Vaginoplasty: Is it for you?

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Not so long ago, a frank discussion about the appearance of the female body “below the belt” was relegated to secret discussions among women or more likely, only between a woman and her gynecologist. However, like everything else, this too is changing.

The internet, as well as mainstream media is buzzing about a so-called “Mommy Makeover.” During the past few years, the number of women seeking cosmetic surgery to help them achieve their pre-childbirth bodies increased dramatically. Coined a “Mommy Makeover” or a “Mom Job,” the most common fixes include breast lifts, breast augmentation, tummy tucks and liposuction.

However, for multiple reasons, women are also seeking to improve the looks and perhaps the functionality of the more private areas of their bodies. Dialogue about what was generally considered a taboo subject is leading women to ask if their genitalia are “normal.” Again, articles in women’s magazines and the general media are contributing to an increase in public awareness about procedures such as vaginoplasty or vaginaplasty.

In some instances, this open dialogue is creating more questions than answers. It is our hope that this article will help answer some of your general questions. It is also likely you’ll have other questions and concerns about your specific situation. If so, a personal consultation is in order. More information about our practice is available at the end of this article.

What is vaginoplasty?

In short, it is a cosmetic procedure, which involves performing aesthetic enhancement of the entrance and outermost portion of the vagina. You may also hear of the procedure termed vaginaplasty, vaginal rejuvenation, esthetic vaginal surgery, cosmetic vaginal surgery, or laser vaginal rejuvenation.

This cosmetic procedure is performed to tighten, rejuvenate and improve the cosmetic appearance and function of the vagina and to enhance sexual satisfaction. Unwanted changes including the loosening of tissues that happen with childbirth, age, hormonal changes and activity.

Another closely related procedure is labioplasty, which alters the labia minora and/or the labia majora.

According to plastic surgery data, procedures altering women’s genitalia have experienced the largest increase by percentage in the past few years. Women are realizing they can change areas of their body that cause them embarrassment. Whether for improved sexual experiences, self-esteem, or issues related to physical function and discomfort; women are asking questions and physicians are answering them openly and honestly.

Do medical terms confuse you?

Unfamiliar terminology only muddies the issue. To fully understand procedures such as vaginoplasty, you’ll want to know what the physician is talking about. Here’s a quick glossary of terms that might help:

• Clitoral hood reduction: Also known as hoodectomy, it removes excess skin from
above the clitoris, which increases clitoral sensitivity; it can be combined with labiaplasty.  
- **Clitoris**: The female's most sensitive erogenous zone. Located near the top of the labia; it is not altered during labiaplasty.  
- **Labia minora**: Inner lips, literally translated as “small lips.” Their purpose is to protect your vagina and urethra (the tube that carries urine from the bladder to the outside of your body) from bacteria.  
- **Labia majora**: Outer, hair-bearing lips. They enclose and protect the other external reproductive organs. They contain sweat and oil-secreting glands.  
- **Labiaplasty**: Surgical alteration only to the labia minora and/or labia majora.  
- **Vagina**: It is an internal structure leading from the uterus (womb) to the outside of the body. Many people erroneously use the word vagina to refer to everything between a woman's legs.  
- **Vaginoplasty**: Elective cosmetic surgery that can increase the sensitivity and restore the tightness of the vagina; sometimes it is performed with labiaplasty.  
- **Vulva**: The external, visible part of a woman's genitalia comprised of the clitoris and the external and interior lips (labia majora and labia minora).  
- **Hymen**: A thin membrane that is the formal “door” to the vaginal canal proper. Surgery of the hymen involves either opening it (hymenotomy) or repairing it (hymenorrhaphy) or hymenoplasty.

**What is cosmetic versus reconstructive surgery?**

The female genitalia, like the rest of the body, differ in what is considered normal, in both appearance and functionality. There really is no one "look" or right way for a vagina and labia to be formed. There is a large variability in what is considered normal. Surgical procedures terminology also differs depending on the surgical reason.

For instance, reconstructive surgery improves the function of a body part, while cosmetic surgery changes the aesthetics of essentially normal anatomy. You can think of it like a nose job: a surgeon can restructure the interior nasal cavities to help you breathe better or reshape the nose, just for the sake of appearances.

You have most likely heard of the more common reconstructive vaginal procedures. These might include procedures to treat pelvic organ prolapses like cystocele (bladder prolapse), uterine prolapse (dropped uterus), vaginal prolapse (dropped vagina) after a hysterectomy, enterocele (dropped intestines), rectocele (dropped rectum), as well as the urethral procedures which are performed for problems of the urethra. Urethral problems show up as loss of urine (leakage), difficulty with urination, or a slow flow.

