

Should OB/GYNs Offer Vaginal Rejuvenation?

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Robert Jason, MD

Vaginal cosmetic surgery is among the fastest growing trends in plastic surgery. Today, more than 140 surgeons in some 21 countries are providing these services in response to their patients' demands.

Vaginal rejuvenation (colpoperineoplasty) is designed to correct vaginal relaxation and enhance sexual gratification.^{1,2} All OB/GYNs are familiar with the signs and symptoms—cystocele, rectocele, enterocele, uterine prolapse, and stress urinary incontinence—but little attention has been paid to the resulting sexual dysfunction. Approximately 30 million American women are experiencing these symptoms as a consequence of vaginal childbirth and/or aging. The damage to the muscles, fascia, and supportive tissue of the pelvic floor, vaginal canal, and perineum relax the fibromuscular tube of the vagina, leading to poor tone, strength, and control. In the process, the internal and external vaginal diameters increase greatly, and the perineal body thins and separates in the midline. The vagina can no longer function physiologically to provide optimum sexual gratification.

Vast medical resources have been spent to improve men's sex lives with pharmacologic aids, penile implants, and pumps. By comparison, little has been done to improve the sex lives of women.

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Kathleen Fitzgerald, MD

Vaginal rejuvenation is not medicine! Frankly, until this question was posed, I had never heard of it. So I performed an Internet search, and got 190,000 responses in 0.18 seconds. I found the information contained in these listings to be disturbing, and even appalling. This procedure raises serious ethical, professional, and health care concerns for physicians, patients, and society as a whole.

As promoted by its proponents, vaginal rejuvenation encompasses recognized surgical procedures for conditions such as labial hypertrophy, cystocele, and rectocele. However, when performed for "rejuvenation," these surgeries are carried out on women who have no demonstrable and/or significant vulvovaginal abnormalities. How far we have come from the tenets espoused 30 years ago in the spirit of *Our Bodies, Ourselves*.¹

The demand for this surgery appears to arise from the skewed "need" of some normal women to be "perfect," and the willingness of some physicians to pander to the insecurities of this population. Our society is increasingly driven by customer demand; in medicine, it is called "patient-centered care." That is, what the patient wants, the patient can have—regardless of whether it is truly needed. Rationing and allocation of resources based on need is not the American way. We can fix eyelids

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In The Hot Seat

Vaginal Rejuvenation

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Nonsurgical measures like Kegel exercises are of limited use in many of these patients. However, laser colpoperineoplasty—a modification of a standard, existing gynecologic surgical technique—has been shown to successfully meet patients' needs and requirements. Indeed, the surgery has been demonstrated to lead to a 96% improvement in vaginal support and sexual gratification.¹

I have performed cosmetic surgeries on an outpatient basis in state-licensed ambulatory surgical centers over the past decade. The procedures are relatively bloodless and less painful than standard

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gynecologic vaginal reconstruction. Along with my associates, I have found that this procedure results in very high patient satisfaction. Patients worldwide are thrilled to have found a solution to this pervasive problem. They are grateful and appreciate our interest in the quality of their sexual health.

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demand is left for the plastic surgeons to fill, then ultimately another major procedure will be lost to us. Our gynecologic colleagues pioneered (and then relinquished) liposuction, sclerotherapy, and endoscopic breast implantation. Let's not lose vaginal rejuvenation as well. Is this procedure beneficial for our patients? Absolutely!

REFERENCES

1. Pardo JS, Sola VD, Ricci PA, Guiloff EF, Freundlich OK. Colpoperineoplasty in women with a sensation of wide vagina. *Acta Obstet Gynecol Scand.* 2006;85(9):1125-1127.
2. Karram MM. Vaginal operations for prolapse. In: Baggish MS, Karram MM, eds. *Atlas of Pelvic Anatomy and Gynecologic Surgery.* Philadelphia, Penn: WB Saunders; 2001: 378-397.

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and noses to satisfy the desire for a “new look,” so why not the labia as well?

Indeed, the term “vaginal rejuvenation” has been trademarked and some of the procedures patented, and the whole package is now offered by a franchise operation. The application of this business model to medicine is disturbing in view of our guiding medical-ethical principles: do no harm, protect patient autonomy, act only in beneficence, and allocate resources with justice to the individual and society. In medicine, patents and trademarks are now restricting access to innovative tools for scientific information and research—to the detriment of patients and society.

Where is the evidence-based medicine to justify such surgery in this “normal” population? There is no current scientific literature or plan for future studies on the benefits and risks of these procedures in essentially healthy women. Improving sexual function and pleasure for the woman and/or her partner are often cited as justification for surgery. However,

vaginal “tightening” at age 35 years may render the vagina impassable by age 55 years. The American College of Obstetricians and Gynecologists—as well as experts in menopause, sexual function/dysfunction, and vulvodynia—have all expressed concerns about this lack of scientific support and the potential long-term physical and psychological harm to women.² More fundamentally, how far are physicians willing to go in using our technology and skills to satisfy desires that do not represent true need?

REFERENCES

1. Boston Women's Health Book Collective. *Our Bodies, Ourselves: A Book by and for Women.* New York, NY: Simon & Schuster; 1973.
2. Navarro M. The most private makeovers. *New York Times.* November 28, 2004. Available at: <http://query.nytimes.com/gst/fullpage.html?res=9D06E0DA123EF93BA15752C1A9629C8B63&sec=health&spon=&pagewanted=all>.

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