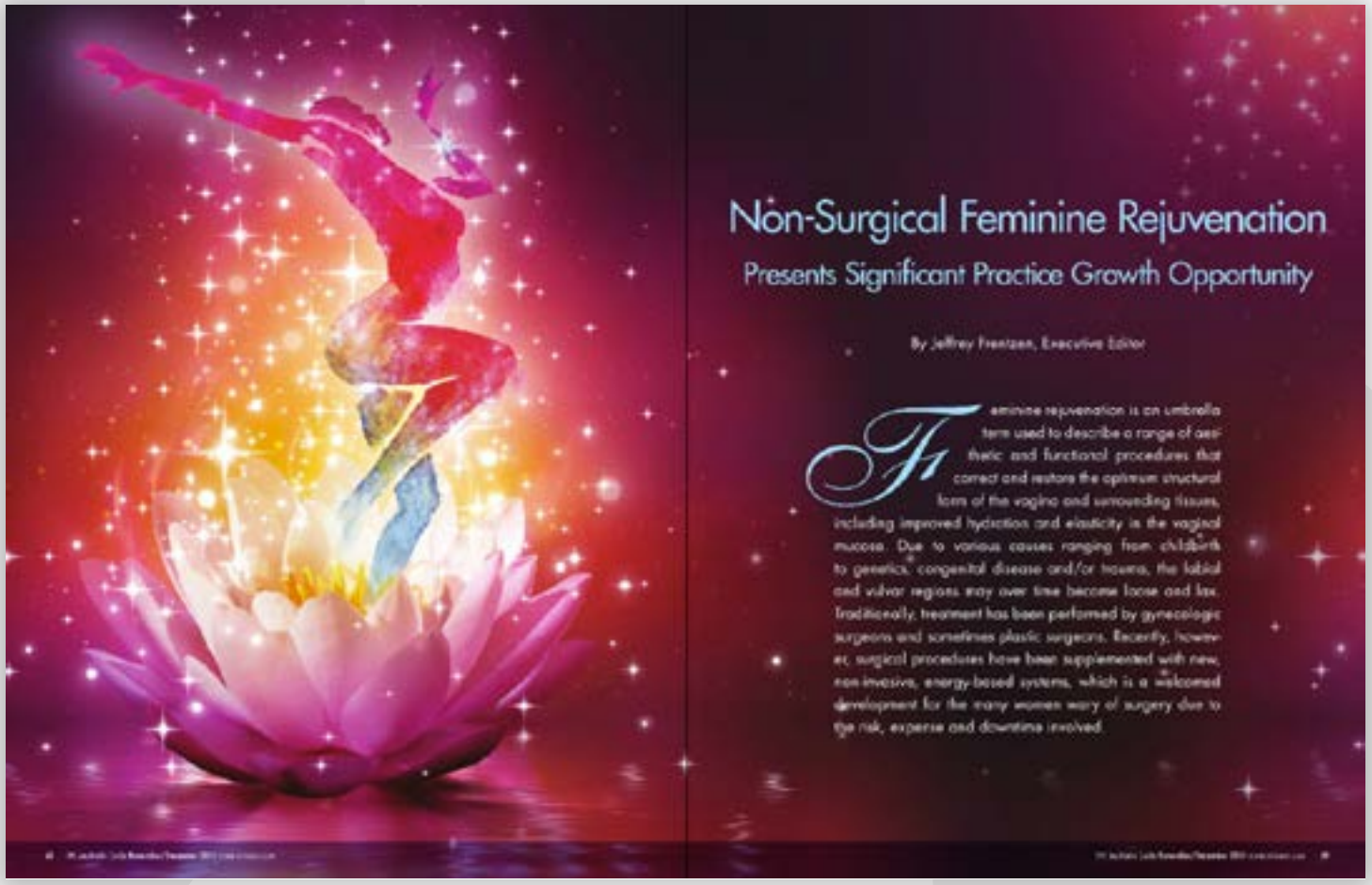

Non-Surgical Feminine Rejuvenation

Presents Significant Practice Growth Opportunity

By Jeffrey Frentzen, Executive Editor

Feminine rejuvenation is an umbrella term used to describe a range of aesthetic and functional procedures that correct and restore the optimum structural form of the vagina and surrounding tissues, including improved hydration and elasticity in the vaginal mucosa. Due to various causes ranging from childbirth to genetics, congenital disease and/or trauma, the labial and vulvar regions may over time become loose and lax. Traditionally, treatment has been performed by gynecologic surgeons and sometimes plastic surgeons. Recently, however, surgical procedures have been supplemented with new, non-invasive, energy-based systems, which is a welcomed development for the many women wary of surgery due to the risk, expense and downtime involved.

These devices have opened up a new market for non-surgical labial correction procedures, said Alexander Bader, M.D., F.A.A.O.C.G., F.A.A.C., a cosmetic surgeon and urogynecologist in Athens, Greece. "Women are very enthusiastic about the fact that they can find a solution for such complicated problems without any kind of anesthesia or an invasive procedure," he said. "Another main reason women want this procedure is it can help restore physical sensation during intercourse and improve overall sexual satisfaction."

New modalities being applied to feminine rejuvenation include labia resurfacing using CO_2-based lasers, fat or filler injections, and the use of radiofrequency (RF)-based energy devices. Among the latter, the Protégé Intima from BTL Aesthetics, Inc. (Framingham, Mass.) is a new system that combines focused RF based technology with innovative built in safety features. Its collagen remodeling treatments operate at high energy levels, with temperatures reaching 40° C to 42° C on the skin's surface without compromising patient comfort.

The RF-based ThermiVa from ThermiAesthetics, (Southlake, Texas) uses an S-shaped handpiece that tightens external and internal vulvovaginal tissue via a thermistor tip, which also controls heat delivered to the skin. Monitoring of tissue temperature is done via a minimally invasive treatment probe.

ReVive from Viora, Ltd. (Jersey City, N.J.) employs non-invasive, bi-polar RF energy that utilizes the firm's proprietary CORE™ technology to improve labial skin laxity and texture using the unit's V-ST handpiece, which is designed to ensure accurate energy delivery for safe and painless treatments.

Before Rx

After one ThermiVa Rx
Photos courtesy of Rod Alinsod, M.D.

The new Viveve System from Viveve Medical, Inc. (Sunnyvale, Calif.) uses a proprietary form of RF-based energy to remodel collagen and restore the tissue in the vaginal introitus. The system's efficacy is bolstered by a strong safety profile and fast patient recovery.

FemiLift™ from Alma Lasers (Buffalo Grove, Ill.) offers minimally invasive CO_2 laser-based treatment that induces collagen deposition via concentrated thermal heating of the inner vaginal tissue layer.

Another CO_2 laser, MonaLisa Touch™, which was developed in Europe by DEKA (Florence, Italy) and will now be distributed in the U.S. by Cynosure, Inc. (Westford, Mass.), is also designed to stimulate and promote the regeneration of collagen fibers, as well as restore hydration and elasticity within the vaginal mucosa.