On the other hand, the loosening of tissues that happen with childbirth, age, hormonal changes and activity may affect sexual sensitivity. Surgery for the sake of improving the look and sexual response of the genital area is generally considered cosmetic. As with other cosmetic procedures, patients list the benefits of vaginoplasty as increased beauty, more confidence and a higher self-esteem.

We caution you, however. Like any surgery, you should only consider these procedures after consulting with a licensed and respected physician.

**Why do women get vaginoplasty?**
Some reasons why you might consider vaginoplasty include:

- Vaginal looseness because of childbearing, trauma, or simply aging
- Decreased sexual sensitivity
- Restoration of confidence and self-esteem

Although vaginoplasty can correct medical issues, insurance companies generally deem it cosmetic or elective surgery. If, however, the procedure helps the patient medically, insurance approval may be possible.

What can I expect?

Your first step is to schedule an appointment for a consultation. You'll need to be honest with your doctor so he can determine whether surgery should be considered and what the best course of action will be. Make certain you share all your concerns: physical, sexual, emotional, and medical. This frank discussion should include your lifestyle as well as medical history and why you are seeking surgery.

Vaginoplasty may enhance sexual response but you should also keep in mind that libido, arousal, and achieving orgasm are very personal activities and there are multiple factors that are involved in this equation. It is because of this that the surgeon must not only be an expert in cosmetic and reconstructive procedures, but also in the other factors that may affect and treat sexual dissatisfaction.

The physician will examine you and discuss your option(s), including expected results, methods, potential risks, etc. After listening to your desires and assessing the degree of tissue changes, the best approach is determined. Based on the discussions, the doctor may suggest additional and/or different procedures.

Some of the procedures commonly performed with vaginoplasty are labia majora and labia minora labioplasty. Others generally considered cosmetic include hymenoplasty, clitoral hood reduction, fat transfer, and liposuction of labia majora. Reconstructive procedures might include cystocele repair, rectocele repair, enterocele repair, uterine suspension, vaginal suspension, and slings for urinary incontinence. After the surgeon discusses all potential procedures and related questions, the procedure(s) will be scheduled.

Can you explain more about vaginoplasty?

During vaginoplasty, the excising, moving or rejoining and reattaching of the tissue and muscles of the vaginal area will change the appearance of the vagina and improve functionality.

The structures involved are the mucosa and surface tissue along with the underlying fat, fascia, and muscles. At the surface level, the mucosa of the vagina or the epidermis and dermis in the vulva, are excised and re-approximated to tighten them or to even out any differences in size. Surgeons can also rearrange these skin tissues to enhance the appearance or to eliminate an area with scars or color variance.

In most parts of the body, underneath the skin is a certain amount of fatty tissue. This fatty tissue is a major reason women look different from men. Normal weight women have 20-25% body fat versus a man's 10-15% fat. Not only does the amount of fat differ, but also the distribution and where it accumulates. It is because of this fat that it is difficult to see the muscle
definition in women (unless they are using male hormones) that is seen in men. Also, this fat gives women the body curves that define female beauty.

There is a layer of fat all-round the opening of the vagina and up to the hymen. Once past this thin membrane, the anterior and posterior walls have little to no fat between the mucosa and the stronger tissue called the fascia. The walls on either side do have collections of fat that increase and decrease with changes in weight.

The fascia prevents the pelvic organs from dropping and forming hernias. If the bladder herniates through the fascia, it is a cystocele. Likewise, a small intestine herniation is an enterocoele and the rectal herniation is a rectocele. Once the fascia is torn, most commonly during childbirth, this defect only gets bigger with time. There is nothing to prevent its progression in becoming a larger opening and developing into a bigger hernia.

**How much do Kegel exercises help?**

Under the fatty tissue on the sides of the vagina are the levator ani muscles, commonly known as the pelvic floor muscles. Every mother has heard of these muscles. Right after delivering her baby, the nurses in the post-partum floor teach Moms how to do Kegel exercises, so that the pelvic organs go back to their proper position.

Popular women magazines frequently publish articles that talk about these exercises, but for a different reason: to enhance sexual pleasure not only for the woman, but also for her partner. Unfortunately, at the time of delivering babies, these muscles can suffer tears of its fibers or worse yet; the nerves that control these muscles are torn. Eventually the muscles become weak and flaccid.

