



doctor's perspective

trust must be more than cosmetic

Adelaide gynaecologist and pelvic reconstructive surgeon **Dr Oseka Onuma** shares his views on the importance of doctor-patient communication.



I got up from my chair and went around the desk in my usual manner to say goodbye. The consultation was over, the patient's history taken, the appropriate examination undertaken and after a detailed discussion a plan for surgery had been agreed upon.

The patient ignored my outstretched hand and proceeded to give me a hug. I received this gracefully before asking why she had hugged me. The patient responded that she felt very grateful for my time.

This did not satisfy my curiosity but instead of asking another question, I simply stated that I hoped that she would be even happier with the outcome of her surgery. The patient then told me that, having taken a three-hour flight to meet me, she already felt confident in the outcome because I had listened to her, accepted the existence of her symptoms as

described and correlated them with the physical findings which I had communicated to her.

It is human nature to seek validation. As individuals we constantly seek evidence that what we are experiencing has some foundation in fact. After receiving that validation the tendency is then to seek quantification and comparison. 'How bad is it?' and 'Does this happen to others?'

In the context of vaginal reconstructive surgery, many terms are used such as prolapse repair, vaginal repair, vaginoplasty, vaginal rejuvenation and LVR (Laser Vaginal Rejuvenation). Perhaps what is more important for patients is the issue of whether vaginal surgery is functional or cosmetic.

To be specific, I refer to surgery performed to the vaginal walls rather than the parts of the anatomy external to the vagina such as the labia or perineum. Cosmetic surgery is

defined in the Collins English Dictionary as 'surgery performed to improve the appearance, rather than for medical reasons.' It is defined in Dorlands Illustrated Medical Dictionary as 'that department of surgery which deals with procedures designed to improve the patient's appearance.'

Sceptics exist both in the medical community and among lay people. How can vaginal surgery be cosmetic according to the definitions provided? The majority of women undergoing vaginal surgery do so for functional reasons but in some cases the outcome can have an additional cosmetic outcome. The typical situation where this occurs is where part of the vagina or uterus protrudes outside of the vagina or presents just at the entrance.

'As individuals we seek evidence that what we are experiencing has some foundation in fact'

Corrective surgery should internalise the tissues back to their natural state and restore a vagina that, at least from the outside, looks normal. Scar tissue does occur within the vagina resulting from medical intervention such as episiotomy at childbirth, previous vaginal surgery, trauma or tears during vaginal childbirth.

It is unusual for women to seek corrective surgery for scar tissue within the vagina where it is not visible or even towards the entrance of the vagina where it is more likely to be obvious. Their complaints tend to relate to the effect of the scar tissue on their function, such as pain during intercourse, reduced sensation during intercourse, discharge, bleeding and vaginal flatus.

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

Corrective surgery addresses the defects in the vaginal epithelium (surface) and the tissues below (connective tissue and muscle). Any surgery where only the vaginal epithelium is tightened is often thought of as cosmetic by pelvic surgeons. This type of surgery is neither cosmetic nor functional. It should be best avoided as any beneficial outcomes tend to be shortlived.

Women seeking improvement in vaginal function need a surgeon who has appropriate surgical expertise as well as a good understanding of the relationship between physical findings and symptoms. The problem for women is that there is little correlation between symptoms and degree of prolapse. This means that their doctor has to listen and the woman seeking help has to list and describe all the symptoms that bother her to ensure optimal results are achieved. **acsm**

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