Fotona (based in the U.S. and Europe) has released IntimaLase, a 2940 nm, non-ablative Er:YAG laser with proprietary "Smooth-mode" technology that provides tightening of the vaginal canal via neocollagenesis and remodeling.

Additionally, the Action II Petit Lady from Lutronic, Inc. (Fremont, Calif.) offers a non-invasive laser-based procedure that enables practitioners to effectively treat a wide-range of vulvovaginal symptoms and conditions.

"Women are very enthusiastic about the fact that they can find a solution for such complicated problems without any kind of anesthesia or an invasive procedure."

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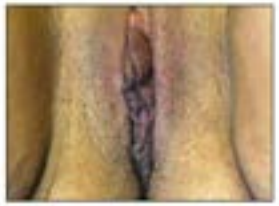
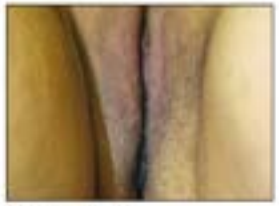
"The accessible global market opportunity for non-surgical feminine rejuvenation could be as much as $7 billion over the next four years. We have placed hundreds of systems with both core practitioners – OB/GYNs – and even a range of non-core physicians with aesthetic practices, such as plastic surgeons. All will benefit, as will their patients."

Aesthetic physicians interested in using lasers for this type of treatment probably already use them to do other procedures, such as facial skin rejuvenation or body shaping, noted Red Alinsod, M.D., a gynecologist in Laguna Beach, Calif., who pioneered energy-based vaginal rejuvenation and helped develop ThermiVa. "While some practitioners may be looking to just add another type of procedure to their menu of energy-based treatments, for those who want to concentrate on gynecologic use of devices, they would probably go with an RF-based system."

Regardless of the technology used, "There is talk within the industry that the accessible global market opportunity for non-surgical feminine rejuvenation could be as much as $7 billion over the next four years," claimed Paul Herchman, CEO and founder of ThermiAesthetics. "We don't know exactly how big the market is, but we have placed hundreds of systems with both core practitioners – OB/GYNs – and even a range of non-core physicians with aesthetic practices, such as plastic surgeons. All will benefit, as will their patients."



Before Rx



After one Protégé Intima Rx
Photos courtesy of Khalil A. Khatri, M.D.

For example, Mr. Herchman continued, "We approached a facial plastic surgeon to adopt our vaginal rejuvenation technology and she initially said she was not interested. Then, she went back and talked with her nursing staff and they immediately said, 'Yes, we are very interested in that type of treatment.' They explained that while the women coming into the practice don't talk about it openly, they do ask for it. That's all it took and the surgeon added this treatment to her practice."

This market will continue to grow, maintained Khalil A. Khatri, M.D., a dermatologist in Nashua, N.H., who currently uses the Protégé Intima. "I think a lot of women don't realize they have a looseness or laxity problem. Currently, many patients getting these treatments don't want to share that information with others. It is like years ago, when a woman would get a face-lift, but they would not talk about it. As vaginal tightening procedures become better known, through the media mostly, they will become more popular."

Although interest level in these procedures is expanding overall, according to Stephen A. Foley, M.D., a gynecologist in Colorado Springs, Colo., who uses Viora's ReVive, "It depends on where you live. We're in a small community where there is some interest in this treatment, but the numbers are fairly low. In larger, populous regions this procedure is more common. Consider that some physicians are charging $5,000 to $6,000 to do the surgical procedure, whereas with a non-surgical procedure for maybe $1,000 or $2,000 the patient can obtain a decent result for much less."

The procedures are tricky to market, though, Dr. Foley added. "You can't really put up a billboard that says, 'Unhappy with your vagina? Give us a call.' We are letting word-of-mouth drive the train. This is an exciting area to be working in."

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Although he has performed surgical correction for years, Dr. Bader found that some prospective patients either did not want surgery or were not good candidates for surgery. He now uses FemiLift as a non-surgical alternative. "Prior to using the FemiLift I used fillers, but they were more painful, not long lasting and quite expensive," he shared. "Candidates that had been in that surgical grey area now have a good option. And with this technology, I not only can tighten, but also rejuvenate the outer part of the vagina related to the labia majora. As well, I use the system to address other indications, such as scar correction. Patient satisfaction rates are quite high."

Patient satisfaction with energy-based feminine rejuvenation has been good across the board, Dr. Alinsod concurred. "Among vaginal tightening patients, a majority that I've treated said they had significant change, so much so that their partners could feel the difference," he said. "Increasingly, people don't want surgery when there are alternatives. The procedure works for any age group, such as the 20 or 30 year-olds that have kids or plan to have more childbirth in the future, or those in their 40s and 50s that are done having kids."

"Among vaginal tightening patients, a majority that I've treated said they had significant change. Increasingly, people don't want surgery when there are alternatives. The procedure works for any age group."

Before Tx

After six follow treatments
Photo courtesy of Steven A. Foley, M.D.

According to Dr. Bader, "I've been using FemiLift for two years and only two patients expressed that they were not too happy with the procedure. These were cases where patient expectations were perhaps too high, although their procedures still resulted in tightening."

No matter the device, the procedure is pain free and feels like a warm massage, which is actually very relaxing for the patient, Dr. Bader expressed. "Even when we put the handpiece inside, it is still comfortable," he stated. "There is no downtime, redness or swelling. Usually, with one treatment we don't see a difference, but after two treatments the difference is quite noticeable."

Although patient satisfaction has been uniformly high across all devices, there is a strong human factor that must be considered, as well, Dr. Foley pointed out. "We did some post-procedure evaluations and in some cases, women we thought didn't show much improvement were quite happy with the outcome."

No matter how the patient might perceive the outcome, the tightening effect can be remarkable, Dr. Alinsod advised. "The vaginal mucosa has more moisture and RF energy is really effective where there is moisture. The tightening effect is even more dramatic in mucosal tissue, such as inside the vagina, than it is on the skin of the face and neck. Also, it can tighten the skin around the urethral area and those with mild incontinence say that it helps them with control."

Dr. Alinsod continued, "After years of doing these treatments, I have observed that the labia majora had increased its collagen content and grew thicker, so that the patients are less uncomfortable during sexual intercourse. The treatment creates increased blood flow and moisture inside the vagina, which improves comfort. I've observed this in most of the patients."

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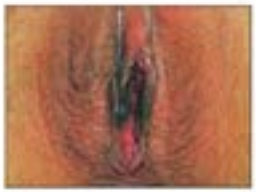
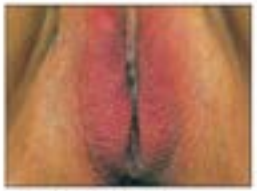
As energy-based feminine rejuvenation procedures take hold in the aesthetic field, practitioners may find they will be able to treat unexpected indications, Dr. Alinsod shared, "such as a future treatment for vaginal atrophy, also called atrophic vaginitis, which is the thinning, drying and inflammation of the vaginal walls due to a decrease in estrogen," he explained.

However, one important point patients and physicians should recognize is that, "A treatment with any energy-based device simply will not give them the tightening effect you get with major surgery, but it's pretty close," Dr. Alinsod stated.

