genital surgery

INTIMATE AGEING

ADELAIDE GYNAECOLOGIST AND PELVIC RECONSTRUCTION SURGEON **DR OSEKA ONUMA** EXPLAINS FEMALE PELVIC REJUVENATION.

We all have a genetic clock that begins ticking inside the womb. It is well recognised that smoking, over-exposure to sunlight, poor diet, lack of exercise and excessive alcohol consumption all accelerate the natural damage occurring to the body's cells. With time, the body's ability to repair damage decreases.

The supports of the female pelvic organs are variably made up of different types of connective tissue of which the primary component is collagen. The other tissues important in providing the functional framework are muscle, epithelial and nervous tissue. For women, the two primary factors associated with ageing of the pelvic organs are pregnancy and delivery. Both are associated with physical, hormonal and neurological influences that act as accelerants to the ageing process.

In fact the ageing process in the female pelvis is of such paramount importance to function that women who become pregnant for the first time when over the age of 35 are labelled as 'elderly primagravida'.

Figure 1 depicts the external genitalia of a woman in her late 20s, and Figure 2a is a woman in her mid 60s. There are a number of notable differences when the two are compared. The woman in her mid 60s has more fatty tissue in the labia majora (outer lips) and mons pubis and this is exacerbated by relaxation of the epithelium (skin) over the areas, resulting in 'hanging' and redundancy of these tissues. The labia minora (inner lips) have become elongated, irregular and display increased pigmentation.

The vaginal entrance in Figure 1 is closed whereas in Figure 2a it is open. This patulous introitus (entrance) results from a combination of the vaginal walls prolapsing into and out of the vagina as well as the detachment of the muscles (perineal body) that originally met in the middle. The distance between the lowest part of the vagina and the anal margin has decreased as this muscle has pulled apart; usually an injury that took place at the time of delivery of a baby through a vaginal birth. The perineum (area below the vagina) has widened and changes can be seen around the anal margin that most likely represent a combination of anal skin tags and haemorrhoids.

Figure 2b: At six weeks after pelvic reconstructive surgery the fading scar from the labia majora reduction is still present. The paraclitoral folds and clitoral hood have been refashioned. By rebuilding the perineal body the length of the perineum has been able to return to normal. The prolapse of the posterior vaginal wall that had been pushing open the entrance to the vagina is no longer evident. The functional outcome was even more dramatic than the aesthetic outcome, with cessation of faecal trapping, reduction of back pain, elimination of a 'dragging' sensation and awareness of a vaginal lump as well as a cure of painful intercourse. Time has been reversed to some degree.

> 'Ageing of the female pelvic floor can result in numerous symptoms, leading to a reduced quality of life'

Figure 3a is an example of labia minora elongation, hyperpigmentation and hypertrophy (increased cell size). The woman concerned is in her early 30s and reported that she had never been aware of any issues with her labia until after the birth of her second child. The labia had then grown rapidly in the 18 months before the birth of her third child, resulting in discomfort when wearing tight clothing, and during exercise and sexual intercourse. The paraclitoral folds and clitoral hood have also undergone hypertrophy and hyperpigmentation.

Comparison of the distance between the lower part of the entrance to the vagina and the top part of the anal margin in Figures 2a and 3a reveals how much the perineum can shorten and widen with age. The wider the perineum, as this reflects detachment of the perineal body, the more difficult it becomes for the affected woman to contract her pelvic floor muscles.

Figure 3b has been taken immediately after labia minora reduction. Prepuce reduction has been achieved in this case by reduction of the paraclitoral folds. The anal skin tags have been excised. The surgery has used a technique that produces normal pigmentation lines and once healing has taken place leaves very little evidence of surgical scar tissue.

Figures 4 to 5 depict women with different lumps presenting from the vagina. All are women who have had at least one child. Figure 4 represents a cystocele (prolapse of the front wall of the vagina). Figure 5 shows a complete proccidentia (where the cervix and uterus are outside the body).

Figure 6: One of the less visible signs of female genital tract ageing is urinary incontinence. Around 30 percent of women over the age of 50 suffer from urinary incontinence. In Figure 6 the red rash has not resulted from contact of urine with the external genitalia, as can occur. In this instance it is the effect of the use of pads, worn day and night, to manage the urinary incontinence. Whilst the vogue is for advertising incontinence pads, it is important to note that surgery for uncomplicated stress incontinence (when coughing, laughing, sneezing and running) is minimally invasive and has a success rate of between 88 to 91 percent.

Ageing of the female pelvic floor can result in numerous symptoms, leading to a reduced quality of life. Labia discomfort, painful intercourse, reduced sensation during intercourse, vaginal lumps and urinary incontinence can all be addressed. Embarrassment will not provide a solution. Getting some help might. Ageing gracefully should not be limited to the face. **acsm**

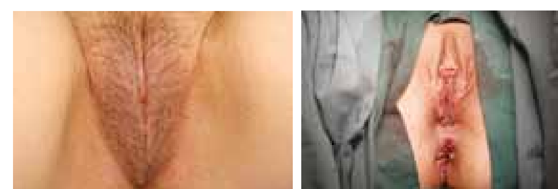
Figure 1

Figure 3b

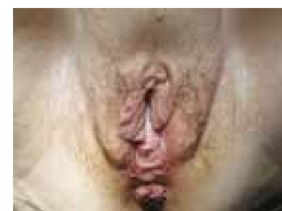
Figure 2a

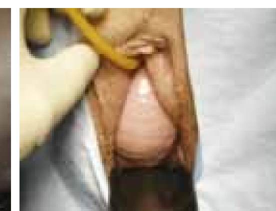
Figure 4

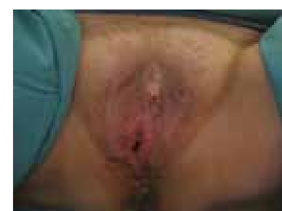
Figure 2b

Figure 5

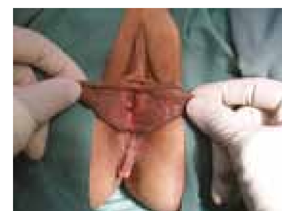
Figure 3a

Figure 6

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