

*The art and science of cosmetic gynecology*

EVERYTHING YOU NEED TO KNOW ABOUT

# COSMETIC GYNECOLOGY

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This book is dedicated to my parents: My father Askil Ghozland, MD, who has been the guiding light in my life, and my mother Barbara Ghozland, who loves with all her heart and is the best baker in town. To my wife Jody and children Sarah & Charley, who keep me smiling, grounded, and full of love. I also dedicate this book to my wonderful staff who keep me on track, help me stay focused, and make my life so much easier.

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## Introduction

As women have become more comfortable with the idea of aesthetic elective procedures to alter their physical appearance such as procedures on the faces, breasts, skin and so forth, it's not surprising that more and more women are interested and desire to change and "rejuvenate" the intimate areas of their bodies.

There are many names to describe aesthetic vaginal surgery, or female genital plastics. This is because the field is relatively new, and standardization is not commonplace. You'll hear names like vaginal rejuvenation, laser vaginal rejuvenation, labiaplasty, vaginoplasty, designer laser vaginoplasty, and others. However, the bottom line is that aesthetic vaginal surgery refers to cosmetic surgery or procedures performed in the vulvar vaginal area. It is essentially plastic cosmetic surgery of your private and most intimate area.

There is both a cosmetic and functional root that leads women to desire a change in the appearance and function of their vaginas. The most common reasons women describe for desiring a change include self-esteem and embarrassment over having large or asymmetrical labias. This enlargement can at times cause discomfort in clothing, in the form of chafing and discomfort when wearing athletic attire, tight clothing or swimsuits.

There are also definite post-childbirth changes that can alter the vagina by causing changes in the pelvic diaphragm, leading to a feeling of increased looseness and at times decreased friction and sensation.

The purpose of this book is to help educate and inform patients about the latest intimate procedures. I have been performing genital plastic surgery for over 15 years

and have answered the same questions time and again—and I am always astonished at how few simple, straightforward books on the subject are available for our patients. So, I decided to create one that will detail the various surgical and non-surgical genital plastic procedures that help to transform both the aesthetics and functionality of the vulvo-vaginal area.

The term vaginal rejuvenation is misleading since it has been used by the media and marketing to describe more than one procedure but oftentimes used as a description for multiple different types of procedures from both surgical to non-surgical. I think an easier way to apply and understand the word rejuvenation is to perhaps segregate it to external rejuvenation or internal rejuvenation. Both can be either surgical or non-surgical. I will be going into much more detail about this as the book continues.

It's important to understand that like any other part of your body, as you get older, your vagina changes, too. In addition to pregnancy and childbirth-related changes, other risk factors also play a role, such as smoking, chronic coughing, and putting strain on the pelvic structures. These irritations may lead to the vaginal canal and pelvic floor muscles to get stretched or dilated, causing the pelvic muscles to become too relaxed and lose their strength and tone. This, in turn, affects the sensation during intercourse as the ability to contract, squeeze, and relax your vaginal muscles will diminish or simply disappear.

Vaginal rejuvenation procedures—especially vaginal tightening procedures—will help tone and strengthen the vaginal muscles, leading to improved sensation and sexual experience for both women and men.

During a vaginal tightening procedure, it's a good time to address other potential pelvic floor problems and have them corrected as well. Some patients may also have cystocele (prolapsing or falling bladder), enterocele (fallen bowel), or a rectocele (fallen rectum). In the right hands, these kinds of hernias can be repaired in conjunction with a vaginal tightening procedure. It's my opinion (and that of so many other pelvic floor surgeons) that if these hernias are not addressed and repaired at the time of a vaginal tightening procedure, a subpar outcome may be expected.

## **Why perform aesthetic vaginal surgery?**

This is something I get asked by my colleagues and others. The answer is simple: We do it to improve the appearance and function of the woman's vulva and/or vagina. As I already mentioned, childbirth can sometimes be traumatic, resulting in tears and lacerations that have the potential to heal poorly. Perhaps the vaginal delivery was complicated and forceps or a vacuum-assisted delivery had to be performed. It could simply be that the baby was bigger than what your pelvic area and vagina could comfortably accommodate. These difficult deliveries and sometimes just deliveries in general can lead to weakening of the pelvic floor, with ensuing vaginal laxity and pelvic floor prolapse and fallen bladder, uterus, or vagina.

Many women who are done with childbearing are concerned about not only the change in appearance, but also the function and sensitivity of their vaginas. For these women and many others, aesthetic vaginal surgery helps to restore their self-esteem and improve the functionality of their vaginas.

I also want to make clear from the start that cosmetic vaginal plastics is NOT female circumcision. The purpose of vaginal cosmetic procedures is to improve self-esteem or discomfort, thereby empowering women and improving the way they view themselves and how they feel during intimacy. This is the exact opposite of what a female circumcision is, which is to remove either part or the entire clitoral gland, thereby diminishing desire and disfiguring the external appearance. The World Health Organization has condemned female circumcision as a “violation of the human rights of girls and women.”

Vaginal rejuvenation is the exact opposite. It's an elective choice made by the women to change or enhance the sensuality of her labias or vagina.

Take a minute to examine your intimate area in a mirror. As you are looking at yourself closely, this is a good time to ask yourself if you're happy with your appearance. If so - GREAT! No need to read on.

However, if you do feel unhappy, self-conscious, or uncomfortable about the size or symmetry of your labias, then please read on as I explain all the procedures that may benefit you to change the appearance of your vagina and or labias.

As I always tell my patients, we're lucky to live in a time where these procedures are available, safe and accepted. There's no need to live with the feeling of just wanting to have a change, because the ability to apply action to that desire will most likely make you feel rejuvenated and improve the way you feel about yourself. Even if the change is something small or large, noticeable or not, the effect on your self image is what's most important. However, I strongly discourage the notion that having surgery to improve your most intimate and personal areas will solve problems or improve a relationship. Do it for you and only you!

Now that we've reviewed and have a better understanding of your anatomy concerns, it's time to start exploring the types of surgery available in female genital plastics.

# 1

## Vulvo-Vaginal Anatomy

When was the last time you looked at your vagina? Like, really looked at it? If you're like most people, chances are high that your answer is not recently — and maybe not ever. The most amazing thing about the appearance of your labias and vagina is that they are unique to you—and no two are the same, just like your fingerprints.

Before you can start learning about the new cosmetic procedures for your female intimate parts, we must get a firm understanding of what we're looking and looking to change.

We can divide the anatomy into internal and external structures. The internal structures in a very general sense include the vagina, cervix, uterus, fallopian tubes and ovaries. The external structures include your labia minora and majora, Bartholin glands, clitoris, clitoral hood, and the mons pubis.

### What does a normal vulva look like?

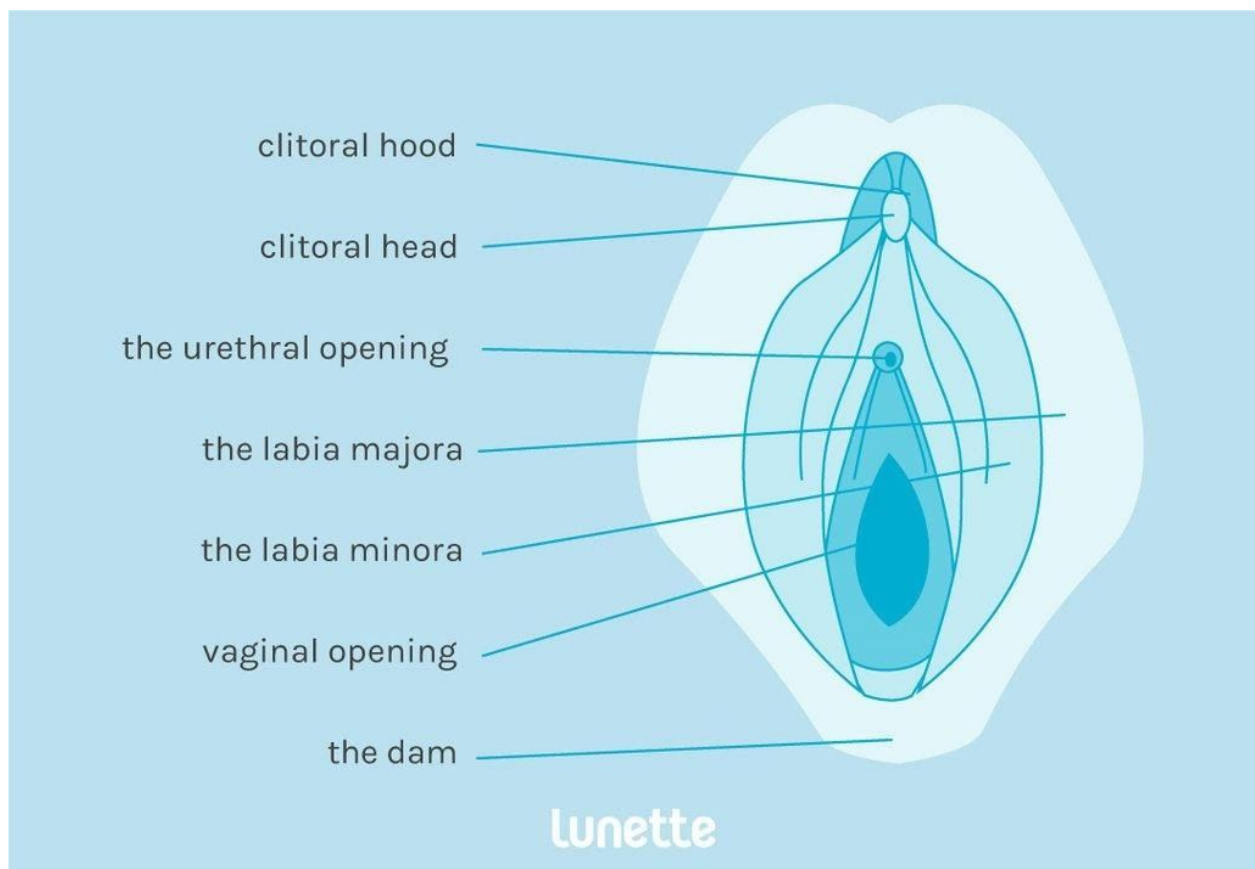
Research has shown that 50% of women worry about whether their vulva looks “normal” and 20% of women don't know what it's supposed to look like, but 1 in every 7 women has considered getting plastic surgery on it.

The truth is that vulvas (and vaginas) come in a range of shapes, sizes, and colors—and each one is unique. Some women have labias that hang down; some have clitorises that are

Enlarged and broad

(but still powerfully pleasurable); some have a mix of brown and pink skin...you get the picture. A normal vulva is a healthy vulva, not one that looks a certain way. That being said, you still have a choice to alter and change the appearance if it is affecting your self-esteem or causing you any discomfort.

**Feel free to grab a mirror as you read this**



**External Anatomy**

As the term implies, the external female anatomy includes the genitals that are outside the body. Collectively, this region is called the vulva. The vulva includes the outer and inner lips of the labia (labia majora and labia minora), clitoris, and the openings to the urethra and vagina. This entire area is often mistakenly referred to as the vagina — what you can see externally is simply the vaginal opening. You'll learn more about the vagina later in the internal anatomy section.