These muscles are also frequently torn from their ligaments, which results in the same outcome, an inability to squeeze them. In these cases, in order to do a proper repair and return function to these muscles, it is imperative to attach them to their original ligaments. In theory, it is like a sailboat when the sails are flapping freely in the wind, the boat will not move at all. On a breezy day, once you attach them to the mast, you will enjoy a pleasant ride on the blue water of the ocean.

Your doctor can apply the same surgical techniques used to repair torn pelvic floor muscles to enhance sexual gratification. Of course, it is important to obtain a concise medical history and physical exam to determine the exact reason for decreased libido and its accompanying decrease in lovemaking enjoyment. Because there are so many differing reasons, the cosmetic pelvic surgeon must be proficient in many techniques to help a patient to achieve their sexual relations goal.

**What surgical method is used in vaginoplasty?**

As in any surgery, the surgeon will cut tissue during a vaginoplasty. There are different tools for cutting. The oldest and the one used the most is the scalpel. This instrument is sharp; the cut is clean and causes minimal injury to the tissue next to the incision. The surgeon can also use a very thin sharp scissor. The one possible problem with these “cold cutting” methods is bleeding.

Because of this, other methods of cutting that control bleeding were developed. Cautery with electricity, laser, radiofrequency, ultrasonic and plasma energy are all modalities that cut and control bleeding but they do it by creating heat to different degrees.
Unfortunately, heat causes damage to nearby tissue. It not only controls bleeding but it directly and indirectly harms cells as it closes the blood vessels, which means they no longer deliver oxygen and nutrients to help heal the cut.

It is because of these factors that the cosmetic surgeon must be acquainted with all these modalities and use the appropriate one to get the fastest healing with the best esthetic result and the least negative after affects.

**Is there a non-surgical option?**

Currently, there is one non-cutting, non-surgical, method to tighten the vagina. Fotona Laser vaginoplasty works much the same way that facial skin tightening is performed. The laser machine heats the fascia, which is the tough tissue underlying the surface mucosa, without causing any damage to the surface tissue. The heat causes immediate tightening.

Gradually over the following months after treatment, there is new collagen and elastin formation that further strengthens and tightens the vagina. Multiple treatments about three weeks apart are necessary. The treatment, along with a special diet, helps heal and tighten the vagina.

**If I schedule surgery, what type of anesthesia is used?**

Your doctor can use either local or a general anesthesia, although most doctors prefer local. Dr. Menchaca performs vaginoplasty under local anesthesia, in his office surgical suite. A mild oral sedation is available if requested.

No pain is felt at all after injecting the local and throughout the procedure, which can take anywhere from 30 minutes to 2 hours depending on the amount of work necessary. Since we perform the surgery under local anesthesia, you will be able to walk right after the procedure is finished. Please make certain you have a driver available to take you home, however.

**What happens after surgery?**

A dressing, similar to a pad worn during menstruation is applied. Continue to wear these pads until all spotting diminishes. You should plan to curtail activity, including work, for 5 to 7 days. You may also apply cool compresses to reduce swelling. Some bruising and bleeding is natural.

**How soon can I resume activities?**

Patients may go back to their daily routines after one week but with caution. You should avoid the use of tampons, douching and strenuous activity, as well as sexual intercourse, for 4 to 8 weeks.

**Why use Dr. Menchaca?**

Dr. Menchaca is fellowship trained in the subspecialty of Urogynecologist and Pelvic Reconstruction, which deals with reconstruction of pelvic organ defects. Because of this training, he has successfully performed thousands of reconstructive and cosmetic procedures, including vaginoplasties and labioplasties.
He is a nationally known practitioner, teaching hundreds of surgeons the art of reconstructive and cosmetic female pelvic surgery. He has been a proctor for many of the largest companies that make instruments, tissue grafts and mesh for vaginal surgeries. These include Gynecare, Johnson and Johnson, American Medical Systems, Bard Medical, Mentor Medical, Coloplast, I Flow, Gyrus ACMI, Caldera, and Boston Scientific. Dr. Menchaca is also the first surgeon to obtain the Fotona laser equipment in the United States to perform non-surgical laser vaginoplasty.

Each year, Dr. Menchaca attends reconstruction and cosmetic surgical conferences to keep up-to-date with the latest techniques and trends. Read more about Dr. Menchaca on his practice's website.

Are you ready for the next step?

If you currently experience any of the situations we’ve discussed, are ready to learn more about exploring solutions, it is time to schedule a confidential consultation. We will share testimonials and pictures with you during your exam and conference. Whichever course of action we agree on for an optimal outcome, you can take comfort in knowing you are working with an accredited and caring physician.