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## THE LOW DOWN ON 'DOWN BELOW'

Dr Victoria Manning explains why not all medical aesthetic practitioners are qualified to address female gynaecological concerns just because they're deemed aesthetic.

After qualifying as a GP in 2000 with a strong interest in women's health, a subsequent post as GPwSI in Gynaecology, and 15 years in medical practice, I believe I've had my fair share of experience in the nether regions.

However, after finally leaving the world of general practice to concentrate on aesthetic medicine why have I ventured back from treating faces to return to the nether regions of the female anatomy?

Women's health has the potential to be a sizable and rewarding sector of our aesthetic practice. Interestingly, patient interest in RealSelf's category of 'vaginal rejuvenation treatments' increased by 17% from 2016 to 2017, according to RealSelf's 2018 U.S. Laser & Energy Report, released in July. This figure is continuing to rise and may be attributed to the fact that there are more options available to women today which are safer, less invasive, less expensive and with less down-time.

The desire for vaginal rejuvenation has become a topic of interest in today's society, and this previously taboo subject has now found acceptance. As a result, an area previously stigmatised, has begun to translate into a growth opportunity for aesthetic clinics, with some already marketing vaginal cosmetic procedures. These are ahead of the game in this new sphere of functional cosmetic medicine.

The majority of our patients are women who consult us about their wrinkles, their ageing and sagging skin and their unwanted fat. During these treatments they talk about themselves, their lives and other health issues – which gives us an opportunity to address their functional concerns.

A high percentage of these women are peri/post-menopausal, and we know that up to 55 per cent of premenopausal women and up to 80 per cent of post-menopausal women describing some degree of urinary incontinence, with dryness in the

vagina affecting up to 40 per cent of postmenopausal women. Studies have shown that treating women's urinary incontinence and vaginal relaxation drastically improves their sense of well-being. A high percentage of my patients say they feel self-conscious about their anatomy post-childbirth.

### Common complaints at presentation:

- Unsightly 'chicken gibles' down below, unhappy with their appearance of minora due to its length, pigmentation or asymmetries
- Pain, discomfort or irritation from exercise or sports, especially cyclists and horse riders
- Unable to wear certain clothes, swimwear, skinny jeans
- Odour issues due to incontinence
- Reduced libido due to fear of pain, decreased sensation or friction during intercourse
- Lack of confidence/reluctance to participate in many and varied routine activities

So part of our consultation should encompass these additional wellbeing concerns because there are amazing nonsurgical ways to truly help our patients. We can now provide our patients with a holistic inside and outside treatment regimen to improve their quality of life.

There is absolutely no ideal vagina. All are unique in shape, size and other commonly experienced variables. Rejuvenation is not about creating a more 'ideal' vagina, but is focused on addressing common, debilitating symptoms that women may previously have been embarrassed or reluctant to admit suffering from.

As a growing number of practitioners are now jumping on the vaginal bandwagon offering treatments that claim to tighten and rejuvenate the vagina, is patient safety really at the forefront of patient care?

Would you honestly know one end of a Cusco speculum from another and which orifice to insert it in? Really?

The whole area of vaginal rejuvenation practice needs to be carefully examined including the efficacy and safety of such treatments, what product are being used, who is using them and most importantly how the potential benefits are being conveyed to the public. It is even more timely in a poorly regulated aesthetic medicine industry that we need to encourage good quality studies to confirm or deny the benefits of such treatments in the advancement of women's health.

## So what is going wrong?

As a multitude of devices are being promoted to the aesthetics industry - I think part of the problem is that now all of these devices are not only sold to medical practitioners; gynaecologists or GPs, but to beauty spas and general clinics. So people use them in practices when they're not familiar with how to use devices and products in the vagina. They may not be familiar with vaginal

physiology or anatomy.

## What are we actually treating?

Changes in the vaginal area can be exacerbated following childbirth and the menopause, leading to both cosmetic and functional concerns for women. The menopause is characterised by decreasing ovarian and adrenal function with alterations of growth hormone secretion. We can offer non-surgical treatments to rejuvenate the female external genitalia, creating more volume and hydration to labia majora, with an additional positive influence on a patient's psychological wellbeing brought about by such improvements.

These particularly appeal to cosmetically inclined women who are really taking a head-to-toe approach to anti-ageing solutions and this includes addressing their vaginal health concerns.