## **Mons (or Mons Pubis)**

The mons pubis, or mons veneris, is the slight elevation above the pubic bone. Its job is to cushion and protect the bone during sexual intercourse. After puberty, this area becomes covered in pubic hair.

## **Labia Majora (outer labia)**

Also known as the outer lips, the labia majora are the outer folds of skin that surround the vaginal opening, acting as a protective layer. While often times larger than the labia minora, it is not uncommon for the inner lips to be the same size, if not larger than the outer lips. Also, the labia majora can vary in color. For example, they can be pink, crimson, or reddish brown. They can also vary in length from short to long and may appear smooth or wrinkled. As we age the appearance of the labia majora may change and become a little saggier as the fat pads below the skin start to fade away.

## **Labia Minora (inner labia)**

Also known as the inner lips, the labia minora are the thin folds of skin within the labia majora. The inner lips cover the vaginal and urethral openings. This area within the labia minora is called the vestibule. The inner lips of the labia are the ultimate multi-taskers. From protecting the vestibule from bacteria to housing nerve endings that enhance sexual pleasure, there's no doubt that the labia minora is majorly awesome.

Inner labia, like all other parts of your vulva, look different from person to person. Some women have inner labia that hang down past their outer labia, while others have labia that are so small you can barely see them. One woman could even have an inner labia that looks different on each side. Although asymmetry and elongated labias are more than likely considered absolutely normal anatomy, changing the appearance of the labia minora is one of the most popular cosmetic genital procedures we perform.

## **Clitoris + Glans**

Right below your mons, your inner labia connect to form your clitoral hood. The clitoral hood often has a triangular or boat-like shape. This hood is connected to your glans, which is the very tip of your clitoris (the part you can see outside of your body). The clitoral hood protects your very sensitive (think: over 8,000 nerve endings!) clitoris, making it the most sensitive spot on your body.

Many people think that the tip of the clitoris is all there is to it, but that's not the case. In fact, your clitoris is almost as big as a penis, but it extends back into your body, making a wishbone shape, called your crura. Each side of your crura is about 3 inches long and is made up of erectile tissue that plays an important role in sexual pleasure and orgasm. Your clitoris is the only part of your body that is made entirely for your sexual pleasure. Pretty amazing, right?

## **Clitoral Hood**

This is the skin that covers the clitoral gland. Often, if the labia minora are enlarged then the clitoral hood is typically enlarged as well. This is an area that is often electively reduced especially at the time of a labiaplasty minora. If done using proper technique, then no sensory loss should occur from a clitoral hood reduction.

## **Urethral Opening**

The urethra is a tube connected to the bladder through which your urine passes from the body. The urethral opening is located just below the clitoris.

## **Vaginal Opening (or Vulva)**

When women say “vagina,” what they often mean is their vulva, which is the female anatomy we’re talking about here. The word “vagina” really refers to the internal canal (where penises or toys go in, and babies come out). The vulva is the actual name for the area where you’ll find your urethral opening, vaginal opening, labia (majora and minora) and clitoris.

## **Perineum**

The region between your vulva and your anus. This part of your body has a lot of nerve endings and can feel good when stimulated. It acts as a connector, and is also unfortunately an area that may tear during vaginal deliveries. Therefore, depending on the healing, there may be a change in appearance and sensitivity.

## **Internal Anatomy**

The internal anatomy is all of the parts you can't see, and where the reproductive magic happens. Whether or not a baby is present, the hormonal functions that come with your internal anatomy impact your everyday life.

## **Vagina**

The vagina is the muscular tube that connects your external genitals to the cervix of the uterus. It is approximately 2 to 4 inches long and can double in length when aroused. (WHAT?!) The walls of the vagina can be described as layers of wrinkles or folds of muscular tissue. Menstrual blood will flow from the uterus through the cervix to exit the body through the vagina. Mucus is generated to keep the vagina moist in order to lubricate itself for sex, trap semen for conception, and cleanse itself. How much mucus is created during a cycle can vary.

The tighter the walls of the vagina, the more friction and sensation you and your partner will experience during intercourse. The deepest part of your vagina just adjacent to your cervix is called the posterior cul de sac of the vagina. This particular area is not tightened during vaginal tightening surgery.

The posterior fourchette is located at the posterior aspect of the entrance of the vagina along the hymenal ring, and it's where the labia minora converge at the perineum.

## **Hymen**

Also known as the vaginal corona, the hymen is located just inside the opening to the vagina. It is a thin membrane of tissue that partially covers the vaginal opening and tends to erode over time due to hormones, natural discharge, and vaginal sex. But the absence of the hymen is not an indicator of lost virginity, as it can often be broken during many non-sexual activities like sports. Heck, some women don't have one at all.

## **Pubic Bone**

The pubic bone is a joint where the two halves of the pelvis meet. You can locate it behind your vaginal opening. Being able to identify the curve of your pubic bone from within the vagina is super important for proper placement of a menstrual cup, as your menstrual cup needs to be positioned just beyond the pubic bone.

## **G-Spot**

The Grafenberg spot, more commonly known as the G-spot, is located on the front wall of the vagina (abdomen side), just past the pubic bone, and has a somewhat spongy feel. It may be difficult to find if your fingers can't reach, so keep in mind that it may be elusive to pinpoint. However, for many women, it's an erotic zone that has the potential to contribute greatly to their sexual arousal.

## **Cervix**

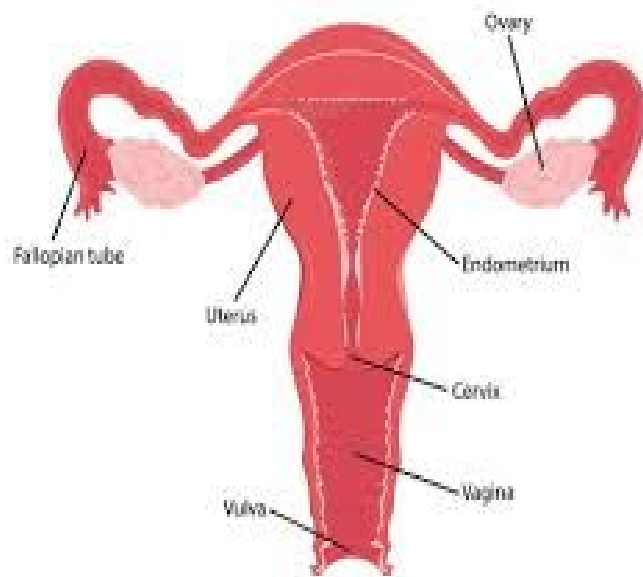
The cervix is a narrow, neck-like passage that forms at the lower end of your uterus. The position of the cervix can vary from woman to woman, and changes throughout

your menstrual cycle. If you search for it using your finger, you'll find it feels a bit like the tip of your nose.

## Reproductive organs

The female reproductive system has two functions: The first is to produce egg cells, and the second is to protect and nourish the offspring until birth.

### Human Anatomy: Female Reproductive System



## Uterus

The uterus is a muscular pear-shaped structure where a fetus will develop during pregnancy. If an egg enters the uterus and isn't fertilized by sperm, the inner lining of the uterus will shed and pass from the body. This is known as menstruation.

## **Fallopian Tubes**

Fallopian tubes extend from either side of the uterus and are the path in which a released egg must travel to get to the uterus during ovulation. If that egg isn't fertilized, it will shed from the uterus with the inner lining during menstruation.

## **Ovaries**

Lumpy and approximately the size of a grape, the ovaries are positioned on either side of the uterus, where they produce and store your eggs.

## **Pelvic Floor**

The pelvic floor, or pelvic diaphragm, can be described as a sling of muscles and connective tissue spanning the pelvic opening. Located underneath the pelvis, the pelvic floor not only supports the uterus and vagina, but also the bladder, intestines and rectum – ultimately holding them in place and allowing them to function correctly. It's the pelvic floor muscles that are affected during childbirth, and sometimes they may need to be approximated to improve vaginal laxity.

## Finding the Right Cosmetic Surgeon

As defined by the American Society of Cosmetic Physicians, “Cosmetic gynecology aims to make improvements to either the physical appearance or function of the vagina and labia; in many cases, both goals are accomplished simultaneously. The results of cosmetic gynecology can improve the enjoyment of sexual activities, while also rejuvenating the genitals to make the body appear younger or more aesthetically-pleasing.”

In layman’s terms, this is largely referred to as vaginal rejuvenation. That said, some procedures are more popular than others.

In 2018, *The Hollywood Reporter* ran the headline, “Vaginal Rejuvenation is the Latest Trend to Hit Hollywood.” As the article explains, it was the hottest new trend in 2017, but it’s one that has remained strong even as we have tipped well into 2020

According to the website [realSelf.com](http://realSelf.com), vaginal rejuvenation is one of the hottest new trends in cosmetic procedures for 2017, 2018, 2019 and 2020..

RealSelf released its first *U.S. Laser & Energy Report* on Thursday, and, surprisingly, four brands of vaginal rejuvenation treatments were named the most "worth it" branded laser and energy device treatments, meaning they had a high ratio of positive to negative reviews.

The trend started to pick up in Hollywood a few years ago, with *Real Housewives* stars Sonja Morgan, Kelly Dodd, and Cynthia Bailey getting vaginal surgery. *Real Housewives of Beverly Hills* alum Brandi Glanville reportedly paid \$12,000 for her vaginal rejuvenation surgery.

The Kardashians have also considered the treatment, with Khloe Kardashian revealing on her show, *Kocktails With Khloe*, "My sisters, they've had kids, and there's a vaginal laser to tighten. In my household, all they do is talk about this vagina-lasering. It's like their discussion back and forth."

Given the growing popularity of these procedures, more healthcare providers are offering these services within their scope of practice. This unfortunately is where the problem arises. Although general gynecologists are trained in vaginal surgery and very familiar with the anatomy, most lack the finesse and experience of combining vaginal surgery with cosmetic surgery. Also, most plastic surgeons lack the training and experience to operate inside the vagina.

This is why finding the right surgeon with the right experience and positive reviews will make aesthetic vaginal surgery successful and rewarding. As I tell all my consultations, the first surgery is always the best surgery. Having an unsuccessful surgery the first time can be traumatizing and disappointing for patients and their partners.



I usually recommend discussing with friends or family and enquiring if they have had this done and if so, which surgeon they'd recommend and why. Unfortunately, unlike plastic surgery to other parts of your body, most people feel especially private and sometimes embarrassed to discuss a desire to change or improve intimate body parts.

Therefore, in aesthetic vaginal surgery, the research is usually done on your own using the internet as your encyclopedia of information.

So, here's a short item checklist on what to look for in your surgeon:

### **Board certification**

Anyone performing these procedures should at the very least be board certified in a surgical specialty. In addition, most cosmetic surgeons are certified by a cosmetic surgery board such as: American Academy of Cosmetic Surgeons, American Board of Cosmetic Surgeons, American Society of Plastic Surgeons, and others.

### **Proven experience and results**

Surgeons should have plenty of before and after pics and patient testimonials. If possible, you may even want to speak to another patient who has had the procedure.