Joseph Berenholtz, M.D., a gynecologic surgeon in Farmington Hills, Mich., uses the Protégé Intima to treat patients that suffer from oversized labia majora, "As well as those that don't want to undergo surgery, but want to shrink the labial tissue 30% to 40%. We have had a great deal of success in the short term," he said, "but unfortunately, as a gynecologic surgeon and based on the limited research I've done on non-surgical energy-based vaginal rejuvenation techniques, I'm not clear on how it would work in the long-term."

"Almost any practitioner can do this treatment. As soon as one is trained, a nurse practitioner, physician's assistant, or someone with a license can perform the treatment, making it a profitable procedure for any aesthetic practice."





After ThermiVa and FEF treatments
Photos courtesy of Red Alinsod, M.D.

With vaginal tightening cases, the defect is the division between the rectum and the vagina and the division between the ladder and the vagina, he added. "Until those anatomical defects are fixed via surgery, from an anatomical / logical perspective, I don't see how RF or other energy-based sources can solve the problem long-term."

In researching how manufacturers and some physicians market non-surgical solutions, Dr. Berenholtz was also disturbed by some of the claims. "Some try to scare people off of surgery, saying that surgery makes you numb or desensitized because we're cutting through nerves, and that people that go through this surgery never regain sensation. I can tell you that among the thousands of patients that others and I have operated on, none of us have reported any loss of sensation," he concluded.

Once the misinformation and fear dissipates and non-surgical rejuvenation becomes more acceptable with patients, demand for the treatment will likely explode, Mr. Herchman opined. "With this segment, which is virtually untapped, you can draw a comparison to Viagra and Cialis, which is an enormous market. With this aesthetic procedure the side effects are practically nil and it is easy to do. It makes things better for the woman, and the couple."

Business prospects remain positive, noted Dr. Alinsod. "It's like manna. Almost any practitioner can do this treatment," he said. "It doesn't take a high skill level, frankly. We have the technique, the stroke counts and the timing down pat. As soon as one is trained, a nurse practitioner, physician's assistant, or someone with a license can perform the treatment, making it a profitable procedure for any aesthetic practice." ■

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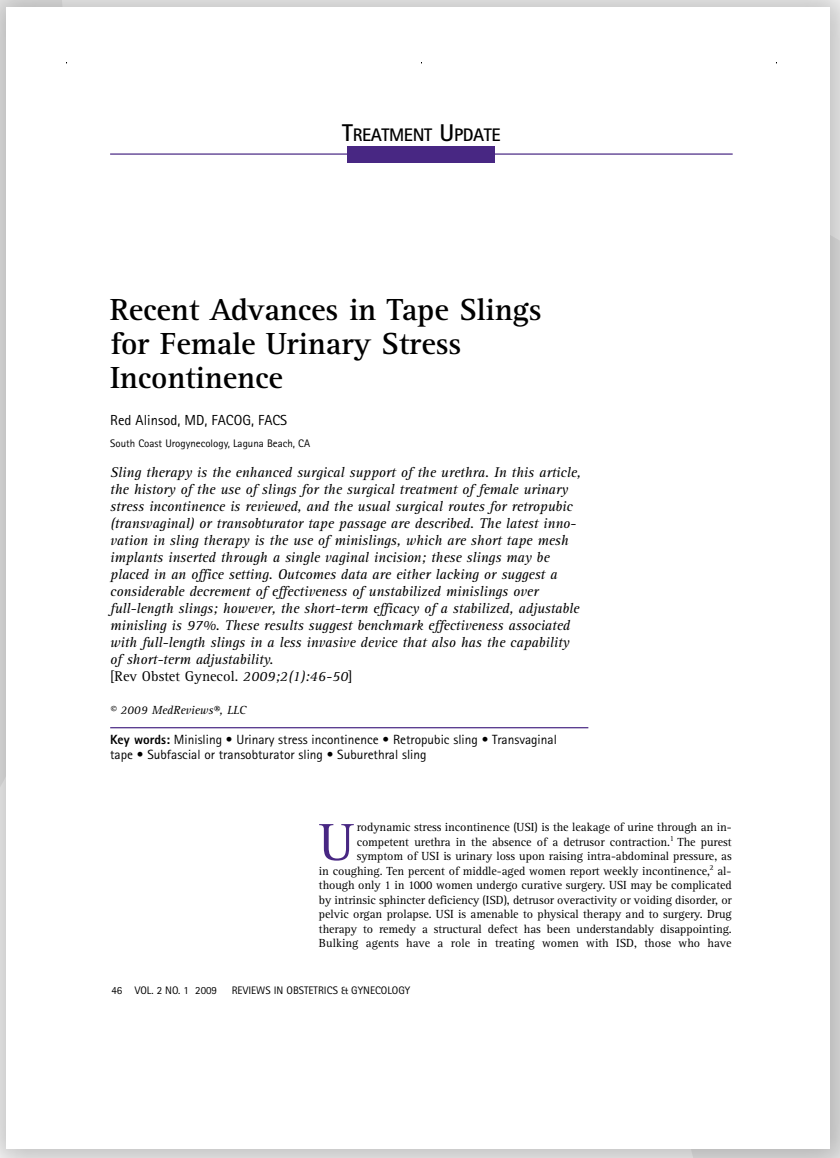

TREATMENT UPDATE

Recent Advances in Tape Slings for Female Urinary Stress Incontinence

Red Alinsod, MD, FACOG, FACS

South Coast Urogynecology, Laguna Beach, CA

Sling therapy is the enhanced surgical support of the urethra. In this article, the history of the use of slings for the surgical treatment of female urinary stress incontinence is reviewed, and the usual surgical routes for retropubic (transvaginal) or transobturator tape passage are described. The latest innovation in sling therapy is the use of minislings, which are short tape mesh implants inserted through a single vaginal incision; these slings may be placed in an office setting. Outcomes data are either lacking or suggest a considerable decrement of effectiveness of unstabilized minislings over full-length slings; however, the short-term efficacy of a stabilized, adjustable minisling is 97%. These results suggest benchmark effectiveness associated with full-length slings in a less invasive device that also has the capability of short-term adjustability.

[Rev Obstet Gynecol. *2009;2(1):46-50*]

Key words: Minisling • Urinary stress incontinence • Retropubic sling • Transvaginal tape • Subfascial or transobturator sling • Suburethral sling

Urodynamic stress incontinence (USI) is the leakage of urine through an incompetent urethra in the absence of a detrusor contraction.[1] The purest symptom of USI is urinary loss upon raising intra-abdominal pressure, as in coughing. Ten percent of middle-aged women report weekly incontinence,[2] although only 1 in 1000 women undergo curative surgery. USI may be complicated by intrinsic sphincter deficiency (ISD), detrusor overactivity or voiding disorder, or pelvic organ prolapse. USI is amenable to physical therapy and to surgery. Drug therapy to remedy a structural defect has been understandably disappointing. Bulking agents have a role in treating women with ISD, those who have

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In the News

Durability and complications of an ultra lightweight transvaginal mesh in the treatment of pelvic organ prolapse

R. M. Alinsod[1], M. P. Patel[2], T. B. Erickson[3]
1 South Coast Urogynecology, Laguna Beach, CA, 2 Carolina Urology Partners, Charlotte, NC, 3 Rosemark WomenCare Specialists, Idaho Falls, ID.

