



It's time to speak up

WOMEN NEED TO BE REASSURED THAT THEY ARE NOT ALONE IN SEEKING GENITAL SURGERY SAYS ADELAIDE GYNAECOLOGIST AND PELVIC RECONSTRUCTIVE SURGEON **DR OSEKA ONUMA**. JENNI GILBERT REPORTS.

Gynaecological and urinary problems are very common among women, yet many feel too embarrassed to seek help. Often women are unaware of the surgical solutions available to them, and suffer unnecessary discomfort because of this.

'As women become more aware that it is possible to correct often "embarrassing" problems, female genital surgery is increasing in popularity,' says Adelaide gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma.

'The kinds of problems are as varied as the women who suffer from them,' he adds. Issues such as vaginal prolapse and muscle laxity, incontinence, menstrual dysfunction and overly large or misshapen labia – whether naturally occurring or as a result of childbirth or ageing – can cause women considerable distress, as well as impacting on their

self-esteem and relationships.

'The function and form of the different parts of the vagina are closely linked to the female psyche and the perception of self in terms of attractiveness.' By correcting these issues, women can therefore experience an overwhelming increase in their sense of confidence and self-esteem.

Minimally invasive surgical options are available that can address and usually resolve many of these problems, leaving patients wondering why they hesitated so long.

One such procedure is laser vaginal rejuvenation (LVR), which can enhance vaginal muscle tone, strength and control. 'Every organ within the female pelvic floor is subject to stress – from gravity or from the delivery of a baby,' says Dr Onuma. 'Muscle, connective tissue and epithelium can break, tear, stretch and lose elasticity, resulting in functional

consequences, such as incontinence and loss of sexual satisfaction. The organs within the female pelvic floor that can be subject to prolapse include the urethra, bladder, uterus, vaginal walls, perineum and labia minora.'

Common symptoms of vaginal wall prolapse or muscle laxity include awareness of a vaginal lump, a 'dragging' within the vagina or lower back, urinary incontinence, the need to empty the bladder frequently and/or with urgency, pain and/or reduced sensation during intercourse.

LVR should always be performed in a fully accredited hospital to monitor any discomfort. After the procedure, the amount of downtime needed will depend on the type of work the patient does. 'An office worker could return to work after two weeks, for example, whereas someone doing more physical work such as lifting will need longer,' says Dr Onuma. 'Total healing of surface and connective tissues may take up to six weeks.'

Most patients report mild discomfort, which can be

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controlled by analgesics and cold packs to the area during the first week after the operation.

As with any surgery, prior to the operation there should be a thorough discussion between the surgeon and the patient about the operation techniques and likely outcomes. During the consultation, the patient should also be informed about any risks associated with the surgery.

Another procedure Dr Onuma is frequently asked to perform is labiaplasty, which corrects oversized, elongated or asymmetrical labia minora – the inner vaginal lips which surround the entrance to the vagina – that can cause irritation and discomfort when wearing certain clothes, during exercise or sex.

Laser reduction labiaplasty can sculpt elongated or unequal labia minora according to the patient's wishes. 'There is a wide variation in the appearance of the external genitalia, so no one look is normal,' Dr Onuma says. 'The vulva structures (including the labia minora, labia majora, mons pubis, perineum, entrance to the vagina and hymen) can be surgically enhanced, both functionally and aesthetically,' he adds.

'The importance of reassuring a woman that she is not alone in her genital issues and that there are options for improving her quality of life cannot be over-emphasised,' Dr Onuma concludes. **csbm**

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