Vaginal rejuvenation procedures are on the whole minimally invasive. Nonetheless, a thorough and detailed consultation and examination is necessary. Motivations and expectations of the patient should be investigated. The practitioner must properly inform the patient, allowing for autonomous decision making. It is important to underline the necessity to rule out the possibility that a partner or parent is playing a role in coercing the patient to undergo the procedure.

## So why examine?

We need to look for normal physiological changes so we may treat appropriately both externally and internally. A vaginal examination is an intimate procedure that should only be performed when it is absolutely necessary and will provide information that will aid in the decision-making process (NICE, 2007). The examination should always be approached in a sensitive manner that maintains the dignity of the patient at all times and a chaperone should always be offered.



## Inspect the vulva

### Inspect external genitalia for signs of:

- **Ulcers** (e.g., genital herpes)
- **Abnormal vaginal discharge** (e.g. chlamydia or gonorrhoea)
- **Scars from previous surgery** (e.g. episiotomy)
- **Vaginal atrophy** (secondary to post-menopausal changes)
- **Masses** (e.g., Bartholin's cyst)
- **Varicosities** (varicose veins secondary to venous disease/ obstruction in the pelvis)
- **Inspect for evidence of vaginal prolapse** (a bulge visible protruding from the vagina). Asking the patient to cough as you inspect can exacerbate the lump and help confirm the presence of prolapse.

## Vagina, cervix and fornices

### Assess the vagina

Palpate the walls of the vagina for any irregularities or masses.

### Assess the cervix

- **Position**
- **Consistency** (hard/soft)
- **Os** (open/closed)
- **Cervical excitation** – severe pain on palpation of the cervix (may suggest pelvic inflammatory disease)

### Assess the fornices

- Gently palpate the fornices either side of the cervix for any masses.
- Palpate the uterus by a bimanual examination. This will allow assessment of the vagina, uterus and ovaries

### Assess the uterus

- **Size** – approximately orange sized in an average female
- **Shape** – may be distorted by masses such as fibroids
- **Position** – anteverted vs retroverted
- **Surface characteristics** – smooth vs nodular
- **Note any tenderness during palpation**

It is also important to be able to recognise the abnormal: A Bartholins cyst, HSV, Lichen Planus, Lichen Sclerosus, cervical erosions and cervical cysts and the more sinister lesions such as vulval carcinomas and cervical malignancies.

It is also extremely important to emphasise this cohort of patients may have a range of mental health issues, including anxiety, body dysmorphic disorder, depression or eating disorders.

GPs, plastic surgeons and gynaecologists have echoed the findings and say many women have a warped understanding of what is a 'normal-looking' vagina, due to the rise of internet porn and photo-shopped images of genitalia, and because more women are removing their pubic hair.

## 'Labial Puff' treatment

Labial fillers are used to increase the volume of labia majora (bigger genital lips).

As women age, lose a lot of weight, or give birth, their labia may change shape and become more floppy, lax, less full or deflated. Women may be disturbed by its appearance or develop discomfort during sex. Loss of tone and firmness of the labia majora can cause discomfort because of lost protection from excessive friction and impact. They may be also less sensation during intercourse. The loss of plumpness of labia majora can also lead to more dryness of vaginal skin, causing discomfort, irritation and pain during sex.

## Who should perform labial fillers?

These should without a doubt be carried out by a medical practitioner who has been trained to perform them; a skilled doctor or nurse who performs such procedures regularly would be ideal. Women must talk to their doctor before undergoing intimate surgery of any kind.

## What are the side effects of the procedure?

It is a safe procedure and side effects are rare. Swelling, redness, pain, itching, discolorations may occur. Hyaluronic acid filler very rarely migrates from the injection site but if it does it may give an undesirable appearance. Rarely there may be a reaction to the hyaluronic acid filler.

## Remember every woman is different and there is no normal or standard shape.

While, this injection is targeted at older women, there has been a recent surge in the numbers of young women turning to surgery to their intimate areas. Statistics from Transform Cosmetic Surgery showed a 45 per cent increase in the numbers of women enquiring about surgical procedures since 2010. The average age of patients has dropped from 35 to 28, with more women now choosing to have surgery for aesthetic rather than medical reasons. The most common reasons for the surgery are to 'tighten' the vagina after giving birth or wanting to improve the look 'down there'.