1. Objective

To assess the anatomic durability and complications of a synthetic non-absorbable ultra lightweight mesh (Restorelle® Smartmesh®, Coloplast Corp, Minneapolis, Minnesota, USA) placed transvaginally for the treatment of pelvic organ prolapse (POP).

2. Background

Data have shown that the rate of vaginal mesh exposure may decrease with a reduction in polypropylene mesh density, without compromise in tissue support.[1,2] Mesh material with a surface density below 50-60 g/m^2 and a pore size larger than 1.2 mm are considered to be of low weight and high porosity.[3] Restorelle is a type I polypropylene mesh, considered to be ultra lightweight and of high porosity, as it possesses a density of 19 g/m^2 and a pore size between 1.6 and 2.0 mm.

3. Methods

A retrospective chart review was conducted at 3 sites in the United States. Women who received Restorelle for anterior and/or posterior prolapse at least six months prior were included in the analysis. Primary endpoint was anatomic durability assessed by the Pelvic Organ Prolapse Quantification System (POP-Q) or the Baden-Walker halfway scoring system (B-W), with success defined by POP-Q Stage <= I or B-W Grade <= I; and absence of retreatment for POP. Secondary endpoints included mesh-related complications. Exposures, dyspareunia, and pain were coded using the International Urogynecological Association (IUGA) - International Continence Society (ICS) classification system. Anatomic durability was analyzed using Kaplan-Meier curves. Complication rates and 95% Exact Confidence Intervals (CI) were based on number of mesh units placed, overall and by compartment.

4. Results

481 subjects were ≥ 180 days post implant with Restorelle. 247 had clinical follow-up at or beyond 180 days (mean 532±355 days; range 181 to 1989), comprising the sub-set of patients we chose to analyze (Cohort 1). 234 subjects had clinical follow-up < 180 days (Cohort 2). Baseline characteristics are summarized in Table 1. As the only significant differences between Cohorts were gravidity, parity, and previous hysterectomy, we would expect the groups to have similar outcomes. In Cohort 1, mesh was placed in the anterior compartment in 62 patients, posterior compartment in 68, and in both compartments in 117, for a total of 366 mesh implants (181 anterior and 185 posterior). Anterior success rate was 95.5% and posterior success rate was 97.8%. Anterior success rates for baseline stages 2, 3, and 4 were 94.5%, 96.4%, and 95.2%, respectively. Posterior success rates for baseline stages 1, 2, 3, and 4 were 100%, 97.5%, 97.8%, and 100%, respectively. Anatomic durability is shown in Figure 1. Five complications were reported among five study subjects, with 4 exhibiting exposure and 1 dyspareunia. The total mesh complication rate (5/366) was 1.4% (95% CI: 0.5%-3.2%). The anterior mesh complication rate (4/181) was 2.2% (95% CI: 0.6%-5.6%), and the posterior mesh complication rate (1/185) was 0.5% (95% CI: 0.01%-3.0%). Table 2 summarizes IUGA/ICS codes and event details, all of which were resolved. There were no reported erosions into viscus or explants.

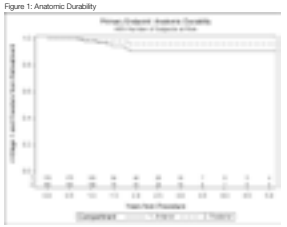
Table 1: Baseline Characteristics

	Long-term Follow-up (N=247) Cohort 1 mean ± standard deviation (N) / % (N)	Short-term Follow-up (N=234) Cohort 2 mean ± standard deviation (N) / % (N)	Wilcoxon / Chi-Square P-value
Age (years)	61.4 ± 12.4 (247)	59.5 ± 12.6 (234)	0.053
Gravidity	2.9 ± 1.7 (225)	3.6 ± 2.0 (215)	<0.001
Parity	2.5 ± 1.4 (225)	3.1 ± 1.8 (214)	0.007
Body Mass Index (BMI)	27.1 ± 5.8 (233)	27.2 ± 5.5 (196)	0.690
Height (inches)	64.2 ± 2.8 (234)	64.4 ± 2.8 (203)	0.234
Weight (lbs)	157.8 ± 30.6 (242)	160.6 ± 33.4 (211)	0.337
Previous Hysterectomy	47.8% (118)	38.5% (90)	0.039
Previous Incontinence Surgery	10.5% (26)	6.8% (16)	0.152
Previous POP Surgery	1.2% (3)	2.1% (5)	0.429
Pre-implant estrogen - Yes	45.8% (104/227)	45.5% (85/187)	0.942
Post-implant estrogen - Yes	86.6% (201/232)	86.1% (174/202)	0.880
Baseline Grading/POP-Q Staging			
Anterior Procedures	N=179	N=174	0.424
1	0% (0)	1.2% (2)	
2	40.8% (73)	39.1% (68)	
3	46.9% (84)	42.0% (73)	
4	11.7% (21)	13.8% (24)	
Missing	0.6% (1)	4.0% (7)	
Posterior Procedures	N=185	N=189	0. 931
1	1.6% (3)	1.1% (2)	
2	42.7% (79)	40.2% (76)	
3	48.1% (89)	43.9% (83)	
4	6.5% (12)	7.4% (14)	
Missing	1.1% (2)	7.4% (14)	

Table 2: Complication Codes and Details for Mesh-Related Events

Subject	Complication Category	Pain	Compartment	Complication Code	Time to Onset	Resolution	Number of Visits
1	Exposure Vaginal: ≤ 1 cm exposure	No	Anterior	2A/T3/S1	2-12 months (132 days)	Resolved in office with mesh trim	1
2	Exposure Vaginal: ≤ 1 cm exposure	Yes, provoked on exam	Posterior	2Ab/T3/S1	2-12 months (292 days)	Resolved in office with mesh trim	1
3	De novo dyspareunia Vaginal: no epithelial separation	Yes, with intercourse	Anterior	1Bc/T3/S2	2-12 months (134 days)	Resolved with use of medical dilator	1
4	Exposure Vaginal: ≤ 1 cm exposure	No	Anterior	2A/T3/S1	2-12 months (141 days)	Treated initially with estradiol cream; resolved with mesh excision in operating room	2
5	Exposure Vaginal: ≤ 1 cm exposure	No	Anterior	2B/T3/S1	2-12 months (210 days)	Resolved with mesh trim and use of estradiol	2

Figure 1: Anatomic Durability



5. Conclusions

Ultra lightweight transvaginal mesh appears to be durable with low rates of mesh related complications.

6. References

1 J Gynecol Obstet Biol Reprod 2004;33:577-88, 2 Int Urogynecol J 2012. Epub April, 3 Int Urogynecol J 2010;21:261-270

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SAFETY AND EFFICACY OF AN ULTRA LIGHTWEIGHT TRANSVAGINAL MESH IN THE TREATMENT OF PELVIC ORGAN PROLAPSE

Author Block: R. M. ALINSOD[1], M. P. PATEL [2], T. B. ERICKSON [3];
[1]South Coast Urogynecology, Laguna Beach, CA, [2]Piedmont Urology Associates, PA, Gastonia, NC, [3]Rosemark WomenCare Specialists, Idaho Falls, ID.