### **Patient reviews**

The surgeon should have plenty of authentic reviews for the specific procedure you're interested in. Reviews alone are not enough, since they could be reflective of an entirely different type of medical experience. RealSelf is a popular site for patients to look at physician profiles and their online reviews. Reviews must be considerate and taken into consideration, but beware and always keep a healthy dose of skepticism.



## **Strict adherence to safety standards**

Ask your surgeon about the type of equipment used for the procedure and ask to see the procedure room—especially if it's located within the office. The appearance of the procedure room can tell you a lot about the practice. Is it used as storage space? What is the cleanliness aspect? Does the equipment look modern and up-to-date?

## **A spotless office and friendly staff**

You'll want to feel comfortable where you'll be having the procedure. It is important to not find a skilled surgeon but an environment that is going to make you feel comfortable, heard and taken care of.

## **Custom and tailored approach to treatment**

Once a surgeon and patient meet, they'll discuss very openly and honestly that patient's goals and unique situation. The experienced surgeon can walk down a customized path suggesting and explaining why one approach might be beneficial over another or simply may want to combine procedures to achieve the best outcome possible.

## **A personal rapport with patients**

It's not always necessary to connect with your surgeon on a personal level, but it can make the entire experience and journey much more open and comfortable.

## **Come prepared to the consultation with questions that you need answered**



## **Listen to your gut and take your time**

If you feel uncomfortable, even if you can't seem to pinpoint exactly why, don't follow through with that office, that doctor, or perhaps even that procedure.

The relationship you have with your plastic surgeon is a private and personal one. It takes the right kind of connection and fuse of personalities to create the right match. For this reason, experts and patients both agree that taking your time is key.

## **The consultation**

You've done your research, and now it's time for a few face-to-face meetings with cosmetic surgeons. This is a big step – you're really starting to move forward with this cosmetic surgery thing!

Why do I need a consultation?

The consultation is all about you. Remember, you should always feel like a partner in your cosmetic surgery process. The main objective is to answer these two big questions: A) Is this the right surgeon for me? and B) Is this procedure right for me?

### **Is there a difference between surgeons who give free consultations and those who don't?**

While it's common for plastic surgeons to offer free consultations, it's a good idea to ask if there will be a fee to schedule an appointment. Every surgeon has a unique practice philosophy, and some feel they need to be compensated for any time spent with a patient.

In general, we think it's in your best interest for your consultation to be free of charge. Here's why:

- We don't want you to feel pressured to have surgery with us if you don't feel 100% that you are in the right place.
- We view the initial consultation as a time to meet us, get to know your surgeon, and learn more about the surgery process (not as a paid appointment to receive a medical service).
- We have tailored our consultation process to allow enough time for you to ask all of your questions and make an informed decision about having your procedure with us.

Reputable surgeons who do charge a consultation fee should credit that amount toward your cost of surgery, should you choose to have it with them. Just don't let that \$100 or so push you into choosing a surgeon you're not sure about! Your results will be with you a lifetime so think long term—pick the surgeon that is best for you, even if you have to abandon the money you spent on that consultation fee.

## **Before we start with the consultation and what to expect**

I'm frequently asked: "Am I a good candidate for aesthetic vaginal surgery?"

First and foremost, I recommend you be in good health and have no significant comorbid conditions that would pose a risk during or post-procedure. For example, if you have diabetes, then I strongly recommend that it's well-controlled prior to the surgery and during your recovery phase.

Second, if you answer yes to any of the following questions, then chances are you're a **good** candidate. Obviously, an in-person consultation is the determining factor, but generally speaking, you're a good candidate if:

1. You feel looseness of the vaginal tissue.
2. You feel decreased enjoyment during intercourse due to a lack of sensation of friction within your vaginal canal.
3. You experience discomfort and or irritation during a workout such as stationary or road bike, horseback riding, or other daily tasks.
4. You've seen changes in the appearance and or color of your genitals secondary to hormones and or medications.
5. You're unhappy with the size, feel and shape of your vagina, and it's affecting you in a negative sense.
6. This is something you need to do for yourself and yourself only. Do not have surgery of any sort to please someone else.
7. You're unhappy with the external appearance of your labias. Are they elongated, asymmetrical, saggy, or just not to your liking?
8. If you're done with childbearing and want to address issues that have arisen secondary to childbirth, including (but not limited to): looseness, diminished sensation, pigmentation changes, loss of urine, painful intercourse or poor healing from a laceration or episiotomy.

It's also part of the consultation to make sure that your expectations are reasonable and realistic. I am often shown pictures from patients on what they desire their labias and or

vaginal to look like. Although, pictures definitely help me better understand the kind of look and feel you are striving for, I often have to be realistic

In

setting the expectations for patients, because their end result may not be able to look like a certain photo, regardless of surgery.

I also need to set the expectation that just because you're having a vaginal tightening surgery, it doesn't mean that your sex life or orgasms will necessarily improve. Intimacy is a multifactorial process and so many issues come into play other than just the physical size of the vaginal canal or the length of the labias.

Once a detailed history and understanding of your medical history and the reason you desire to have an aesthetic procedure is finished and well understood, it's vital that you're 100% honest about your medical history. That's because certain drugs interact with anesthesia, and some conditions can compromise the safety of surgery, so you could put your health at risk by holding back. Your medical information will be kept private, but it's critical to share it honestly upfront.

The physical examination comes next. For this portion of the examination, our patients disrobe and change into a gown. You should always have a nurse present during any physical examination. This is standard policy for all reputable plastic surgeons. If you feel uncomfortable at any point during a consultation, don't be afraid to end the appointment.

I hand my patients a mirror so that they may follow me as well as show me the areas of concern. It also gives me an opportunity to point out any issues or suggestions I have in regards to maximizing their final aesthetic appearance.

However, the first time you meet with a surgeon is usually not the time they will take "before" photos – after all, you haven't made a final decision about surgery yet! After you've booked your procedure, expect to come back to the surgeon's office for a pre-op appointment that will include your "before" photo session.

It's during this examination that I take the opportunity to fully and comprehensively examine the

patient for not just aesthetics, but also for any pelvic floor dysfunction such as a fallen bladder or rectum.

Once the physical examination is done, I typically will step out and let the patient get dressed. This is followed by an extensive discussion and review of the physical examination. This is where I mesh what the patient desires and any recommendation I may have based on the physical examination. It's also where I review the expectations, recovery experience, and any risks associated with the procedure.

This is also the most common time for patients to ask the surgeon questions. While you should feel free to ask any questions you need to get a sense for a surgeon's skill and aesthetic eye, these five basic questions will help you gauge a surgeon's experience with your procedure:

- How many times have you performed my procedure?
- How many cosmetic surgeries do you perform each month?
- What procedure do you perform most often?
- What happens if an emergency occurs during surgery?
- What type of complications have your patients experienced after this procedure?

## **The financials**

Most surgeons won't discuss price and payment plan options with patients, as this takes away from their role as a medical provider. However, more than likely, a patient coordinator or a staff member will review pricing and pricing options with you based on the procedure(s) you discussed with your surgeon.



## 3

# Preparing for Your Surgery (Pre-op Recommendations)

### **Schedule surgery when you're healthy**

If you're planning elective surgery, try to schedule it during a period of relatively good health. This will give your immune system the best chance toward a speedy recovery. Many patients find scheduling their surgery at the year's end ideal, so they can bridge a few days off with paid vacation time.

### **Get enough essential nutrients**

You should supplement your diet before and after surgery with high levels of vitamin A, vitamin C, zinc, copper, and selenium. Each plays a role in wound healing and in building the immune system thereby reducing the chance of infection.

While not an essential nutrient, taking a probiotic supplement can also benefit your recovery after plastic surgery. Probiotics, the beneficial bacteria that reside in the digestive tract, help support immune system function and enhance the absorption of vitamins and nutrients.

### **Increase your protein intake**

Two of the most important healing elements are calories and protein. Extra protein is needed to build new tissue and blood vessels, repair injured tissue and step up

production of cells that repair the wound. Choose high-quality protein sources like fish, poultry, beans and legumes, or lean cuts of meat.

### **Prepare to improve your post-surgery diet**

Normal protein requirements are about 0.8 grams per kilogram of body weight. For example, a 140-pound woman needs about 50 grams of protein a day (140 divided by 2.2 = 63.6 kilograms multiplied by 0.8). However, after surgery, this amount should be increased by 1 ½ times to about 95 grams of protein a day. If you can't eat this amount of protein, consider adding a high-quality protein powder in yogurt, smoothies or shakes. One scoop provides 20 grams of protein and just 80 calories.

### **Consider drinking clear, carb -loaded liquids before your surgery**

For generations, anesthesiologists instructed patients to not drink or eat anything at all after midnight the night before their surgery. But surgical guidelines now say that concept is outdated, and it's safe and even potentially helpful to drink certain liquids up to two hours before surgery.

In fact, the American Society of Anesthesiologists' preoperative guidelines recommend that patients fast "from intake of clear liquids for two or more hours before procedures recommending general anesthesia, regional anesthesia or sedation/analgesia."

Examples of clear liquids that are acceptable to drink before surgery include water, fruit juices without pulp, some beverages with carbonation, and tea or black coffee.

Consuming clear liquids that contain complex carbohydrates can help reduce nausea, vomiting and pain after surgery. Such drinks can also help reduce the

short-term insulin resistance experienced by many patients who fast before surgery, which can increase complications and pain.

### **Discontinue taking certain supplements**

Some nutritional supplements may cause adverse reactions during or after surgery, including prolonged bleeding, interference with anesthesia, cardiovascular disturbances, and interactions with prescription drugs. These supplements include: dong quai, echinacea, fish oil caps, garlic, ginger, ginkgo biloba, ginseng, kava kava, ephedra, St. John's Wort, and vitamin E. Each should be discontinued two weeks prior to surgery, until at least two weeks after surgery.

### **Use homeopathic arnica**

Homeopathic arnica has been used for centuries to treat bruising and swelling from soft tissue injury.

### **Take a Bromelain supplement**

Bromelain is an enzyme extracted from pineapple. A number of studies have found that the compounds in bromelain are effective in reducing inflammation, swelling and pain that often accompanies a surgical procedure or soft-tissue injury.

### **Stay well-hydrated with water**

It's important to drink at least 6-8 glasses of high-quality water each day—especially the day prior to surgery—to help cleanse and hydrate the body. Water is especially important prior to surgery, as fluid intake is reduced the day of surgery. To avoid

complications during surgery, be sure that you don't drink anything after midnight the night prior to your surgery, unless told otherwise by your surgeon.

### **Supplement with a natural stool softener**

After surgery, many patients find that they are very constipated for several days, and that can cause discomfort. Dehydration, narcotics, and anesthetic agents used during surgery all contribute to this digestive issue. You can prevent this problem by eating a few prunes each day just prior to and after your surgery or use a physician recommended stool softener.

### **Take a probiotic with antibiotics**

Antibiotics are routinely prescribed following a surgical procedure to ward off infection. While beneficial, their use can cause all sorts of digestive issues. Taking probiotics with antibiotics is the best way to avoid GI upset.

### **Do not take aspirin or aspirin-containing products**

Aspirin is not recommended prior to surgery because it is an anticoagulant (blood thinner) and can promote bleeding during surgery. Aspirin therapy should be discontinued two weeks prior to surgery.

