

Information about Vaginal Rejuvenation

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I will try and answer several of your potential questions. My clinic consultation fee for patients who contact me through the internet is \$90. If you call (216) 393-9924, my office will arrange the appointment. I typically see patients on Monday afternoons and Thursday mornings. Financing is available through several companies that we work with. My patient care coordinator, Valerie, can provide more information. Her e-mail is valerie@clevelandplasticsurgery.com.

Vagina Rejuvenation:

"Vaginal rejuvenation" is a generic term for non-reconstructive vaginoplasty or labia modification. It may involve standard vaginoplasty (tightening of the vaginal introitus), labiaplasty (labia minora reduction), labia majora reduction, labia majora augmentation via fat grafting, clitoral hood modification and reduction, and pubic liposuction and/or lift (monsplasty). There is no one specific procedure attached to the term, "vaginal rejuvenation", and thus it is important for every patient to have a specific goal in mind when discussing this subset of surgeries with her physician. Dr. Medalie does not perform "G" spot injections or hymen reconstruction.

What is Labiaplasty?

Labiaplasty (Labioplasty) or Labia Minora Reduction is a surgical procedure that reduces and/or reshapes the labia minora - the skin surrounding the vaginal opening. In most women, the labia minora are seen only when the legs are separated. However, in some women, large labia minora are visible when the legs are not apart, or are barely separated, causing embarrassment, self-consciousness, and distancing in relationships. Enlarged labia may also be noticeable in tight fitting pants, and can cause discomfort during intercourse, with clothes, or with exercise. Enlarged labia are usually congenital but may be increased from hormonal changes or childbirth. The operation is outpatient and takes around 1-2 hours. Most of my patients have chosen to have the surgery with local anesthesia only and mild oral sedation (which is very well tolerated). The average cost including facility fee is around \$4000. The surgery is outpatient and takes around 1.5 hours. I recommend that patients take off 5 - 7 days from work and refrain from heavy exercise and sexual intercourse for 3 - 4 weeks. Pain is usually controlled by narcotics for the first several days and then ibuprofen (Motrin, Advil etc.) after that. Irritation can last for several months, but is usually transient. In general, this is usually a very well tolerated procedure.

How Does the Surgery Work?

Labia Minora reduction (Labiaplasty) is a procedure to correct enlarged Labia Minora. Various techniques are available for treating prominent labia minora. One approach utilized by many gynecologists and plastic surgeons is a simple removal of leading edge of the labia (the excess tissue that projects beyond the level of the labia majora), thereby shortening and reducing it. The edge is then repaired. This is the least complicated technique but also the least aesthetically pleasing. It does not tighten the remaining labia and leaves a long, flat scar along the top of the labia. This scar can remain irritated and sensitive for a long time. Some practitioners advertise for "laser labiaplasty". This use of a laser adds no benefit to the procedure and is essentially a marketing tool.

What is the "V" Wedge Technique?

There is a more sophisticated technique of labia minora reduction (labiaplasty) which preserves the contour, color, and anatomy of the labia minora edge. The excess labia are excised in a "V" manner and the upper and lower edges are sutured together. Therefore, the only suture line visible on the edge is a small transverse line instead of a long longitudinal vertical suture line. This significantly decreases the discomfort and visibility of the procedure.

The wedge technique of labia minora reduction is demonstrated. On the left, the patient is shown with a very redundant labia minora. The picture next to it demonstrates the markings used to plan the surgical resection of excess tissue



Labiaplasty-Intra-Op



This picture demonstrates the intra-operative appearance of the labia minora just before resection of redundant tissue and then immediately after. Please note that the tissue is swollen and the stitches quite visible. The swelling resolves rapidly and the visible stitches all dissolve within 10-14 days of surgery.

Labiaplasty Before and 1 Month After



In this picture, the surgery is complete and the patient is now one month out from the procedure. The black dot on the right hand picture points to the visible suture line. Note that the swelling has completely resolved and the stitches are gone. All that is visible at this point is a small pink line to mark the site of surgery. Within 3 months this line blends into the surrounding tissue and becomes almost invisible.



Labiaplasty before and after



Labia minora reduction before and after

What is Vaginal Rejuvenation?

As a woman's body ages, it goes through a number of changes. Wrinkles develop and skin sags. Fat deposits increase and muscle mass may decrease.

The vagina is no stranger to change either. While most young women have taut and stretchy vaginas, a number of women find that they lose vaginal tone and strength as they age. Some of this simply comes as a woman ages, and some of it comes from childbirth or simply because of the natural vaginal state. The severe strain put on the pelvis and the vagina in particular can cause the vaginal opening to be stretched, and it can cause a loss of tone in the muscles which surround the vagina.