Abstract:

Objective: To assess the anatomic durability and safety of a synthetic non-absorbable ultra lightweight mesh (*Restorelle*® *Smartmesh*®, Coloplast Corp, Minneapolis, Minnesota, USA) placed transvaginally for the treatment of pelvic organ prolapse (POP).

Background: Data have shown that the rate of vaginal mesh exposure may decrease with a reduction in polypropylene mesh density, without compromise in tissue support.[1,2] Mesh material with a surface density below 50-60 g/m^2 and a pore size larger than 1.2 mm are considered to be of low weight and high porosity.[3] *Restorelle* is a type I polypropylene mesh, considered to be ultra lightweight and of high porosity, as it possesses a density of 19 g/m^{2}and a pore size between 1.6 and 2.0 mm.

Methods: A retrospective chart review was conducted at 3 sites in the United States. Women who received *Restorelle* for anterior and/or posterior prolapse at least six months prior were included in the analysis. Primary endpoint was anatomic durability assessed by the Pelvic Organ Prolapse Quantification System (POP-Q) or the Baden-Walker halfway scoring system (B-W), with success defined by POP-Q Stage <= I or B-W Grade <= I; and absence of retreatment for POP. Secondary endpoints included mesh-related complications. Exposures, dyspareunia, and pain were coded using the International Urogynecological Association (IUGA) - International Continence Society (ICS) classification system. Anatomic durability was analyzed using Kaplan-Meier curves. Complication rates and 95% Exact Confidence Intervals (CI) were based on number of mesh units placed, overall and by compartment.

Results: 481 subjects were ≥ 180 days post implant with *Restorelle*. 247 had clinical follow-up at or beyond 180 days (mean 532±355 days; range 181 to 1989), comprising the sub-set of patients we chose to analyze (Cohort 1). 234 subjects had clinical follow-up < 180 days (Cohort 2). Baseline characteristics are summarized in Table 1. As the only significant differences between Cohorts were gravidity, parity, and previous hysterectomy, we would expect the groups to have similar outcomes. In Cohort 1, mesh was placed in the anterior compartment in 62 patients, posterior compartment in 68, and in both

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Dr Red Alinsod
Urogynecologistynecologist
Laguna Beach, California, USA

Dear Red,

The ISPP would like to appoint you as Editor of the Aesthetic Medicine Section in the Journal, Pelviperineology.The Executive Committee has introduced sections to the journal for areas of special interest. Every section will not appear in every issue but will be developed by the Section editors and incorporated in the Journal on an individual basis. As a Section editor you will also be automatically entitled to be a member of the editorial Board of the journal.

If you accept this appointment you must be a member of ISPP and agree to the following Terms of appointment:

1. To serve as an ambassador for the journal and promote the journal to colleagues and institutions.
2. To actively seek contributions for the journal from colleagues and trainees under your supervision.
3. To personally submit at least one original article, letter to the editor or review article for publication in the journal each Calendar year
4. To provide before the end of each calendar year a plan of proposed scientific contributions for the coming year.

We believe that as a Section editor it will be relatively easy for you to fulfill this commitment.

If you are happy to accept this appointment please sign the separate application form and return it to Giuseppe Dodi MD at email: giuseppe.dodi@unipd.it or fax to +39 049 651 891 together with your schedule of proposed scientific contributions for 2015 as soon as possible so that we can confirm your appointment to commence as soon as possible.

Giuseppe Dodi Bruce Farnsworth
The Editors

Padua 15th September 2014

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Padova, January 4th 2015

Dear Professor Alinsod,

I write to thank you for your commitment to collaborate to the journal Pelviperineology, and to wish you a happy New Year.

Our last application for PubMed in 2013 was narrowly refused. We will be applying again in 2015. In order to achieve this goal, we need our Editorial Board to supply good quality articles and/or letters to the editor over the next 12 months.

I hope that your commitment to the journal will be fruitful and I look forward to receiving an indication of your support over the next few weeks when the March issue will be edited with a renewed Editorial Board.

Best regards
Giuseppe Dodi

PS
Please send your agreement to be responsible for the Aesthetic gynecology Section of the journal, requiring at least two contributions in the four annual issues.

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Precision Labia Minoraplasty: An Update on the Barbie Look

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Precision Labia Minoraplasty: An Update on the Barbie Look
Red M. Alinsod, M.D.
January 11, 2015

Introduction/Objective: Labiaplasty techniques have developed in a divergent manner in the past decade with plastic surgical specialties usually preferring wedge type of methods and gynecologists performing more curved linear excisions. Presented is a 10-year overview of the more radical precision curvilinear labia minoraplasty commonly referred to as the "Barbie Look." This slang terminology refers to the excision of most if not all of the labia minora so that it lies below the level of the labia majora. Originating in Southern California, the Barbie Look labiaplasty is performed for selected patients who want the ultimate in comfort, removal of dark edges, and the sleek and smooth appearance of their vulvovaginal region.

Materials and Methods: Over 600 consecutive non-randomized labia minoraplasty surgeries were performed and charts reviewed for the period of Jan 2005 to Jan 2015. Patient safety and satisfaction were evaluated as well as the evolution of technique during the past decade. Patients were given the choice of how much labial tissue would be excised and removed based on their preferences and their concepts of beauty. When only the labial edges would be removed (e.g. removal of only the dark edges) and the labia minora was still above the level of the labia majora this was termed a "Rim Look." When there was a greater degree of labial removal but purposely leaving a small amount of labia minora left this was termed a "Hybrid Look." The "Barbie Look" was reserved for purposeful removal of the entire labia minora down to the level of the labial crease (the junction of the labia minora and labia majora). This degree of exactness and precision could not be achieved with any of the current wedge or Z-Plasty methods due to the undue tension on the suture lines. Pinpoint radiosurgery for ultra precise tissue excision and feathering was developed and used throughout the series. No lasers were used. For practical purposes, the Hybrid and Barbie Look labiaplasties are very close and similar and typically result in the minora, or what is left of it, to be below the majora. For the purposes of this review the any labiaplasty performed resulting in the labia minora to heal below the level of the labia majora was termed a "Barbie Look."

All labisplasty surgeries were performed in the office under local anesthesia, using clitoral and labial blocks, mild oral sedation, and mild oral or IM narcotics, and an antiemetic. No IVs were used. All patients were encouraged to drink fluids and have a normal breakfast. All patients drank 500-1000 cc of liquid before the case started. The average amount of Bupivacaine with epinephrine used for labiaplasty was 4-7cc, which eliminated tissue distortion. The Ellman RF device using a pinpoint hair tip was used to precisely excise labia minora. Debulking of labial tissues was performed aggressively so that patient discomfort was minimized once healed. Patients who wanted to eliminate the pulling and tugging and painful intercourse caused by large or floppy labia minora chose this technique. It was also the preferred choice of patients who wanted to achieve a youthful, less bulky, and less prominent look or their genitals. Closure was performed in 2 to 3 layers using absorbable sutures and tied very loosely. Mattress, subcutaneous, and interrupted suturing was used based on patient anatomy. Any irregular or asymmetric regions were excised or resurfaced to produce the best symmetry and balance possible. Simple labiaplasty, usually accompanied by clitoral hood reduction, averaged two hours to complete and three hours of surgical suite time. The average post op recovery time was under 15 minutes and all patients were able to walk home from the office. The average patient used mild narcotic pain medications for 1-2 weeks. Post op follow up was done at 2 and 6 weeks. All patients had pre and post op photos taken.