## Designer vagina - what are the options?

### Labiaplasty

When the labia minora becomes enlarged, the excess tissue is surgically removed to reshape it. Usually a day case, stitches are removed within a week. Results are permanent. Downtime: Up to five days.

### Vaginoplasty

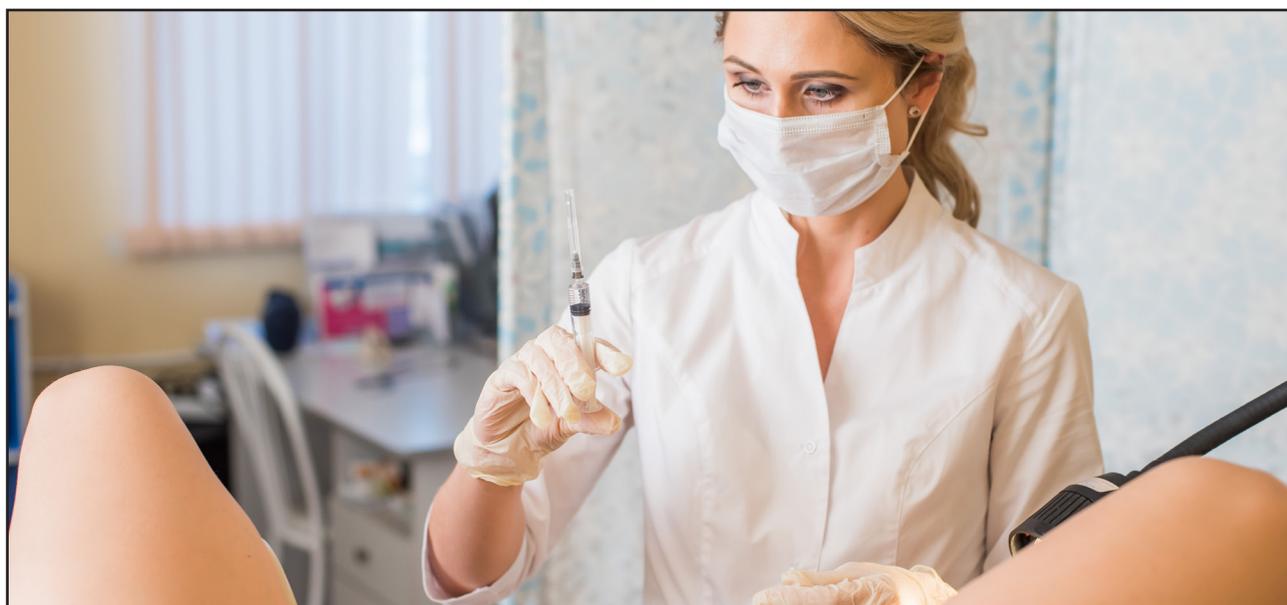
The vagina can become lax due to ageing and childbirth. The muscles are repaired and tightened, usually under general anaesthetic. Results are permanent. Downtime: Up to three weeks.

### G-Spot injection

This uses dermal fillers to make the G-spot more pronounced to enhance sex. This can increase the spot to the size of a 10p coin. It's usually carried out using local anaesthesia and results lasts up to one year. Downtime: None.

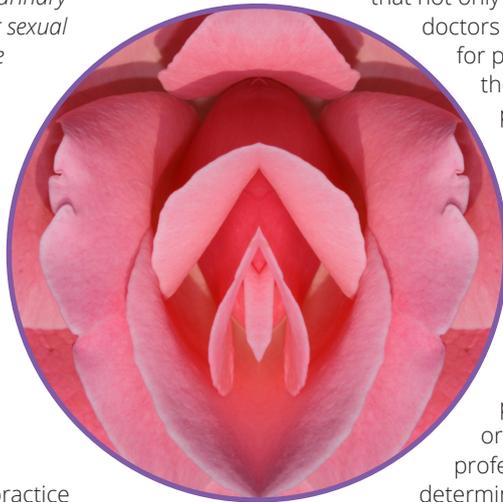
## FDA statement

In late July 2018 the FDA released a safety communication warning against the use of energy-based devices to treat a host of vaginal conditions and symptoms that fall under vaginal 'rejuvenation'. The purpose of the FDA communication was to "Alert patients and healthcare providers that the use of energy-based devices to perform vaginal 'rejuvenation,' cosmetic vaginal procedures, or non-surgical vaginal