Vaginal rejuvenation is a technique which is used to help increase the tone and tightness of the vagina. During vaginal rejuvenation, the vaginal opening and walls will typically be tightened, and the surgeon will also help to rebuild and reinforce some of the surrounding supportive tissue. All of this helps to return the vagina to a younger, tighter state.

Vaginal rejuvenation is not only a surgery designed to correct or perfect a physical condition, but it is also meant to boost the patient's confidence and help them achieve a better quality of life. After vaginal rejuvenation, a patient should return soon to their normal activities. Vaginal rejuvenation is a surgery that with the proper care will not interfere with the patient's quality of life and should show results in a very short time.

Why Get Vaginal Rejuvenation?

Reduced vaginal tone can be a contributing factor in a loss of sexual sensation and satisfaction. During sexual intercourse, a certain amount of friction is needed to ensure the ideal amount of pleasure for both partners. Oftentimes, a loose and weak vagina is unable to provide enough friction to give the woman or the man optimal pleasure. This can leave both partners with a feeling that sex isn't as good as it once was, and this in turn can result in a lowered interest in sex and a lowered level of intimacy. Restoring tightness to the vagina can increase sexual satisfaction for both partners.

What Problems Can Vaginal Rejuvenation Solve?

Vaginal rejuvenation can solve problems with sexual sensitivity that are directly related to a lack of vaginal tone or stretching of the vaginal mucosa from childbirth or episiotomy. If the vaginal walls or opening have been stretched too much during childbirth, vaginal rejuvenation can decrease their size. If a man feels like his wife's vagina is just too loose and the wife feels that his penis isn't thick enough to fill her up, vaginal rejuvenation may be able to help. Vaginal rejuvenation can also address issues where a lack of vaginal tone is caused by weak vaginal and perineal muscles.

What Can't Vaginal Rejuvenation Do?

Vaginal rejuvenation cannot solve every problem relating to female sexual function and pleasure. It cannot solve sexual problems that stem from emotional or relationship issues. It is not a solution for sexual dysfunction or anorgasmia. It cannot solve a low interest in sex, unless that low interest is an outgrowth of low sexual satisfaction due to vaginal relaxation. Vaginal rejuvenation only affects the vaginal introitus or opening. It does not typically address issues relating to the labia or the clitoris (for more information on how to address these issues, please see the information about labiaplasty).

Similarly, vaginal rejuvenation can't solve incontinence issues that are caused by weak pelvic muscles. It cannot solve urge incontinence, which is caused by overactive bladder muscles. It also cannot cure overflow incontinence, which occurs when the bladder doesn't fully empty.

How Is The Surgery Performed?

Vaginoplasty (vaginal rejuvenation) is designed to remove extra mucosa, plicate (tighten) the underlying muscle and close the defect in a way that tightens the vaginal vault. A diamond shaped piece of perineum and internal vaginal mucosa is removed to allow tightening of the underlying muscle and closure of the vaginal introitus (external opening). Typical tightness is to allow only two and one half finger breadths of space in the vaginal introitus (opening).

The operation is outpatient and takes around 1-2 hours. It is typically well tolerated and healing is similar in time and length to a standard episiotomy performed at childbirth. This must be performed in a surgery center under general anesthesia. The average cost including anesthesia and facility fee is around \$7000. It is less expensive if performed in combination with other procedures such as labiaplasty and clitoral unhooding.



In the OR, the vaginal introitus is marked with a diamond shaped pattern (left) starting outside in the perineum and extending for about 5 centimeters into the vagina. The picture on the right shows the final sutures at the end of the vaginal rejuvenation procedure.

The picture below shows a patient in the operating room who has had both a labiaplasty and a vaginoplasty. Stitches in the center of her labia minora represent the closure of her central labia minora wedge resections. The stitches at the base of her vagina represent the tightening of her perineum and posterior vagina to decrease the diameter of her vaginal introitus.



The picture below shows a patient in the operating room who has had both a labiaplasty and a vaginoplasty. On the left is her pre-op photo revealing loose and excessive labial skin as well as a blunted a widened posterior vagina. The post-op photo on the right reveals a narrowed vaginal introitus with smaller and tighter labia minora.





Vaginoplasty and labiaplasty before and after (see above). On the left is her pre-op photo revealing loose and excessive labial skin as well as a blunted and widened posterior vagina. The post op picture on the right reveals a much tighter vaginal introitus and longer perineum with narrowed vaginal base.