Results: 600+ cases reviewed showed exceptionally high patient satisfaction rates of over 98%. 2% wished they had chosen a less aggressive approach and wished more labia was left over. There were no major complications or hospitalizations. There was minor suture line numbness lasting several months but no nerve damage or nerve pain observed after wounds were healed. There was increased daily comfort in all patients and reduced dyspareunia in those that were bothered by labial traction during sex. There was no change in the patient's ability to achieve orgasms in general. Minor complications included wound breakdown requiring resuturing (2%), urinary tract infection in 2-3%, nausea from medications (5%), and vaginal discharge due to suture breakdown. No increase in yeast infections or vaginitis was observed. Less than 3% requested revision surgery. Those who requested revision surgery wanted what labia was left to be reduced even more due to an initial conservative approach. For example, Hybrid Look patients wanted to be more Barbie Look in 2% and 1% wanted more prominence in what labia was left over.

Analysis and Conclusions: The average Barbie Look labiaplasty patient is not the professional entertainer many in the media or public opinion portrays it to be but are normal women of all ages. The large majority of patients wanting labial reduction surgery in our practice wanted their labia minora to be below the labia majora folds. This "Barbie Look" has grown in popularity in the West Coast of the US. The procedure requires extreme precision and careful suturing and knowledge of retractability of labial tissues. The Barbie Look is able to remove the dark edges that give patients a more aged appearance and frictional irritation. Removal of all of the darkened edges is not possible using the wedge approach. In our practice it was extremely rare for women to demand that they keep the dark edges of their labia minora and found it puzzling that women who were opting for elective labia minoraplasty would purposely choose to keep their dark edges. The claim that wedge labiaplasty surgery can maintain the natural corrugations and irregularity of the labial edges better than curved linear excisions are true. However, this request was non-existent in our cosmetic gynecology practice. All women, when given a choice, wanted the dark labial edges removed and edges smoothened and less corrugated looking. The Barbie Look labiaplasty has been able to achieve these goals and is a safe surgical procedure producing extremely high patient satisfaction rates with no major complications when done in the office under local anesthesia and using radiosurgical precision methods. The key to successful surgery has been precision RF excision and loose layered suturing with fine sutures. It is safer and cheaper than surgeries done in a surgery center of hospital. Though certainly not the procedure of choice for all patients, the Barbie Look labiaplasty technique should be a part of the surgeon's armamentarium when specializing in aesthetic vulvovaginal surgery. Proctored and extensive training is highly recommended.

Before Labiaplasty

After Labiaplasty

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Labiaplasty Revision Surgery

Labiaplasty Revision Surgery with Radiofrequency Resurfacing
Red M. Alinsod, M.D.
January 11, 2015

Introduction/Objective: The growing demand for elective and therapeutic labia minoraplasty (labia minora reduction) procedures has increased the incidence of failed labiaplasties when performed by inexperienced or poorly trained surgeons. Inadequate labia minora reduction surgery may result in medical and functional complications as well as aesthetically unattractive results. Revision surgery was performed using a radiofrequency (RF) device that allows for incision, micro-smooth cutting, and resurfacing of the vulvo-vaginal region, including the labia minora and clitoral hood. RF was found to be an effective tool for smoothing out rough and uneven edges, excising hypertrophic labial tissue, and sealing small blood vessels. A ten-year review of radiosurgical resurfacing revision techniques will be presented.

Materials and Methods: Over the past decade (Jan 2005 to Jan 2015) over 500 patients requesting labiaplasty revision surgery (minora plus majora plus clitoral hood and perineum) were treated by one surgeon with Surgitron/Pelleve radiofrequency systems made by Ellman International, Oceanside, NY, USA. Sutureless RF labial resurfacing and revision were all performed in the office procedure room. Patients received oral anxiolytics and narcotics plus topical and local anesthetic with no I.V. to manage pain. In lieu of conventional scalpel-based surgery, RF was utilized initially for excisional surgery to remove excess labial and clitoral hood tissue. The labial surface and edges were then resurfaced with pinpoint RF to smooth and refine the anatomy. Subsequently, a "feathering" technique was developed in which multiple passes were made with an ultrafine pinpoint tip electrode until the desired smoothness and tissue shrinkage was achieved. If needed for aesthetic appearance, further tissue shrinkage of 30-80% was obtained using a small ball tip electrode. Hemostasis was achieved using unipolar RF. Finally, any thickened or tender scars from prior surgery received further layered feathering until flat.

Results: RF surgical revision included occasional excisional labiaplasty techniques to correct the poor clinical outcomes of the patient's previous unsatisfactory labiaplasty. The large majority of the labiaplasty revisions performed (>95%) required no cutting at all and the "feathering" technique along with RF tissue shrinkage accomplished the task of obtaining a non-surgical normal anatomy. Compared to lower frequency electrosurgery instruments, monopolar RF treatment is associated with decreased tissue resistance and maximum control in precision cutting as well as tissue tightening to smooth wrinkled skin. This technique is appropriate for corrective labiaplasty cases requiring delicate and meticulous repair of labial tissue and vasculature. The versatility of radiosurgery with its detachable handpiece hair wire tips allows it to function in a multimodal capacity as an electrosection instrument for incision, microsmooth cutting, resurfacing, and vascular repair. The individual variability of small blood vessels in the labia minora poses a challenge for restoration of function to damaged vasculature. However, the Surgitron enables precise microsurgical manipulation required to seal off open small blood vessels with minimal lateral thermal damage of 20-40 microns. By stimulating coagulation, the attachable ball electrode tips of the device promote soft tissue shrinkage and skin tightening. Monopolar RF surgery has been associated with less thermal destruction, thereby reducing burning or charring during techniques to excise or smooth vulvar skin. Patients recovered within 6-8 weeks to fresh new skin and smoother edges. Patients followed up for over 8 years have shown no keloid or scar formation and no nerve or sensory/motor impairments when RF resurfacing is utilized. Patient satisfaction is extremely high.

Analysis and Conclusions: Radiofrequency revision and resurfacing of unsatisfactory labia minoraplasty, majoraplasty, clitoral hood reduction is the gold standard in our practice for the reversal and mitigation of poor postoperative results due to poor technique or suboptimal healing. RF labiaplasty is a promising cutting-edge surgical technique for initial labiaplasty as well as for revision procedures of the female external genitalia. The efficiency and effectiveness of radiosurgery in treating all of the adverse outcomes of the patient's previous "botched procedure" suggest that this device may be highly advantageous for revision labiaplasty requiring incision, resection, resurfacing, skin tightening, and/or small blood vessel repair. A decade of use on over 500 cases has proven the safety and efficacy of RF for revision labiaplasty.