### **Do not drink alcohol 72 hours before or after surgery**

Alcohol suppresses the immune system and should be avoided around the time of surgery.

## **Do not smoke two weeks before or after surgery**

Smoke inhibits wound healing because less oxygen is supplied to the body's cells. In addition, smoking increases the risk of complications during surgery. You should be aware that most surgeons and plastic surgeons will not perform an elective cosmetic surgery on patients who smoke as their wound healing and recovery is inhibited by smoking.

## **Participate in relaxation techniques**

Listening to relaxation tapes or soothing music, taking a yoga or meditation class are examples of relaxation techniques that help to reduce surgery-related stress.

## **Build a support structure**

Rely on your family and friends to help you during the stressful time of a surgery. From assisting with household chores to providing emotional support, having them around is a plus.

In addition, we advise all of our patients that they must have a driver to take them home. I often get asked in regards to privacy and I always reassure patients that neither my staff nor I would ever discuss the treatment being performed without consent from the patient.

You should try and perform many of the household chores such as cleaning, laundry, and food prep ahead of time to ensure your rest is as easy as possible post procedure. At minimum, you may want to make sure that proper grocery store runs are done prior to your surgery.

If you have children or pets at home, you may want to anticipate asking a friend or family member to help for a few days.

Smoking increases the risk of complications occurring post procedure, in addition to causing a delay in the healing process. Therefore, almost all surgeons recommend that you are smoke-free for at least six weeks before and after the procedure. It's also important not to mix alcohol with any of the post-procedure pain medications.

The patient and or caretakers should have the emergency phone number for the surgeon or practice in case of any emergency or concern. This number should provide 24-hour support and availability in the event of an emergency.

## 4

### Vaginoplasty

One of the fastest-growing segments of cosmetic surgery is female genital surgery. Surgery usually entails a modification of a standard gynecologic procedure called "posterior repair," along with rebuilding of the perineum (the space between the vagina and rectum). This procedure was traditionally performed for a fallen or prolapsed rectum or rectocele. A rectocele is a bulge of rectum going into the vagina. A similar appearing vaginal bulge is an enterocele. It is a bulge of small bowel going into the vagina.

Gynecologists and urogynecologists have the most training performing these types of surgery. Lasers, scissors, cautery units, and knives are used in surgery. Excellent results have been achieved by all of these methods.

Due to childbirth, improper surgical healing and even aging are the most common reasons women seek this type of surgery. The vagina can become stretched and the surrounding muscles and tissues of the vagina lose their strength and tone.

These and similar changes, whether due to giving birth, aging, or fluctuation in weight, can have a negative impact on sexual intimacy such as decreased sensation and looseness felt by the woman and her partner.

Vaginal tightening surgery can be described as a vaginoplasty, vaginal rejuvenation, posterior colporrhaphy and colpoperineoplasty. The branded name “Laser Vaginal Rejuvenation” has even gained national attention in print and television. In reality, vaginal rejuvenation is a marketing term referring to vaginoplasty, or the surgical tightening of the vaginal canal.

These procedures aim to decrease the diameter of the vaginal canal and opening, which results in improved sensation and increased friction making intercourse more pleasurable for the patient and her partner.

As you age, your vagina loses elasticity with decreased production of elastin and collagen. However, age is not the only factor that may lead to diminished toned and muscle strength of the vagina. Smoking, bronchitis and chronic coughing also increases strain on the pelvic floor muscles and support ligaments. Similar to having a natural vaginal delivery, these factors cause the vaginal vault and pelvic floor muscles to lose muscle tone and strength leading to increased laxity of the vaginal canal, and a feeling of looseness and diminished sensation during intercourse.

Prior to undergoing surgery and during your evaluation and examination, other factors besides vaginal loosening may have been discussed. For example, aging, childbirth, and other factors discussed above may lead to not only weakness of the vaginal muscles, but also weakening of the surrounding and adjacent organs and ligaments.

Therefore, it's possible that other problems may need to be addressed during your vaginal tightening procedure. Some patients may suffer from a cystocele (fallen bladder), enterocele (a bulge of small bowel going into the vagina), rectocele (a bulge of rectum going into the vagina), or a prolapsed uterus or vaginal wall. During a vaginoplasty, it's possible depending on your surgeon's experience to address the additional issues and fix everything, all in one surgery.

Surgical vaginoplasty may be done under local or regional anesthesia in an office-based procedure room or in a surgical facility, depending on the patient's and physician's comfort level. Many patients and surgeons prefer a general anesthesia because of the patient's desire to not know or feel anything during the procedure. However, procedures performed using local anesthesia allows for quicker immediate recovery, decreased risks, and are markedly more economic.

All that said, in my opinion, if the surgeon's level of comfort with local anesthesia is present and the patient is more at ease knowing that she will be awake during the procedure, then local anesthesia is by far a superior approach to anesthesia for these types of procedures.

Let's focus on the in-office awake anesthesia, since this is probably the most common route. During the pre-procedure phase the patient is evaluated by the nurse and physician. The consent formed is reviewed once again and the nurse will assess the patient's vitals, such as blood pressure and heart rate, checked for safety precautions. Once the consent is signed and the patient's vitals are taken, if pictures of the intended surgical site have not been taken in prior consultations, then they usually will be taken at this point.

The patient will most likely be given oral sedative to relax and alleviate anxiety. Personally, I use 1 mg of lorazepam ideally 30 to 45 minutes prior to the start of the surgery. I also recommend the patients to be well-hydrated prior to the procedure. We will most often give our

Patients a fiber bar and or bottle of Gatorade® before the procedure starts.

At this point local anesthesia is given. Many surgeons will use a pudendal block or local incisional injection of anesthetic such as lidocaine 1% with epinephrine or Bupivacaine 0.5% with epinephrine. Once the anesthesia kicks in, a quick pinch test performed by the surgeon on the area of focus will let us know when the patient is ready to start the procedure.

The desired outcome of the surgery is to tighten the diameter of the vaginal canal. This is full-length tightening of the vagina (i.e., not just of the introitus), whereby dissection occurs all the way up and lateral

to the ischial spines, and a depth of 7 to 8 cm is recommended for this procedure. Still, the vagina can be resized to the exact dimension the patient desires. This procedure usually also includes perineoplasty because it requires remodeling and strengthening of the perineum, or the visible area between the vagina and the rectus. This area is where most laceration and at times episiotomies occur during a vaginal delivery.

Often, poor reconstruction or healing will lead to painful intercourse and or a widened, open gap at the introitus. A perineoplasty (which can be also performed by itself without a vaginoplasty) is always performed with a vaginoplasty. The purpose and goal of a perineoplasty is to excise excess skin, remove skin tags, and reinforce the underlying muscles—allowing a tighter perineal body and tighter opening of the vagina.

Complication rates of surgical vaginoplasty range from 2% to 3.77% and include dyspareunia, lack of lubrication, constipation, wound infection, hemorrhage, suture breakdown (mostly in the perineum), buttock pain for weeks, and rectal mucosa perforation (Pardo et al., 2006).

Various studies have addressed different aspects of surgical vaginal tightening. In a study of 53 women undergoing surgical colporrhaphy, where the vaginal diameter is decreased by two-thirds, 66% of women showed a great improvement in their sex lives, 24% a significant improvement, and 10% slight or no improvement.

At the completion of the procedure, the patient will remain in recovery for approximately 30 to 60 minutes. This is a time that allows nurses and the surgeon to assess your progress recovery and to make sure no immediate post-operative complications arise. These complications could include new onset bleeding, hematoma, difficulty urinating, and any other issues that may arise. Once the recovery period is over, you're sent home (with a friend or family member to drive), assuming no complications.

Recovery from a vaginoplasty is similar to recovery from an episiotomy performed during a vaginal delivery for childbirth. Your body should respond well in time, although it may take up to three months to fully recover. Initially, you'll be in pain from the physical effects of the surgery, but that pain decreases as you heal.

You'll receive a prescription for pain medication to help you through the first week. I always recommend an NSAID (such as ibuprofen) in addition to other pain medications such as a codeine-based type of medication. The NSAID not only helps with pain control, but also helps reduce swelling and therefore reducing post-operative pain.

Your surgeon always provides post-operative instructions that you should follow to the letter. These instructions tell you what you can and can't do during your vaginoplasty recovery. For example, you can apply an ice pack to decrease the swelling, but you cannot have sex or use tampons. You should shower to keep the external incision clean. It's recommended that you dab the area dry.

The initial swelling and bruises usually dissipate after two days, although you're likely to be tender and sore for up to two weeks. We strongly advise "pelvic rest" for 6 to 8 weeks but your surgeon will help you with that timetable. This means nothing is to be inserted into your vagina during this recovery period. I also recommend patients wear comfortable, loose clothing during the initial phase of the recovery and no tight underwear, thongs, or jeans that may cause rubbing or discomfort. We also advise against lifting heavy objects during your recovery, as that would cause you to strain or bear down.

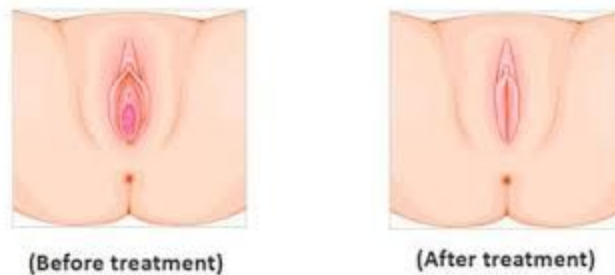
Essentially, you are to treat yourself like the queen or princess you are for the next six to eight weeks. Relax and enjoy some pampering!

With your gynecologist's permission, you may return to work after three to five days, depending on your job, since you still cannot do any strenuous exercise. If your procedure was combined with other procedures such as a labiaplasty or bladder lift, then perhaps the return to work may take up to a week.

Your surgeon will typically see you for a follow-up visit either one to two weeks post-procedure, and then depending on how close you are to your surgeon an additional one to two follow-ups may be recommended to oversee your recovery and allow for assessment of the surgical recovering area.

You should also make sure to have the 24-hour contact information in case you need to urgently speak with your surgeon after hours.

\*\* Average cost of vaginoplasty in the USA can range anywhere from \$4,000.00 to \$12,000.00, depending on the extent of vagina correction that is required. Combining the procedure with labiaplasty or clitoroplasty may increase the cost of vaginoplasty to a great extent.



# Labiaplasty

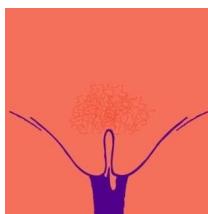
## Labiaplasty minora

The labia minora are the inner lips of the vagina and the labia majora are the outer lips. Some women may be born with a large labia. However, the labia may also increase in size during life. This may be due to childbirth, aging or the effect of hormones. Some labias may appear long and some may have many folds.

All of these different sizes and shapes of the labia minora are perfectly normal. However, some women are unhappy with the way this looks. Some women may also feel self-conscious when their labia peeks through their underwear or swimsuit. They may feel so uncomfortable that it causes psychological distress that results in at times loss of sexual desire. It may take years before they even feel comfortable discussing with friends or certain family members—and even longer before they look into surgery to help them correct their labias.

