



intimate surgery

Speaking out

GYNAECOLOGIST AND PELVIC RECONSTRUCTIVE SURGEON **DR OSEKA ONUMA** SAYS VAGINAL REJUVENATION CAN BE AN EMPOWERING OPTION FOR MANY WOMEN. AIMÉE SURTENICH REPORTS.

Talking openly about concerns relating to the vagina can be challenging for women. The question 'am I normal?' can plague women of all ages, particularly when it comes to the appearance and function of the vagina and urinary system.

Dr Oseka Onuma, a gynaecologist and pelvic reconstructive surgeon, says one of the most pertinent issues in the field of gynaecology is the lack of open and honest dialogue, both in mainstream society and the medical community, which leads to many obstacles in women seeking treatment. One of the effects of not having an open forum for gynaecological concerns is a widespread misunderstanding of what is classified as 'normal' – both in terms of vaginal anatomy and urogynaecological problems.

'There is a very wide spectrum of what is "normal",' says Dr Onuma. 'I never make assumptions; the real problem may be more subtle than the one being expressed. I want to know not only the symptoms but also the length of time they have been endured and how the patient's quality of life is being affected. After a thorough examination, the correlation of the clinical findings with the symptoms results in higher success rates – both in terms of the surgery and patient satisfaction.'

Functional and cosmetic rejuvenation

All women are born with differently shaped genitalia, and with the effects of childbirth and age, many can suffer from problems with their genitalia that can make them feel very self-conscious and unhappy, often affecting relationships with sexual partners.

'Childbirth can change the shape and tone of vaginal tissue, sometimes resulting in embarrassment and occasionally loss of sexual satisfaction,' Dr Onuma says. 'After childbirth, sufferers often try to ignore any reduced ability to contract the vaginal walls, the feeling of "looseness" and reduced sensation during intercourse.'

Women seeking vaginal rejuvenation are usually concerned about both the appearance and the discomfort caused by oversized, elongated or asymmetrical labia minora. Other concerns that can be addressed by surgery include protrusions or a lump within the vagina, scar tissue, discomfort or sagging at the entrance to the vagina, and loose or weak vaginal muscles, mainly caused through the muscles stretching during childbirth.

There is a range of surgical options available which can correct these problems. One is laser reduction labioplasty, which can sculpt the elongated or unequal labial minora as desired. 'Labioplasty techniques can reconstruct conditions that are a result of the ageing process, childbirth trauma or injury,' says Dr Onuma.

The procedure can provide a more aesthetically attractive vulva. The vulvar structures (including the labia minora, labia majora, mons pubis, perineum, entrance to the vagina and hymen) can be surgically enhanced, both functionally and aesthetically.

Female urinary incontinence

Female stress urinary incontinence is caused predominantly by an improperly functioning urethra, not the bladder. Normally, the urethra, when properly supported by strong

pelvic floor muscles and healthy connective tissue, maintains a tight seal to prevent involuntary urine loss.

When a woman suffers from stress urinary incontinence, weakened muscle and pelvic tissue don't support the urethra adequately. As a result, the urethra doesn't maintain a tight seal during exercise or other movement such as coughing or laughing, and urine escapes.

'Women with stress incontinence generally have a reduced impression of their own wellbeing and attraction to others, and this can affect their relationships with intimate partners,' says Dr Onuma.

‘No one should suffer conditions that can be treated. Part of being a woman is taking control by having access to choice’

One technique Dr Onuma employs is the tensionless vaginal tape, or TVT, sling. It is a minimally invasive procedure during which a Prolene tape sling is inserted to correct stress urinary incontinence. It requires a short operation and recovery is typically rapid. Rejection and infection are rare.

The Prolene mesh is inserted through the vagina and positioned underneath the urethra, creating a supportive sling, which is held in place by surrounding tissues rather than sutured into position. During movement or exercise, the mesh supports the urethra, allowing it to maintain its seal to prevent urine loss.

'It's important to listen to the concerns of the individual patient, assess them with examination and appropriate investigations to establish a diagnosis, and then offer a series of potential solutions with detailed discussion about how each approach might impact positively or negatively if adopted,' says Dr Onuma.

'During consultation, I encourage my patients to express themselves openly and, importantly, to make them feel more comfortable with what are usually very normal concerns,' he says.

Providing knowledge, choices and alternatives is an essential part of delivering a quality medical service to improve the function of the vagina and urinary system – and the quality of life of each patient.

'No woman needs to suffer conditions that can be treated. Part of being a woman is not "putting up with it", but taking control by having access to choice,' Dr Onuma concludes. **csbm**

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OUR MISSION

To empower women with knowledge, choice and alternatives



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