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*procedures to treat symptoms related to menopause, urinary incontinence, or sexual function may be associated with serious adverse events. The safety and effectiveness of energy-based devices for treatment of these conditions has not been established."*



In our clinical practice we use the BTL Ultrafemme 360 from BTL Aesthetics UK. Not only does it have a wealth of clinical studies where patient safety is paramount and efficacy is discernible, the device is medically CE marked. This means that it is proven to be safe with its intended use as a radiofrequency-with-ultrasound combined device for controlled reduction of fat cells and the tightening of skin. The treatment of sexual dysfunction is therefore possible after vaginal delivery due to the improvement of vaginal laxity which in turn supports the pelvic floor.

As doctors we are able to treat 'off-label,' which, in this case, would be when we are using the energy-based devices to perform vaginal rejuvenation procedures. *"Although some devices are approved by the FDA, they are approved for a very specific use, which is not the performance of vaginal rejuvenation procedures. It is important for med spas and other healthcare professionals who are not gynae-cological trained to understand is that such 'off-label use' is subjected to the oversight of their medical boards."*

I feel it's imperative for medical spas and providers who provide vaginal rejuvenation options, or are thinking about adding these services to their practice, to review how they are, or will be, performing

these procedures. It is my opinion that not only should the doctors responsible for performance of the procedure be properly trained and qualified for it specifically, but they should also have a good understanding of any available scientific and clinical data relating to the procedure in order to, in their professional judgment, determine it safe for patients.

Finally, they need to ensure patients are being fully informed and understand the risks about the procedure, and that all information communicated satisfy laws, including those relating to advertising.

The latest technologies use radiofrequency or CO2 fractional energy to promote the improvement of the genital mucosa by stimulating the production of collagen and restoring blood flow. Energy can be delivered externally to the labia and mons pubis to address tissue laxity, and internally to improve the functional aspects of the vagina. In our clinic we use BTL Ultrafemme 360. This system uses radio frequency energy to heat the collagen and stimulate the production of new collagen fibres.

The beauty of these devices with a business hat on is that the procedures are typically performed in a clinic environment, are quick - usually without the need for an anaesthetic, and there is minimal to no discomfort, side effects or downtime for the patient. In the case of Ultrafemme 360 cases, it also involves a course of 3 treatment sessions, so patients return to the clinic periodically for maintenance sessions, providing an opportunity to upsell other treatments.



Patients already understand that radio frequency technologies and lasers help tighten skin, improve function/blood flow and overall skin quality. It makes sense to them that they can also be harnessed to treat genital areas, and these devices have been adapted on this premise:

## Laser/vaginal rejuvenation

This uses a laser for vaginal tightening and improves muscle tone and skin laxity. Six sessions of 15 minutes each are recommended. Downtime: Up to 10 days and the cost is around £1,000.

## Radio Frequency (RF)

RF uses a vaginal probe that heats up the lamina propria in the vagina to stimulate new collagen growth to improve laxity, used externally it can help plump up the labia. Downtime: None. Cost up to £1,800.

## Add to your treatment skill set

We offer a wide range of non-surgical vaginal rejuvenation treatments in all our River Aesthetic clinics, whether injectables or using a range of devices - and they are always carried out by myself or my medical partner Dr Charlotte Woodward. Such is our experience that we have become trainers for Desirial™ - a cross-linked hyaluronic acid dermal filler product that has been developed specifically for treating female vulvo-vaginal conditions.

If you want to introduce vaginal rejuvenation into your clinical portfolio it is deemed good medical practice to ensure that you have a fully trained medical practitioner who is experienced in women's health, understands the physiology, the anatomy and importantly has an approachable, lovely bedside manner to carry out the treatments.

River Aesthetics Training Academy ([www.riveraesthetics.com](http://www.riveraesthetics.com)) is running a series of one-day training courses for medical practitioners who are experienced with intra-dermal volumisation techniques using a cannula, in addition to having prior gynaecological knowledge and are interested in adding vaginal rejuvenation to their portfolio of treatment modalities.