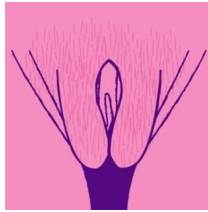
*The following are illustrated examples of different labia shapes and sizes:*

### Asymmetrical inner lips



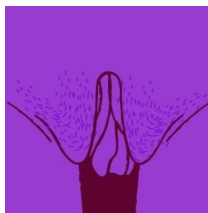
If one inner lip is longer, thicker, or larger than the other, it's considered asymmetrical. It's actually quite common for vulvas to have labia minora that aren't even.

### **Curved outer lips**



When this happens, it usually leaves the inner lips exposed. They may or may not protrude below your labia majora.

### **Prominent inner lips**



More often than not, the inner lips are longer than and stick out from the outer lips.

### **Long, dangling inner lips**



These are a form of prominent inner lips. They can dangle up to an inch (or more!) past your outer lips. They may even hang outside of your underwear. You may notice a bit of extra skin or additional folds.

## Small, closed lips



The outer lips, in this case, aren't set apart, so they conceal and contain your inner lips completely. Although this type of vulva is commonly seen in adult entertainment, it's actually the least common type of vulva overall.

This procedure allows women who feel uncomfortable with their enlarged or asymmetrical (unequal) labias to be designed to their liking. Surgery can achieve this through the removal of excess tissue from the inner lips. Therefore, the reduction in the size resolves any tugging or twisting that some women struggle with.

For some having enlarged labias can lead to discomfort with wearing certain clothing for example tight jeans, yoga pants or bathing suits. They may even feel discomfort exercising such as horseback riding or riding a bicycle, and for some there is discomfort during intercourse.

The benefits of surgery include:

- Reducing the size of the labia
- Improving any asymmetry where one vaginal lip may droop lower than the other
- Reducing the prominence of your genitals
- Improving your self-esteem

**What should I expect from my labiaplasty consultation?**

This part is very similar and has been discussed previously in the initial consultation chapter. Please refer to that chapter for more details on the subject. However, in summary are the essential points that should be brought up and discussed with your surgeon at your initial consultation.

This is the time you want to gather as much information about your surgeon, their experience, and their before-and-after pictures. You also want to make sure that you feel comfortable in their practice (staff and surgeon).

This is also a perfect time to discuss your fears and concerns about the surgery. It is also very important to optimize your safety and recovery to be as honest as possible with your surgeon in regards to your health and habits. Below is a short list of things you want to bring up with your surgeon in regards to your health history.

- Any previous medical problems or surgeries include aesthetic or non-aesthetic genital surgery
- Your current medications including over the counter, vitamins and herbal remedies
- Whether you have any allergies  
Your current smoking and drug status
- Whether you consume any alcohol and how much

Once you and your surgeon have discussed your medical history, a physical examination of your labias will take place. A nurse should always be present with the surgeon whether male or female surgeons.

I always give my patients a mirror so they can show me their areas of concern and it also allows me to point out whatever suggestions I have in mind.

Depending on the practice, some surgeons will take pictures at this point and others will wait for pictures until you are actually booked for surgery. These pictures are private and belong to you. They should not be posted on any website without your authorization.

It's important to be open and honest with your surgeon. This will allow them to formulate the best treatment option for you to achieve the best results.

Your consultation is a great time to discuss any information you have been researching or ask any questions to clarify any confusion, and gather a better understanding of the procedure itself. This also allows you to indirectly get a good feel for how your surgeon interacts with you and your level of comfort with the surgeon.

This is the part that I always tell patients to follow their gut. Below are examples of questions frequently asked by the patient to the surgeon during the consultation. It may help to write them down, so you do not forget your questions:

- Discuss realistic expectations, perhaps bring a photo you desire to look like.
- Discuss what the post procedure will be like and if post op instructions are available.
- Discuss the reality of time periods for going back to work, exercising, intercourse.
- Will I be in much pain? Knowing the level of pain to expect helps control the pain.
- Will I have any scars?
- How often do you perform these procedures? Do not let the surgeon dismiss this question. Experience in this particular surgery is of utmost importance for optimum results.
- Can I see some before and after pictures or speak to any prior patients?

### **How is a labiaplasty procedure performed?**

Most labiaplasty procedures are performed under local anesthesia unless they are combined with other procedures. The average time to perform a labiaplasty surgery is about one to two hours.

### **1. Consent**

Before any surgery can take place, a medical surgical consent form must be signed by the patient. This consent form is there to protect both you and the surgeon. It should contain exactly what is being performed in a language you can understand. It should also discuss risks and potential complications from the procedure. It should be reviewed between you and your surgeon. Please make sure you understand and accept all that is written in the consent prior to signing. The consent form may also include a permission

statement allowing the physician to utilize your before and after pictures for education, marketing and for other patients. Make sure you are comfortable with that prior to allowing that to stay within the consent.

## **2. Anesthesia**

A labiaplasty can be performed under a general anesthetic, where you are put to sleep. It may also be done using a local anesthetic, this numbs the treatment area, so you are not able to feel anything. It is important for you to review what type of anesthesia you will be given and to clarify any concerns you may have with it.

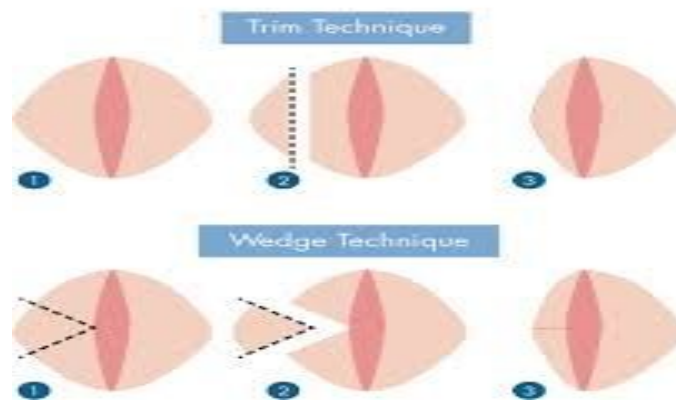
## **3. Incisions**

You should discuss with your surgeon the technique they plan on using. Some surgeons prefer one technique over another. I always remind surgeons and patients that the technique is as good as the surgeon using it, but a well-trained surgeon should be comfortable with multiple approaches, including customizing techniques in order to achieve the most desired outcome.

It's interesting to note that to date, only one study addressed patient outcome and satisfaction based on technique (curved linear versus wedge), the study showed no comparable difference in overall patient satisfaction based on technique.

There are two main techniques that your surgeon may use. They will discuss the different techniques with you and decide which one will best suit your desired outcomes. Prior to any incision being made and prior to any local anesthesia being given, a surgical drawing pen should outline exactly the areas of labia tissue excision. This serves as landmarks for the surgeon and helps protect from too little or too much excision.

## Labiaplasty Techniques



- ***Curved linear resection***

Your surgeon will make a small curved linear incision with either a scalpel, focused laser, or a radiofrequency pen called an Ellman surgitron (this is the device I prefer the most), along the length of the labia minora. Next, your surgeon will remove any excess tissue in the area by following the pre-procedural markings made by your surgeon prior to the start of the procedure.

The most suitable patients for this technique are those women looking to remove long, uneven edges of the labia. Furthermore, it is the preferred technique to remove wrinkled or darker pigmented edges.

The disadvantage of this technique may include a scalloped edge, resulting in too big a suture used by the surgeon—or knots that are too tightly placed.

- ***The wedge method***

With this technique, your surgeon will remove a wedge of excess tissue from the labia. Consequently, the wound is closed using a flap that is made of the skin which is remaining. This maintains the natural edges of the labia minora. Because of this, it results in less visible scarring and a more natural-looking result. Your surgeon may also reduce any extra folds in the clitoral hood at the same time.

This method may suit women who are struggling with an asymmetrical labia or have excess tissue.

It's important to note that the darker edges of the labia minora will not be removed with the wedge technique.

The wedge technique does have a higher incidence of wound separation, especially with surgeons who do not perform them on a regular basis.

#### **4. Closing of incisions**

After your surgeon completes the surgery, they will close the incision with dissolvable fast absorbing sutures. We typically close the labia minora incision in multiple layers to protect and help minimize wound separation.

The type of suture used is of utmost importance and a big factor in your final look.

#### **5. Recovery**

At the completion of the procedure, the patient will remain in recovery for approximately 30 to 60 minutes. This is a time that allows nurses and the surgeon to assess your progress recovery and to make sure no immediate post-operative complications arise.

These complications could include new onset bleeding, hematoma, difficulty urinating, or any other issues that may arise. Once the recovery period is over, you're sent home (with a friend or family member to drive), assuming no complications. Initially, you'll be in pain from the physical effects of the surgery, but that pain decreases as you heal. You'll receive a prescription for pain medication to help you through the first week.

I try to always educate patients that a significant amount of swelling and bruising can occur post labiaplasty. I also jokingly tell them that I refer to the first week post labiaplasty as the "Frankenstein" week. I jokingly tell them that, so they are not nervous or scared with the amount of swelling. That said, I always make sure they know to call me either in the office or after hours if they do have concerns.

## **Potential complications of a labiaplasty**

Although the risks of complications are small especially in an experienced surgeon. It is important for you to understand and know what to look for, as potential labiaplasty risks that may occur after surgery include:

### **Bleeding**

If bleeding occurs, it usually occurs right after the operation. It's normal to get small amounts of bleeding and spotting in addition to bruising after surgery. However, if there is a large amount of bleeding below the skin surface, or if you feel the bleeding pattern is increasing, then a call to your surgeon is necessary. The bleeding may become walled off and form a hematoma. If the hematoma appears to be enlarging, then contact your surgeon for further instructions.

### **Scarring**

As with any operation where incisions are made, you will have some scarring. However, in most cases, the scars from this type of surgery are minimal and will fade over time.

### **Infection**

Mild infections can usually be treated with a short course of antibiotics. However, more significant infections need to be addressed and discussed with your surgeon promptly.

Below are some signs and symptoms needing to be discussed with your surgeon:

- A fever over 38° C
- Redness at the incision line, this may begin to spread into the skin around
- Yellow pus-like or foul-smelling fluid from the wound or drain sites
- An increase in pain or discomfort that your painkillers cannot resolve

### **Necrosis**

Although the potential for necrosis is very small, there is a risk the blood supply to areas of the labia may be disrupted. If this disruption to blood supply is large enough, it may result in the death of tissues or skin loss in that area. The death of tissue and skin is known as 'tissue necrosis.' Your surgeon should be made aware of any concerns of changes to the color of the skin.

### **Final aesthetic result**

There is always a small risk that you'll be unhappy with the final results of the surgery. The most common complaint is slight asymmetry between the labias. You should discuss with your surgeon pre-procedure what the office policy is for surgical revisions. We typically offer free revision for up to one year post-procedure, if the patient has been compliant and followed post-operative instructions.

### **Diminished or absence of sensitivity or hypersensitivity**

Some women may experience a change in the sensation around the treatment area. This may include numbness and pain. For most patients, this will settle within the first three months of the procedure. However, in extreme and rare cases, the patient may experience the loss of sensitivity in the labia on a more long-term basis. This may be due to nerve damage in the area.

