

# TAKE CARE *down there*



WOMEN'S HEALTH HAS BEEN TOO LONG UNDER WRAPS AND GYNAECOLOGIST DR OSEKA ONUMA SAYS IT'S TIME TO UNDERSTAND WHAT'S HAPPENING UNDER THE COVERS.

While it's been reported that nearly half of all women have some sort of problem with their sex lives, it's a topic many people don't know much about, or are embarrassed to discuss.

There are pivotal times in a woman's life that influence sexual function and vaginal competency; menopause, pregnancy and childbirth among them.

'Female sexual dysfunction is complex and can be a result of hormonal, psychological, psychiatric, physical, neurological, environmental and social causes,' says Adelaide gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma.

'Since most cases of sexual dysfunction are treatable, it's important to keep in mind that dysfunction does not always imply abnormality and affected women should seek help. 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 that sexual dysfunction is "just part of being a woman", and something they have to put up with.'

Dr Onuma stresses that 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. Further, she should be encouraged to talk openly about her sexual health in order to gain realistic ideas of the changes in her body and in her relationship. Assessment of sexual function, mental health and relationship quality are crucial and should be considered routine.

'The majority of my patients seeking vaginal rejuvenation are not motivated by the aesthetic but, rather, by a growing dislike of pain during intercourse or discomfort when participating in everyday activities,' he says.

'The importance of reassuring my patient 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.

## PREGNANCY

'The effect of pregnancy on a woman's life is variable: some women's libido increases, some decreases, some remain unaltered,' explains Dr Onuma.

'As pregnancy proceeds, the physical challenge increases and the missionary position becomes less possible or tolerable. An increase in vaginal dryness often accompanies pregnancy and use of lubricants may be needed.

'Further to this, fear of damaging the developing baby may prevent sexual activity (in most cases there is no evidence to support this). A history of early pregnancy failure may lead to advice to restrict sexual activity in the first and

sometimes second trimester of pregnancy.

‘A finding of a low-lying placenta or bleeding during pregnancy may also be an indication to cease sexual intercourse during the pregnancy.

‘There is also an increase in hormones such as progesterone and relaxin, which causes softening and relaxation of muscle and connective tissue. Some of these changes will not be reversed after pregnancy is complete.’

## CHILDBIRTH

A 2015 study published in the Journal of Sexual Dissatisfaction Medicine found more than 60 per cent of women suffer from sexual dysfunction after childbirth. Other studies have shown the prevalence of sexual dysfunction is high during pregnancy and peaks in the third trimester. This includes the inability to orgasm, pain during sexual activity, or a general lack of interest.

The study found sexual dysfunction could lead to overall relationship dissatisfaction, as well as post-natal depression. It also showed 88 per cent of women did not consult healthcare professionals about the issue, due to shyness or embarrassment.

‘Childbirth is the major factor in causing damage to the female pelvic floor, as the disruption of connective tissues [muscles/ligaments/fascia] results in reduced tissue elasticity and avulsion of tissues from their origins,’ says Dr Onuma.

‘There is some significant restitution [healing with tissue going back towards normal] after childbirth. However, some of the spontaneous healing involves formation of scar tissue, which is inherently weaker and less elastic than the original tissue.

‘Symptoms can occur immediately after delivery but often present some years later. Further pregnancies and deliveries can result in marked worsening of symptoms.’

Damage to the pelvic floor can result in pain during intercourse, reduced sensation during intercourse, both pain and reduced sensation and reduced ability to achieve orgasm. Dr Onuma says that often these causes co-exist – for example, painful intercourse may result in a fear of intercourse, resulting in psychological sequelae.

## MENOPAUSE

Hormonal changes from menopause can result in loss of libido or physical alterations of the vaginal epithelium, which can result in difficult or painful intercourse.

Laser-assisted vaginal surgical procedures can enhance vaginal muscle tone, strength and control, as well as help alleviate vaginal atrophy and dryness. According to Dr Onuma, laser techniques deliver gentle precision procedures with controlled accuracy and result in rapid healing, minimal pain and relatively fast recovery, allowing



for improved sensation and resumption of daily activities in a relatively short period of time.

‘Non-surgical laser vaginal treatment is not the same as traditional methods and may not be the most suitable avenue of treatment for some patients,’ he says. ‘The best approach is for a patient to discuss their symptoms with a doctor who has a clear understanding of all the modalities of treatment available and is able to guide them towards the mode of treatment that might offer the best outcome.’

According to Dr Onuma, while non-surgical laser vaginal treatment shows the most promise for improving or curing symptoms related to atrophic vaginitis, it is of little value in correcting pelvic organ prolapse (particularly relevant to childbirth issues).

‘While non-surgical laser vaginal treatment can improve very mild stress incontinence or reduce vaginal wall relaxation, it is unlikely to cure any significant stress urinary incontinence or improve sensation during intercourse where the vagina and the vaginal introitus are patulous because of detached or torn muscles and fascia,’ he says.

## APPEARANCE

At any stage of life, oversized, elongated or asymmetrical labia minora may lead to self-consciousness and even embarrassment.

It can cause discomfort during sex and hinder certain activities such as cycling and horse riding, and often makes wearing certain clothes such as swimwear, jeans or tights difficult.

Vaginal rejuvenation – both surgical and non-surgical procedures – can help alleviate pain, improve form and function, and enhance quality of life for many women.

‘A blanket of taboo means there is a lack of open and honest public dialogue that makes it difficult for some women to seek successful treatment – or even know there are treatment options available,’ says Dr Onuma.

For example, both surgical and laser reduction labiaplasty can sculpt the elongated or unequal labial minora as desired. 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.

Each treatment is completely tailored by Dr Onuma to meet the patient’s specific needs and individual goals. Laser reduction labiaplasty can also be used to reconstruct conditions that are a result of the ageing process, childbirth trauma or injury.

## VULVO-VAGINAL DISTRESS SYMPTOMS

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 impairments,’ says Dr Onuma.

Common symptoms of vaginal wall prolapse or relaxation include a 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.

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.

## SOLUTIONS

As women become more aware that it is possible to correct potentially embarrassing problems, female genital procedures are increasing in popularity.

Vaginal rejuvenation – both surgical and non-surgical procedures – can help alleviate pain, improve form and function, and enhance quality of life for many women.

‘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.

‘Non-surgical laser vaginal rejuvenation can effectively enhance vaginal muscle tone, strength and control, and can be used to treat minor degrees of prolapse and/or relaxation of the vaginal walls to improve sensation.’ **CBM**

## The Australian Centre for Female Pelvic & Vaginal Rejuvenation



EMPOWERING WOMEN THROUGH KNOWLEDGE, CHOICE AND ACCESS TO WORLD CLASS CARE

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