

Intimate Surgery

ADELAIDE GYNAECOLOGIST AND PELVIC RECONSTRUCTIVE SURGEON DR OSEKA ONUMA EXPLAINS HOW MINIMALLY INVASIVE GENITAL SURGERY CAN TRANSFORM LIVES.

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

'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,' says Adelaide gynaecologist and pelvic reconstruction surgeon Dr Oseka Onuma.

'As women become more aware that it is possible to correct potentially "embarrassing" problems, female genital surgery is increasing in popularity,' he adds 'These days women are less willing to accept changes in genital anatomy resulting from pregnancy, childbirth and ageing. They are less likely to have the attitude "it's just part of being a woman".'

Vaginal REJUVENATION

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, during sporting activities or sex.

According to Dr Onuma, women often identify an apparent problem with their labia early in their teenage years, or notice gradual changes with thickening as well as elongation over time.

Laser reduction labioplasty can sculpt an 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 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.'



Every organ within the female pelvic floor is subject to stress – from gravity or from the delivery of a baby. Muscle, connective tissue and epithelium can break, tear, stretch and lose their elasticity, resulting in functional consequences. The organs within the female pelvic floor that can be subject to prolapse include the urethra, bladder, uterus, vaginal walls, perineum and labia minora. All can present as a lump or mass that was not previously visible or noted by the woman.

Common symptoms of vaginal wall prolapse or relaxation 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.

'Childbirth can change the shape and tone of vaginal tissue, sometimes resulting in embarrassment as well as loss of sexual satisfaction,' Dr Onuma says.

Another problem is female stress urinary incontinence, caused predominantly by an improperly functioning urethra. When a woman

suffers from this condition, weakened muscle and pelvic tissue don't adequately support the urethra. As a result, the urethra doesn't maintain a tight seal during exercise or exertion such as coughing or laughing and urine may escape.

'Beyond pelvic floor retraining and physiotherapy, there is now a range of minimal-access surgical options available that can address and hopefully resolve these problems,' says Dr Onuma.

Laser vaginal rejuvenation (LVR) can enhance vaginal muscle tone, strength and control. According to Dr Onuma, the laser techniques deliver gentle precision procedures with controlled accuracy and result in rapid healing, minimal pain and scarring, relatively fast recovery and allow for improved sensation and resumption of daily activities in a relatively short period of time.

The procedure is performed in a fully accredited hospital to monitor any discomfort. After the procedure, the amount of time away from work depends on the type of work the patient does. 'An office worker could return to work after two weeks;

someone doing more physical work such as lifting or remaining on their feet for long periods normally returns to work after four to six weeks,' he says. Total healing of surface and connective tissues along with damaged muscle may take up to six weeks.

Most patients report mild discomfort which can be controlled by analgesics and cold packs to the area during the first week after the operation.

Dr Onuma says LVR is a procedure with a relatively low risk, provided the surgeon is skilled and experienced. But 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.

'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,' Dr Onuma says. 'The importance of reassuring the 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,' he concludes. **cbm**

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