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In the News

CONGRESS ON AESTHETIC VULVOVAGINAL SURGERY
Founded 2006



Dr. Red Alinsod founded CAVS over eight years ago. He was instrumental in developing the first Continuing Medical Education (CME) conference in Aesthetic Vaginal Surgery in 2006 and the first CME surgical preceptorship program for the specialty in 2007. Each year he brings together the brightest and most innovative minds to teach surgeons the safest and best techniques from around the world. Surgeon education, patient safety, and excellent surgical results are the goals of the conference. His Congress has been reproduced worldwide from Europe to Asia to South America.

Dr. Alinsod brings together a dynamic group of individuals who are acknowledged leaders in their respective fields. A global span of specialty experience is represented from gynecology, urogynecology, plastic surgery, cosmetic surgery, genital mutilation dermatology, medico-legal, marketing, to Search Engine Optimization. This brings balance and a broad perspective of the specialty that goes beyond simple marketing or self-promotion. A truly educational experience is sought. All speakers are welcoming and eager to share their experience. All speakers are uncompensated and are present because of their passion in advancing the specialty of Aesthetic Vaginal Surgery.

Past conferences have been held in Las Vegas, Tucson, and next in Orlando in conjunction with the annual meeting held by The American Society of Cosmetic Physicians. The conference usually takes place in November and is sponsored by the ASOCP. ASOCP is an open society that welcomes attendance and membership from all specialties, both national and international, without competitive aims or restrictive covenants. Each member enjoys the freedom to participate in any activities or societies and to teach others in any venue they choose.

Groundbreaking innovations and discoveries have been presented at this conference relating to aesthetic gynecology. These include radiofrequency labial surgery, the Barbie Look labiaplasty, curvilinear labia majoraplasty, radiofrequency labial tightening, non-surgical radiofrequency vaginal tightening, dermoelectroporation for vulvar lightening, G-Spot discovery in a cadaver dissection, PRP and Growth Factors for gynecology, levator-pudendal blocks, In-Office Awake Vaginal Rejuvenation, and many more.

Physicians from all parts of the world attend this annual conference prepared by Dr. Alinsod.

Please visit **cosmeticphysicians.org** for more details.

CAVS 2012 AGENDA: http://urogyn.org/pdfs/cavs_2012.pdf
CAVS 2011 AGENDA: http://urogyn.org/pdfs/CAVS_2011_Agenda.pdf
CAVS 2010 AGENDA: http://urogyn.org/pdfs/cvs.pdf

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CAVS Faculty 2011

American Academy of Cosmetic Gynecologists Faculty

2nd Annual Meeting • Las Vegas, Nevada • December 7-9, 2007

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Additional Photo Archives






Training days are available each month.

Please call or email for specific dates. (949) 499-5311 or info@urogyn.org

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Additional Photo Archives Cont.

AVS COURSES 2018

These are the dates for **Aesthetic Vulvovaginal Surgery Preceptorships**.
Please call us for details on Private and Group Preceptorships.
Radiofrequency Enhanced O-Shot (REO) Training dates
are the first day of the Group sessions.

CLICK HERE TO VIEW DR. ALINSOD'S 2018 SCHEDULE

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AIAVS Training Pricing 1 of 3

AIAVS TRAINING						
	1 Day Group Labial	1 Day Group Vaginal	2 Day Group Course	3 Day Group Course	4 Day Group Course	4 Day Private Course
Price/surgeon	$7,500/surgeon, Max 5 surgeons	$7,500/surgeon, Max 5 surgeons	$15,000/surgeon, Max 5 surgeons	$20,000/surgeon, Max 5 surgeons	$30,000/surgeon, Max 3 surgeons	$35,000/surgeon, Max 1 surgeon
Unlimited Returns					x	x
Transportation: Hotel - Office					X	X
Breakfast					X	X
Lunch	X	X	X	X	X	X
Welcome Dinner					X	X
Syllabus (Digital)	X	X	X	X	X	X
Photography Module			X	X	X	X
RF Lab Module	X	X	X	X	X	X
Live surgeries	X	X	X	X	X	X
Labia Minoraplasty Module	X				X	X
Clitoral Hood Reduction	X				X	X
Labia Majoraplasty Module	X				X	X
ThermiVa Module	X	X	X	X	X	X
Perineoplasty Module		X	X	X	X	X
Vaginoplasty Module		X	X	X	X	X
Complex Combination Surgery				X	X	X
Hymenoplasty Module				X	X	X
G-Spot Treatments			X	X	X	X
Labial Revision Surgery				X	X	X
Advanced Resurfacing/Revisions				X	X	X
In-Office Awake Labial Anesthesia	X		X	X	X	X
Pudendo-Levator Blocks		X	X	X	X	X
Exparel Anesthesia	X	X	X	X	X	X
PRP Use in Gynecology				X	X	X
Advanced Pelvic Surgery					X	X
Incontinence Slings					X	X
Vulvar Lightening Treatments				X	X	X
Dermoelectroporation	X	X	X	X	X	X
Bio-identical Hormones				X	X	X
Lasers/Botox/Fillers Module				X	X	X

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AIAVS Training Pricing 2 of 3

AIAVS TRAINING	1 Day Group Labial	1 Day Group Vaginal	2 Day Group Course	3 Day Group Course	4 Day Group Course	4 Day Private Course
Price/surgeon	$7,500/surgeon, Max 5 surgeons	$7,500/surgeon, Max 5 surgeons	$15,000/surgeon, Max 5 surgeons	$20,000/surgeon, Max 5 surgeons	$30,000/surgeon, Max 5 surgeons	$35,000/surgeon, Max 1 surgeon
Video Review	X	X	X	X	X	X
Video Access Online	X	X	X	X	X	X
AVS App when released					X	X
Alinsod Atlas when published					X	X
Framed Diploma	x	x	x	x	X	X
Webmaster Meeting				x	X	X
SEO Specialist Meeting				x	X	X
Graphics Artist Meeting				x	X	X
Social Media Meeting				x	X	X
Skin Care Meeting				x	X	X
ASOCP/AAOCG Membership	x	x	x	x	X	X
Academic Articles Collection				x	X	X
Lay Articles Collection	x	x	x	x	X	X
Labiaplastysurgeon.com Listing	x	x	x	x	X	X
Labiaplasty.net listing	x	x	x	x	X	X
Lasertreatments.com listing	x	x	x	x	X	X
Photos for Office Use, basic set	x	x	x		X	X
Photos for Office Use, full set					X	X
Photos for Web Use, basic set				x	X	X
Photos for Web Use, full set					X	X
Lone Star APS Retractors & Hooks	x	x	x	x	X	X
Manager Training	x	x	x	x	X	X
Nurse/Medical Assistant Training	x	x	x	x	X	X
Biller Training	x	x	x	x	X	X
FaceTime/Skype Training Access					X	X
Office Forms, basic set	x	x	x	x	X	X
Office Forms, full set					X	X
Marketing Examples and Set					X	X
PowerPoint: Menopause					X	X
PowerPoint: Pelvic Pain					X	X
PowerPoint: Pelvic Prolapse					X	X
PowerPoint: Incontinence & OAB					X	X

AIAVS Training Pricing 3 of 3

Lower cost Group CME Workshops Available through AAOCG, www.aaocg.org.

