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. 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.

Robert Jason, 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 heath 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.

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

Kathleen Fitzgerald, MD

Opinions expressed in this department are the authors’ and do not reflect those of The Female Patient.
Gynecologists are uniquely qualified to perform vaginal rejuvenation; our training makes us the optimal choice.

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 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.

Gynecologists are uniquely qualified to perform vaginal rejuvenation; our training makes us the optimal choice. In addition, if the 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

There is no current scientific literature or plan for future studies on the benefits and risks of these procedures in essentially healthy women.2

REFERENCES