



genital surgery



FEELING LIBERATED

DR OSEKA ONUMA, ADELAIDE GYNAECOLOGIST AND PELVIC RECONSTRUCTION SURGEON, DISCUSSES WOMEN'S RELATIONSHIP WITH THEIR BODIES AND FEMALE GENITAL SURGERY.

One of the least talked about areas of cosmetic surgery is female genital procedures, and perhaps this is because many people are reticent to openly talk about the so-called 'embarrassing' parts of our bodies. Unlike men, whose locker-room experiences have allowed them to gauge where they stand next to other males, few women have the opportunity to compare notes. Consequently women's knowledge of the range in form of the different parts of the vagina may remain quite limited.

For some women, this lack of knowledge can lead to misconceptions about how 'normal' or attractive their genitals are. This can lead to complications and inhibitions in establishing and maintaining relationships due to a lack of confidence or embarrassment.

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.

Therefore, it is essential the individual patient brings her concerns to her doctor, who should listen carefully and assess with an examination and appropriate investigations to establish a diagnosis. Only then can the surgeon offer potential solutions, with a detailed discussion about how each approach might impact positively and negatively.

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. Changes to her external genital structures can help restore a woman's self-image and esteem.

The kinds of problems are as varied as the women who suffer from them. They include protrusions or a lump within the vagina, scar tissue, discomfort, or sagging at the entrance to the vagina. Oversized, elongated or

asymmetrical labia minora, the inner vaginal lips which surround the entrance to the vagina, can cause irritation and discomfort when wearing certain clothes or doing things such as bicycle and horse riding or during sexual intercourse. In addition, loose or weak vaginal muscles, mainly caused through the muscles stretching during childbirth, can cause problems for some women and their sexual partners during intercourse.

Another problem may be female stress urinary incontinence, caused predominantly by an improperly functioning urethra. When a woman suffers from stress urinary incontinence, weakened muscle and pelvic tissue do not 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 invariably escapes.

In addressing any problem, it is crucial to ascertain what is really bothering the patient. I never make assumptions as 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 her 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.

There is now a range of surgical options available that can address and hopefully resolve these problems. Laser reduction labioplasty can sculpt the elongated or unequal labial minora as desired.

Labioplasty techniques can also reconstruct conditions that are a result of the ageing process, childbirth trauma or injury. The procedure can provide a youthful and aesthetically appealing 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.

Laser vaginal rejuvenation can effectively enhance vaginal muscle tone, strength and control. In my experience, laser techniques enhance precision-reliant procedures with controlled accuracy and result in rapid healing, less pain and faster recovery.

The tensionless vaginal tape, or TVT sling, is a minimally invasive procedure during which a Prolene tape sling is inserted to correct stress urinary incontinence. 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.

No woman should suffer embarrassment or feel inhibited in her relationship with her partner due to the appearance of her vagina or physical sexual dysfunction. Engaging in a frank discussion with her gynaecologist is the first step to alleviating her anxieties. **acsm**

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To empower women with knowledge, choice and alternatives



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