Aesthetic Vaginal Surgery Workshops CME Category1 Credits™

Maximum of 10 attendees per workshop to assure adequate opportunity for all attendees

Dr. Alinsod has a close working relationship with the American Society of Cosmetic Physicians and the American Academy of Cosmetic Gynecologists (ASOCP/AAOCG). He offers this lower cost Group class that spans two days of learning. The course fee is $7,500 per doctor. The course is organized by ASOCP/ASOCG. *(520) 574-1050*.

The course is given twice a year with a maximum of 10 surgeons per session. Summer and Fall sessions are planned. This introductory course allows for full monetary credit towards a more extensive and longer course if desired in the future. Live surgical cases are presented.

AAOCG is dedicated to the continuing education of health care providers. Its sister organizations include Foundation for the Advancement of Medical Education, American Academy of Cosmetic Physicians, American Academy of Cosmetic Family Medicine and American Academy of Cosmetic Family Medicine and American Academy of Cosmetic Plastic Surgeons. Dr. Alinsod and other outstanding faculty have developed national workshops to train physicians in office-based cosmetic procedures.

Dr. Alinsod welcomes gynecologists, urogynecologists, urologists, plastic surgeons, and cosmetic surgeons to participate in this one-of-a-kind in-depth surgical preceptorship.

Learning Objectives:

At the conclusion of the CME activity, participants should be able to:

1. Review the history of aesthetic vaginal surgery and reconstructive vaginal surgery
2. Discuss the terminology and anatomy of aesthetic and reconstructive vaginal surgery.
3. Describe technologies available for aesthetic vaginal surgeries. A laser/electrocautery lab will be provided.
4. Explain the clinical aspects of the procedures, including patient selection, pre-operative evaluation, anesthesia protocols, proper surgical methods and techniques, and post-operative care.
5. Review surgical techniques including: Labia minora plasty, Labia Majora Plasty, Clitoral Hood Reduction, Perineoplasty, Vaginoplasty and hymenoplasty.
6. Identify different aspects of patient markings prior to surgery.
7. Discuss proper equipment and methods in preparing medical photography. Practical hands-on sessions will be taught. Apply internet strategies in marketing aesthetic vaginal surgery procedures.
8. Describe possible complications related to performing aesthetic vaginal surgery and the proper mechanisms of management and apply the procedure into the existing office setting.
9. Define issues of medical malpractice and how it relates to the OB/GYN and other specialty physicians.

Advantages of AAOCG's Group Preceptorship

- Decreased cost
- Camaraderie with a small group of surgeons
- CME availability
- Basic Medical Photography training
- Turn-Key Services
- Basic set of clinical forms and protocols in digital format
- Marketing materials in digital format
- Basic photograph sets to start a practice
- Use of Dr. Alinsod's personal Graphics Artist and Web Master
- Use of Dr. Alinsod's personal Search Engine Optimization Specialist
- Preferred pricing from Ellman International and Monarch Medical
- Membership in AAOCG

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DURING YOUR STAY - Hotels

MONARCH BEACH RESORT $$$$
Negotiated rate (corporate code CURO)
1 Monarch Beach Resort Dana Point, Ca. 92629
(949) 234-3900
www.monarchbeachresort.com

MONTAGE LAGUNA BEACH $$$$
31106 South Coast Hwy, Laguna Beach, Ca. 92651
(949) 715-6000
www.montagehotels.com/lagunabeach

RITZ CARLTON $$$
1 Ritz Carlton Drive, Dana Point, Ca. 92629
(949) 240-2000
www.ritzcarlton.com

BLUE LANTERN INN $$$
34343 Street of the Blue Lantern, Dana Point, Ca. 92629
(949) 661-1304
www.bluelanterninn.com
Call Lynn for available discounts and mention South Coast Urogynecology

DANA CLIFFS MARRIOT $$$
25135 Park Lantern, Dana Point, Ca 92629
(949) 661-5000
www.marriott.com

CASA DEL CAMINO $$$
1289 South Coast Hwy, Laguna Beach, Ca. 92651
(949) 497-2446
www.lacasadelcamino.com

DOUBLE TREE HOTEL $$
34280 Pacific Coast Hwy. Dana Point, Ca. 92629
(949) 661-1100
www.doubletree3.hilton.com/en/hotels/california/doubletree-suites-by-hilton-hotel-doheny-beach-dana-point-SNAPEDT/index.html

RESIDENCE INN $$
33711 Camino Capistrano, San Juan Capistrano, CA 92675
(949) 443-3600
www.marriott.com

BEST WESTERN PLUS/ MARINA SHORES HOTEL $$
34280 Pacific Coast Hwy. Dana Point, Ca. 92629 (949)248-1000
www.marinashoreshotel.com

AIRPORTS

There are many choices of airports. SNA is the closest/most local.

John Wayne Airport / Orange County (SNA) – 23 miles

Los Angeles International Airport (LAX) – 57 miles

San Diego International Airport (SAN) – 70 miles

GROUND TRANSPORTATION

Car rentals and taxis are available at airports. Many attendees use Uber or our recommended car service.

CAR SERVICE

Nova Car (Owner, Alberto) Email: novacaroc@gmail.com Phone: (949) 554-5572

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DURING YOUR STAY - Siteseeing

Dana Point Harbor

Laguna Main Beach

Salt Creek Beach

Laguna Art Museum

Festival of the Arts

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Contact Dr. Alinsod

Practice info found in: *http://www.urogyn.org/office.html*

Red M. Alinsod, M.D., FACOG, FACS, ACGE
South Coast Urogynecology, Inc.
Alinsod Institute for
Aesthetic Vaginal Surgery
31852 Coast Highway, Suite 200
Laguna Beach, CA 92651

Tel: (949) 499-5311
Fax: (949) 499-5312

www.urogyn.org
www.thermiva.org
red@urogyn.org
Vaginal Rejuvenation Blog:
http://vaginalrejuvenation.blogspot.com/

Warsaw, Poland, Press Conference 2012

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Photo Archives
at the Alinsod Institute for Aesthetic Vulvovaginal Surgery

Laguna Beach is at the heart of the California Riviera in Orange County. Miles of stunning beaches and sunsets welcome all fortunate travelers. Laguna Beach is one hour from Los Angeles, San Diego, and Riverside. It is 30 minutes from Disneyland. John Wayne International Airport serves the community as a convenient and modern facility easy to fly into and fly out of.

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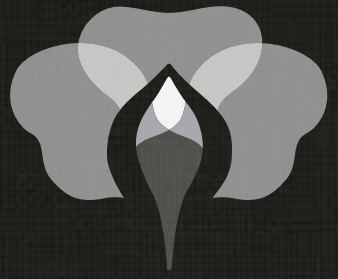

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