### **Are the results guaranteed?**

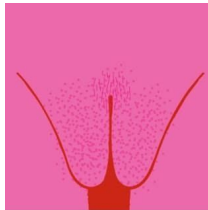
Most labiaplasties do as they're intended: shorten the labia.

According to a 2014 study, 91% of people who had the procedure felt "more satisfied" with their genital appearance afterwards and concluded that "labiaplasty is effective in improving genital appearance and sexual satisfaction."

## **Labiaplasty majora**

This procedure is performed for women with enlarged, wrinkled, and sometimes saggy (hang down) labia majoras. This may also lead to discomfort during routine exercise or intercourse, as well as affecting self-esteem. Patients may be embarrassed in tight clothing such as yoga pants or bathing suits.

### **Prominent outer lips**



Prominent outer lips sit much lower on your vulva. The skin may be thick and puffy or thin and a bit loose — or somewhere in between.

This procedure can be done on its own or in conjunction with other procedures. It is usually performed under local or general anesthesia, depending on the preference of the surgeon or patient.

The procedure involves removal of two elliptical areas of skin from each side of the labia majora. The amount to be removed depends on the amount of excess tissue. The incision can be sutured often within the crease of the inner labia thereby minimizing any scarring.

In some cases, when there is atrophy of fatty tissue, a small amount of fat can be transferred from another area of the body after liposuction to give fullness to the labia majora.

The same concept of increasing volume to the labia majora can be done with filler. These will be discussed in much greater detail in another chapter. Closure is usually done with absorbable sutures.

Risks include bleeding, hematoma, infection, scarring, under-resection and over-resection. Recovery and post-care instructions are similar to a labiaplasty minora.

\*\* Average cost of a labiaplasty minora in the USA is between \$2,500.00 - \$9,000.00.

\*\* Average cost of a labiaplasty majora in the USA is between \$1000.00 - \$6,500.00.

## Clitoral Hood Reduction

### ***What is it?***

The clitoral hood sometimes referred to as the prepuce is a flap of skin that covers and protects your clitoral gland. It is basically the equivalent of foreskin for the gland of the penis, and it comes in varying size and pigmentation.

Excess skin on the sides of the clitoris often causes the clitoris to look enlarged or uneven. Genetics, estrogen, and testosterone exposure can make significant changes in the way the clitoral area appears. Also, if patients have undergone a labiaplasty procedure to reduce the size of the labia minora—and have not taken into consideration the clitoral hood—they may be left with a prominent clitoral hood that draws more attention to the eye.

Many women worry that their clitoral hood doesn't look normal. Although there may be reason to undergo a reduction in the size of the clitoral hood, I caution all patients that there is no “normal” for the size of the hood.

It's important to understand the anatomy of the clitoral hood and gland. First, it sits inside your labia majora (outer lips) and labia minora (inner lips) – and you'll find the clitoral hood at the very top of your inner lips. The clitoral gland itself houses thousands of nerve endings. It can be hypersensitive and may cause discomfort if it rubs freely against clothing. That's why a clitoral hood is important: It helps to protect these nerve endings from constant overstimulation. The clitoral gland itself secretes a fluid called sebum that helps lubricate the gland so that the hood can glide more easily off the clitoral gland.

When you become aroused, the clitoral gland engorges with blood and swells, thereby naturally lifting up the clitoral hood for increased sensation. However, for some the clitoral hood can be enlarged with excess skin, making it more difficult to expose the gland and experience the heightened sensation of the clitoral gland.

For women who have excess tissue overhanging the clitoris that causes them increased yeast infections, discomfort during sex, or decreased sexual sensitivity, there's a procedure called a clitoral hood reduction.

A clitoral hood reduction involves making two bilateral incisions on either side of the hood, excising the extra folds of skin lateral to the clitoris. The clitoris itself and its nerves are never touched. A scalpel or laser is used to remove the excess clitoral hood tissue. Very small dissolvable sutures are used to aesthetically close the incisions with very little to no scarring. The procedure is typically performed under local anesthesia.

The 30-minute procedure is often done in conjunction with a labiaplasty, which reduces the size and length of a woman's labia minora, or vaginal lips. Because labiaplasty involves alterations up to the clitoral hood, often women decide to add a clitoral hood reduction in order to avoid a nose-beak appearance in the vaginal area. Typical recovery time is four weeks.

### **Will this reduce clitoral sensation?**

Absolutely not. In fact, clitoral hood reduction actually increases stimulation due to reducing the barrier of tissue that can decrease sensation. The clitoris and the nerves surrounding it are not touched during the procedure.

### **What is clitoral hood reduction recovery like?**

With very little pain or discomfort, patients will be able to return to work within a few days. Also, it is recommended that women do not engage in sexual intercourse for six weeks. Oral pain medication may be needed for the first few days. A numbing cream

will be provided to help reduce any discomfort from rubbing while women resume daily activities.

\*\*Average cost of a clitoral hood reduction in the USA is between \$2,500-\$5,000.00

***Important Note:*** A clitoral hood reduction should never be confused with female genital mutilation (FGM) or female circumcision. FGM refers to all procedures that involve the partial or complete removal of, or any injury to, the female genital organs. FGM is recognized internationally as a violation of the human rights of women and girls.

## Hymenoplasty



This procedure is sometimes referred to as the “re-virgin surgery.”

Traditionally, many cultures have believed that an intact hymen (small membrane that covers the opening of the vagina) is a sign of virginity. Unfortunately, many activities can cause a membrane to break, not just prior intercourse.

### **What is Hymenoplasty?**

A hymenoplasty is a procedure that is done to reconstruct the hymen inside the vagina. The hymen is a small piece of tissue that partially covers the vaginal opening on the inside. While the hymen is thought of as a way to ensure a woman is “pure” on her wedding night, it’s important to note that a hymen can be broken in other ways, including using tampons, horseback riding, or even riding a bike, to name a few. The hymenoplasty is a procedure that can repair such injuries and recreate this membrane.

### **Reasons Women Want Hymenoplasty**

There are many reasons that a woman may want to get a hymenoplasty procedure. Some cultures believe that women should have their hymen intact when they are married. Another reason that a woman may seek out the procedure can be due to rape or sexual assault; it can help a woman deal with the grief and stress that accompanies their assault. Others may seek out the procedure for religious or personal reasons.

## **How is a Hymenoplasty Procedure Done?**

A hymenoplasty procedure is typically done in the doctor's office and is an outpatient procedure, and typically takes about one or two hours. The doctor will gently take any torn skin from around the hymen area, and stitch it back together, leaving only a small hole. This creates a new, repaired hymen. When the procedure is finished, there will be no way to tell if the hymen is the original hymen that the woman was born with, or if it has been reconstructed.

If there is not enough skin around the hymen area to recreate the hymen, the doctor will have the option to take some tissue or skin from the surrounding vaginal area and use that to create a new hymen. Afterward, the new blood supply can be configured in the tissue. This allows for bleeding during intercourse, after the hymen is broken.

## **Is Anesthesia Needed for a Hymenoplasty?**

Most hymenoplasty procedures are done in the office using local anesthesia. This numbs the area but allows the patient to remain alert during the procedure. In cases of extreme anxiety, the doctor may recommend complete sedation using general anesthesia, but since this can increase risks, as well as make it more time consuming, local anesthesia is preferred.

## **What to Expect During Recovery**

The hymenoplasty surgery recovery time is relatively short; many women find they are able to return to work and their daily activities in only one or two days following the procedure. Total recovery time is six weeks, during which time abstaining from sex and very strenuous activity is important. During the first 24 to 48 hours, you may notice some bleeding, but this is normal and should be expected.

## **Risks of Hymenoplasty**

A hymenoplasty is considered a very safe procedure, with a low risk of side effects and complications. Aside from reactions to anesthesia, the main complication that the doctor may run into is bleeding. Complications following surgery may include infection or extended or heavy bleeding. If this occurs, it's important to follow up with the doctor right away.

\*\* Average cost of a hymenoplasty in the USA is between \$3,500.00 - \$8,000.00.

## Monsplasty

The **mons pubis**, also known as the *pubic area* or *mons*, is the soft mound of fatty tissue that is covering the pubic bone above the vulvar area. This soft mound of tissue helps to protect the female anatomy during intercourse, especially in the missionary position.

A tendency to have more fat in this area can be something you are born with, also known as congenital. Some people can be of normal weight, or even underweight, and have a prominent mons pubis due to a genetic disposition for targeted fat collection in this area.

As we age, the mons pubis can overtime enlarge and sag, thereby changing from its youthful appearance and changing the way clothes fit and appear on the body.

A larger mons pubis can also come with weight gain. It is rare to find an obese woman or man who does not store excess fat in the pubic area. The skin in the pubic area can also become lax and begin to sag.

An unusually large mons does not pose health risks and, as mentioned, some women are more predisposed to storing fat in that area, but it may be something you are interested in changing if it makes you self-conscious or uncomfortable.

### Cosmetic Surgery

**Liposuction** of the mons pubis is a straightforward procedure that can be done under local anesthesia or general anesthesia, depending on the amount of work needing to be performed and the surgeon's or patient's preference. Liposuction of the mons pubis can achieve dramatic results, especially if the skin has good elasticity. However, for people with loose skin, liposuction of the mons pubis can make the appearance even worse if a

monsplasty or lift procedure is not performed at the same time. The deflating effect of liposuction on loose skin will increase the appearance of loose and saggy skin.

In these circumstances, liposuction is not enough. A procedure that is known as a monsplasty, or a pubic lift, is the best option. In a monsplasty, both extra skin and excess fat are surgically removed, reducing the bulge and giving the area a lift as well. A monsplasty involves an incision and subsequent scar similar to that of a C-section.

The recovery time after a monsplasty procedure is generally short, lasting from three days to one week. The pain is typically minimal for a few days, although you can expect a dull ache or slight pain to be present. Swelling and slight bruising are common and not a cause for concern. Physical activity should remain light for up to three weeks after the procedure is done, or until it has successfully healed and you are given clearance from the doctor. Sexual activities can usually be resumed between three and six weeks, depending on your doctor's advice and how well you're feeling.

A typical monsplasty procedure offers minimal risks and is generally considered a safe procedure. However, like any other surgical procedure, a monsplasty *does* carry some risks, especially if you'll be requiring general anesthesia.

Risks of this procedure include:

- Adverse reaction to anesthesia
- Hematoma
- Blood clots
- Infection
- Scarring

\*\*Average cost of a monsplasty in the USA is between \$3,000.00 - \$7,000.00.

## **Non-Surgical Laser Labiaplasty**

### **What is Aviva Femtite®?**

Aviva Femtite is a non-surgical radiofrequency approach to performing a labiaplasty. It's a device made by Inmode that has recently been released as a potential alternative to traditional surgical labiaplasty.

Unfortunately, not every patient is a candidate for the Aviva Femtite approach. Although the procedure does help shrink the labia minora and rejuvenate the labia majora, mons pubis and perineum, it only shrinks the labia about 20% from its original size. Therefore, for many patients, this procedure may not be drastic enough to yield the results they are looking for. However, for many patients this has been a huge step forward in non-surgical procedures.

The major benefits to Aviva Femtite, compared to traditional labiaplasty surgery, is that there is reduced post-procedure downtime and pain with the procedure, and there is little to no scarring at all. Most patients can return to work within 24 hours and can return to full normal activities within 10 days.

### **Reasons to have an Aviva Femtite procedure:**

- Unhappiness with the appearance of the labia minora
- Discomfort when working out
- Chafing, rubbing, and pain during exercise

- Inability to wear tight clothing due to discomfort and appearance of labia minora
- Sexual discomfort

### **Why choose Aviva Femtite over regular labiaplasty?**

Labiaplasty is a very personal decision and choosing what procedure to opt for when it comes to your treatment takes much consideration and knowledge to make an informed decision.

Some of the benefits of Aviva Femtite over surgical labiaplasty include:

- **Recovery time** – The recovery period with a traditional, surgical labiaplasty can last from four to six weeks. This is a long time to wait for a full recovery. With Aviva Femtite, however, since there is no actual cutting involved, the recovery time is much shorter. You can expect to miss a day or two of work, but most women are back up to resuming their normal activities including working out and resuming sexual activity within one week.
- **No scars** – Traditional surgical labiaplasty may at times leave unwanted scars and bumps.
- **Less risk** – The biggest risk of Aviva Femtite tends to be slight irritation or itching in the area, which diminishes over a few days, leaving you without the other side effects of surgical labiaplasty (such as pain, potential bleeding and at times post procedure infections).

### **How is Aviva Femtite labiaplasty done?**

A small 1 mm incision will be made to insert the local anesthesia ensuring that the procedure is as painless and as comfortable as possible. Next, 2 small 1mm incisions are made within the labia and the radiofrequency wand is inserted. Once the laser is started it helps to shrink and reduce the thickness and size of the labia minora and majora if desired. The Aviva Femtite procedure involves the shrinking of the labia tissue as opposed to cutting.

### **Is anesthesia needed?**

Since Aviva Femtite labiaplasty is a non-surgical option, general anesthesia is not needed. Local anesthesia is provided so that discomfort and pain are eliminated during the procedure. As with other local procedures described in this book, a mild sedative can be given prior to starting the procedure, in addition to the local anesthesia used for the procedure itself.

### **Aviva Femtite recovery**

After the Aviva Femtite procedure, you can expect some light irritation and swelling around the area that was treated. However, since it is not a surgical procedure, a return to normal is expected within 10 days. Most patients will return to work within 24 hours. Although results will be appreciated quickly following your treatment, it is important to note that full results may not be realized for up to 12 weeks after the treatment.

## 10

### **Non-Surgical Laser Vaginal Rejuvenation**

Vaginal rejuvenation is an all-inclusive term that describes procedures that help reshape the vulvar-vaginal anatomy to improve cosmesis and function.

Energy-based treatments are nonsurgical procedures that use heat. The treatments are done with a device that focuses the energy and heats the tissue. When used in the vagina, the goal is to enhance collagen, blood vessels, tightness, and lubrication.

There are two very common reasons to use non-surgical vaginal lasers. The first and most common reason is for vaginal laxity (looseness), which can occur in women of any age from pre- to post-menopause and is usually caused by childbearing, aging process and at times a hormonal imbalance. The effects of vaginal laxity are decreased friction and sensation during intercourse for both partners, leading to more difficulty in achieving climax for some women – although I strongly educate my patients that lasers are not a substitute and will not achieve the same degree of vaginal tightness as a

surgical vaginal tightening procedure. Nonetheless, it's a safe and reasonable alternative to a surgical procedure.

The second most common reason for use of non-surgical lasers is to aid in alleviating and improving symptoms of genitourinary syndrome of menopause (GSM). The symptoms of GSM can be associated with the following: Vaginal dryness, burning, and irritation. Also associated are a lack of lubrication, discomfort or pain during intercourse, and urinary symptoms such as urgency, dysuria, and recurrent urinary tract infections.

Noninvasive procedures are designed to apply ablative or non-ablative energy to the vaginal mucosa. The two most common forms of energy used in non-surgical vaginal lasers are RF (radio frequency) and CO2 lasers, and both use heat:

**Radiofrequency (RF) treatments:** Electromagnetic waves are used in RF devices. Brand names of RF devices include Votiva®, Geneveve®, and ThermiVa®.

**CO2 laser treatment:** The laser heats up the upper layers of the tissue, causing the tissue in the lower layers to make more collagen. This makes the skin firmer and tighter. Brand names of laser devices include MonaLisa Touch®, FemTouch™ and FemiLift.

Patients who benefit the most from energy-based procedures are those who have symptoms of mild-to-moderate urinary stress incontinence, vaginal dryness, decreased lubrication, orgasmic dysfunction, grade 1 prolapse, and vaginal laxity.

In 2013, the North American Menopause Society validated energy-based devices. The society passed a position statement acknowledging that the use of lasers appeared to be an emerging therapy and may provide clinicians with other options to treat common and distressing problems of GSM.

So, how are these non-surgical lasers performed? In general, the following illustrates a typical laser protocol. I use the term “general” because technology is moving quickly, and treatment options and protocols are always changing.

Non-surgical vaginal lasers are a relatively simple procedure and can be performed in your doctor's office as an outpatient procedure. The procedure as a whole takes roughly between 10 to 30 minutes, depending on the type of laser. Unlike a surgical vaginal rejuvenation, non-surgical lasers are a quick in-office procedure requiring no pre-procedure anesthesia and no post-procedure pain medications. Return to normal activity is immediate, although it is recommended to wait up to 48 hours prior to resuming intercourse.

Non-surgical lasers are performed by the insertion of a device containing a radio frequency laser or CO2 laser that emits heat into the vagina. While you may feel a bit of discomfort, there is virtually no pain at all. This is done in the comfort of a relaxing room in your doctor's office.

After the procedure, there is no downtime, so you're able to continue on with your day. Hence the term "lunchtime" procedure.

While many women who have had the procedure done say that they have noticed results soon after, most patients claim to feel significant results after the second session. Non-surgical vaginal lasers are performed in general every four to six weeks, for a total of three sessions. Additional sessions may be warranted by as per the discretion of the healthcare provider.

Non-surgical lasers can be performed by physicians, physician assistants, nurse practitioners, and nurses.

Risks with this procedure are very low. Since there is no cutting or suturing, there is very little risk of infection, bleeding, or pain. Itching, dryness, and irritation can be present for a few days following the procedure but should wear off as you return to your normal routine.

\*\* Average cost of non-surgical vaginal rejuvenation is between \$2,500.00 - \$4,500.00 for a packet of three sessions.

# 11

## PRP Therapy

### O Shot

Platelet Rich Plasma (PRP) has been used over the last 20 years as an elective treatment in various medical and surgical specialties. PRP has been shown to have no side effects or complications and nearly zero down time.

How does it work? PRP activates pluripotent cells that help to stimulate tissue, growth factors and improved blood flow to the area of injection. The O shot is injected in two areas, the first injection site is the G-spot and second near the clitoral gland.

To better understand the placement of the O Shot, we need to know where and what the G Spot is: The G-spot is named for Dr. Ernest Grafenberg, who first described it in a 1950 article in the International Journal of Sexology. He found a highly erogenous zone inside the vagina that gets bigger when directly stimulated and that can lead to a powerful climax. The G-spot (or Grafenberg spot) is a dime-sized area located about halfway between the pubic bone and the cervix, about three inches into the vagina.

The following are claimed benefits from the O shot:

- Increased libido and sexual desire
- Increased clitoral and vaginal sensitivity
- Stronger, more intense, and more frequent orgasms
- Decreased urinary incontinence
- Increased vaginal lubrication
- Decreased painful intercourse (dyspareunia)
- Increased ability to experience vaginal orgasm (g-spot orgasm)
- Improved skin on the vulva
- Treatment option for lichen sclerosus

The procedure begins with a simple blood draw. This blood sample will then be filtered through a special machine that's used to separate the platelets from the blood. The beneficial growth factors in platelet-rich plasma (PRP) are extracted from your blood sample and will be used to rejuvenate the vaginal area during your procedure. While your blood is spinning in the centrifuge, numbing cream is placed on the inside of the vagina near the G spot and along your clitoris gland.

Once the PRP is ready, it's injected into the two sites mentioned above. The injection is quick and should only feel like a pinch. Once the injection is performed and the procedure is finished, you should return to normal activities and refrain from having intercourse for 24 to 48 hours.

It's been my experience that results are not appreciated for about seven to 10 days, and results vary for each individual. Most patients report the treatment lasting between six and 12 months.

This is a great stand-alone procedure or add-on during any other cosmetic procedure. In addition to many of the above-mentioned benefits, PRP also helps improve wound healing, and therefore is always a nice addition to any surgery.

\*\* Average cost of an O Shot in the USA is between \$1,100.00 to \$1,800.00.



## 12

### **Labia Puffing (Augmentation) Fat Transfer or Fillers**

One of the newest trends is labia puffing. This is the ability to augment or increase the volume in the labia majora.

As we age, the fat pads within the labia majora start to disappear, which leads to increased wrinkling, sagginess, and loose skin. Some women elect to have the procedure done to combat the effects of aging – as women age, the labia loses some of its elasticity, causing a “sagging” appearance. Other women may want to correct an uneven labia issue, where one side is longer or fuller than the other.

Women can also opt to get labial puffing to help make the labia fuller and smoother.

Labia augmentation can increase the size of the labia majora for a younger, more rejuvenated appearance, and it can be achieved using two techniques: The first uses a dermal filler injected directly into both sides of the labia majora and the second is a mini liposuction procedure, followed by fat transfer into the labia majora.

Let's discuss dermal filler injections into the labia majora. Overall, this is a quick, low-risk and high-patient-satisfaction procedure. The results on average last up to one year and are easily duplicated.

Prior to any injection of dermal filler and consultation along with discussion of realistic expectations and potential complications should be reviewed.

A small amount of numbing cream is typically used for about 10 to 20 min prior to injecting the dermal filler, using a very small gauge needle into the area. The patient may use a mirror to watch and comment on the amount of desired volume.

The goal of this procedure is to rejuvenate the female external genitalia, increasing more volume and hydration to labia majora therefore giving the labia majora an overall more youthful and rejuvenated appearance. The advantage of using dermal fillers is that the result is immediate with little to no downtime and return to work and normal activities are almost immediate. Intercourse can be resumed within 48 hours.

Erythema, edema, and bruising may be observed immediately after infiltration, which resolve spontaneously.

The most popular dermal fillers used at this time are Restylane® and Sculpture®.

A more permanent labia puffing, or augmentation procedure uses a mini liposuction and fat transfer. This procedure allows for a greater amount of fat volume to be transferred to the labia majora. In addition, the autologous fat minimizes risks and adds a very natural feel and texture to the labia majora.

The first step of a labia augmentation with fat transfer procedure is performing liposuction in order to harvest the fat. Liposuction is typically performed on the inner

thighs, and the inner knees are also easily accessed because they are in close proximity of the labia majora.

In order to ensure that the maximum amount of fat takes to the labia, the doctor will first clean the fat, purifying it of any cellular debris. The final step is to inject the fat into the labia. Using specialized, small syringes, the doctor will inject the fat into the labia at varying depths and in very small increments. By evenly placing the fat across the labia, the most amount of fat will survive.

The biggest issue with this procedure is fat viability and reabsorption can at times be unpredictable and therefore leave the patients with asymmetry. Patients should be well counseled and aware of this phenomena prior to undergoing the procedure. If this happens, a repeat procedure may be scheduled but no sooner than eight to 12 weeks post initial procedure.

Following the procedure, expect some bruising and swelling, which typically subsides in five to 10 days. Cool compresses can be used to decrease swelling. Patients are able to go back to work two days postoperatively and resume full activities within a week. Recovery time may vary depending on the extent of the liposuction procedure.

The overall patient satisfaction of autologous fat transfer is high.

\*\* Average of cost in the USA for labia puffing is between \$4,000.00 – \$7,500.00.

## 13

### Genital Lightening

A new trend and one that is gaining popularity is genital lightening of skin tone in the vulvar and anal regions.

Skin color is formed by the amount of melanin produced. Although every individual has the same number of melanin producing cells, it's the amount of melanin produced by these cells that allows for a wide spectrum of different skin tones.

Typically an increase in pigmentation in the vulvar area over time occurs secondary pregnancy, medical conditions, medications, and even physical irritation.

For many patients these darken areas of skin around the vulvar area and labia can affect their self-confidence and comfort in intimate situations.

There are several treatment options available to patients, such as different types of acids, chemical peels, lasers, and dermoelectroporation.

In our office, we have focused on dermoelectroporation for improved results. Electroporation involves a simple office procedure that helps to open the ion channels and allow medication or products to be delivered into the cells below the skin surface.

Every treatment requires a thorough cleaning first. This cleaning will involve removing biological materials and any dead skin cells that may be contributing to the darker pigmentation. It's also essential that you thoroughly moisturize the area prior to treatment.

Every application requires a waiting period in order for the bleaching compounds to work. Six to eight treatments are recommended for ideal results and rejuvenation of intimate skin areas.

Keep in mind the following:

- Most individuals require six to eight treatments for the best outcome.
- Most patients will immediately notice results of skin one to two shades lighter after the first treatment. That progress will improve with additional treatments.
- One treatment is usually not enough. For best results, remain on a consistent regimen and wear sunscreen on non-intimate areas that may be exposed to sun.
- Results will vary over time depending on the melanin and your individual skin tone since everyone lightens at different speeds.

\*\* Average cost of genital lightening per body area in the USA is \$800.00 - \$1,800.00 for a package.

## BTL Emsella®

"I can't jump on trampolines anymore," actress Kate Winslet once announced on a British talk show. "I wet myself."

Believe it or not nearly  $\frac{1}{3}$  of all men and women suffer from some degree of urinary incontinence. This statistic is not based on the senior-citizen population, but this is the overall across the spectrum of ages.

Stress urinary incontinence (SUI) is the involuntary leakage of urine caused by an increase in intra-abdominal pressure from activities such as exercise, coughing, laughing, or sneezing. It can significantly affect quality of life as patients avoid activities or behaviors that cause leakage

BTL Emsella is a non-invasive, effective treatment for *urinary incontinence*. It's FDA-approved, and numerous studies have shown its effectiveness and significant safety profile. It targets and tightens the muscles of the pelvic floor and restores neuromuscular control to the area.

The system delivers HIFEM technology (high-intensity focused electromagnetic energy), stimulating the pelvic muscles, triggering super-rapid muscle contractions to restore strength and building muscle fibers.

The procedure has been shown to produce more than 28,000 contractions in a 30-minute session. All of these contractions help to strengthen the pelvic floor, thereby dramatically improving SUI and the quality of life.

The treatment is virtually risk-free due to its non-invasive and gentle nature. Nearly all patients report no pain, discomfort, or adverse effects from the treatment. The recommended course of treatment involves six sessions, scheduled once or twice per week over three to four weeks.

Many patients choose to receive maintenance treatments as they see fit, such as once every month to maintain optimal results. The number of treatments you need will depend on the level of incontinence you're experiencing.

Lots of women notice a difference within the first week after their initial treatment with BTL Emsella. The benefits develop over the series of treatments, leading to a marked increase in bladder control. Many patients also have experienced other benefits, such as enhanced orgasms.

The procedure is incredibly simple, and as easy as sitting on a chair for 30 minutes. As the chair stimulates the muscles of the pelvic floor, you will feel a tingling sensation and the muscles contracting, but it is not uncomfortable to experience. You can expect to return to your day as usual directly after treatment.

Typical cost is \$300.00 per 30-minute session, for a total of six sessions.



# Frequently Asked Q&A's

## **What is aesthetic vaginal surgery?**

Aesthetic vaginal surgery is a general term referring to cosmetic surgery of the vulvar vaginal area. Unfortunately, cosmetic gynecology is a rather new field and descriptive terms are not standardized. Aesthetic vaginal surgery may be interchanged with other names such as vaginal rejuvenation, laser vaginal rejuvenation, labiaplasty, vaginoplasty, designer laser vaginoplasty, or perineoplasty.

## **Am I a good candidate for aesthetic vaginal procedure?**

If you're in good health both physically and emotionally and you want to change or improve the cosmetic or functional aspect of your vagina, labias or vulva then the answer is YES. Take your time in deciding what you want and who is going to do it for you. Finding the right surgeon for you is one of the most important decisions when deciding on an aesthetic vaginal procedure.

## **Who performs aesthetic vaginal surgery?**

Gynecologists, urogynecologists and plastic surgeons perform most of these procedures. Gynecologists are trained specifically in the vaginal area as part of their surgical training, but most lack the aesthetic component to their training. Urogynecologists are highly specialized gynecologists in surgical procedures for pelvic floor dysfunction. Plastic surgeons are obviously trained in cosmetic surgery for both men and women, but many lack the training in performing vaginal aesthetic surgery. However, with proper training, all three specialties named above can comfortably and skillfully perform cosmetic aesthetic vaginal surgery.

## **Are lasers important when picking an aesthetic vaginal surgery?**

There is no magic in the use of lasers. Although they are an important and a useful tool in cosmetic procedures, many surgeons prefer not to use any lasers and instead use

precise scissors and scalpels. Still, there's no denying that any procedure performed by "lasers" has a better marketing advantage.

### **Can I combine more than one procedure at a time?**

Many patients would like to combine procedures in one session instead of splitting it up or having to have delayed overall gratification. First and foremost, the healing time typically is very similar and therefore, you would be healing at the same time. Many practices will offer a greater discount when combining procedures. So combining procedures is a great idea, but one that needs to be carefully discussed with your physician.

### **Are aesthetic cosmetic procedures outpatient?**

Most all aesthetic vaginal procedures are outpatient and performed in the office under local anesthesia. Most procedures take under two hours to perform. However, if multiple procedures are to be performed at the same time, then general anesthesia may be preferred.

### **What are the most common risks with aesthetic vaginal procedures?**

The most common risks are post-operative bleeding, infection, and at times asymmetry. Before undergoing any procedure, make sure to have the after-hour emergency contact information for your physician. You should also be given a detailed post-procedure instruction packet detailing what you should and should not be doing during your recovery. You should also be given a set of instructions on criteria that require immediate attention (bleeding, fevers, etc.).

### **What type of restrictions will I have after an aesthetic vaginal procedure?**

This really depends on the type of procedure involved and whether it is surgical or not. For example, most of our labiaplasty or vaginal tightening procedures can return to work within four days or so. Many of these recommendations are based on what procedures you're having done. In addition, it also depends on what kind of work or activities you are resuming. For example, a person who has a desk job and is sitting most of the day will be able to return to work faster than someone who has a job requiring more strenuous physical activity.

### **What are the chances that I will lose sensitivity?**

Although there's always a possibility of losing sensation when you're working in close proximity to nerves, in experienced hands, the chances of losing sensation are extremely low.

### **When can I return to sexual activity?**

For most procedures, the recommended wait time for return to sexual intercourse is four to six weeks. However, this needs to be determined by your surgeon.

### **Will aesthetic vaginal procedures give me the sex life I dreamed of?**

Although it's true that aesthetic vaginal procedures can improve the aesthetic appearance as well as improve function by addressing and fixing pelvic floor issues and tightening the vaginal canal, unfortunately intimacy is much more complicated than just fixing anatomy. Sexual intimacy is multifactorial and should be looked at from relationship, psychological, and physical perspectives as well.

### **Will my partner feel a difference during intercourse?**

Yes. Whether you're having a labiaplasty for elongated labias causing discomfort during intercourse or a vaginoplasty for decreased friction during intercourse, you and your partner should feel improved satisfaction. However, no surgery should ever be performed simply to please another person. This is a decision for you and only you to make.

### **How soon will I see results/feel results?**

Every procedure is different, and this should be reviewed with your surgeon. However, most surgical procedures will be healed with completed results within six to eight weeks.

### **Are the procedures permanent?**

This is dependent upon the type of procedure. Most energy-based procedures are not permanent and last between one to one-and-a-half years and will need an annual maintenance treatment. For the surgical procedures, the results should be permanent

for a labiaplasty. However, vaginal tightening will last an extended period of time (barring trauma or a vaginal delivery), especially if you continue to perform pelvic floor exercises.

### **Should I expect scarring after aesthetic vaginal procedures?**

Scarring is different for everyone. Some people are more prone to scarring than others. However, a well-done cosmetic aesthetic procedure should offer minimal visible scars. This is why it's important to carefully look at before-and-after pictures before making a final decision.

### **For a labiaplasty, is the “trim” or “wedge” a better procedure?**

In my opinion, both techniques performed correctly yield excellent results. There are pros and cons to both, as previously discussed in the labiaplasty chapter. I recommend finding a surgeon who can perform both and tailoring what would be the best match to your desired final look.

## **For More Information**

My team and I would love to hear from you!

If you have questions about our services or would like to book an appointment, visit our website at [www.davidghozland.com](http://www.davidghozland.com) or call 310-393-9359.

We will respond to all inquiries in a timely manner.

David Ghozland M.D,

## ABOUT THE AUTHOR

**Dr. David Ghozland** is a board-certified OB/GYN who takes pride in providing the latest, safest and most effective techniques in pelvic reconstructive surgery, such as with vaginoplasty, labiaplasty and perineoplasty. He is certified by the American Board of Obstetrics & Gynecology and the American Academy of Cosmetic Gynecologist.

Additionally, Dr. Ghozland is a member of the American Academy of Minimally Invasive Surgeons, the American Association of Gynecological Laparoscopy, the Society of Robotic Surgery, the American College of Obstetricians & Gynecologists, the American Medical Association and the Los Angeles County Medical Association.

Dr. Ghozland also has appeared on several TV shows such as *The Doctors* for his pioneering procedure *The Intimate Renewal* for the treatment of painful intercourse.

Dr. Ghozland is a pioneer in the art and science of pelvic reconstructive surgery. His goal is to help patients feel comfortable and confident that they are getting the highest level of care. Dr. Ghozland's genuine concern for his patients is readily apparent in his compassionate and attentive bedside manner. His approach to patient care is, "honesty is the best policy," and strongly believes that each patient should feel comfortable asking any questions they may have about their procedure.

He is also the author of *Goodbye to Bartholin Cysts* (2020), *Trimesters: Science-Backed, Nutrient-Packed Recipes for Every Stage of Pregnancy* (2019), and *The Intimate Renewal procedure: Healing Painful Intercourse* .