

## New Technologies in Surgical Approach of Genital Reconstructive Surgery and Human Sexuality

Gabriel A Femopase\*, Martin Sabado and Sofia Femopase

Professor, Fundación Sexologica Argentina, Departamento G Cordoba, Argentina

\*Corresponding Author: Gabriel A Femopase, Professor, Fundación Sexologica Argentina, Departamento G Cordoba, Argentina.

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### Abstract

**Introduction:** Any medical or surgical procedure, which intervenes on the genitals, is an act of personal eroticism. If we rely on the anatomy, physiology and sexual response, we will make genital surgery meet its goal, improving women's sexuality. VIER (vaginal internal and external repair) beyond an acronym, is a concept that emerges from the analysis and concrete observation philosophical aspects cos, natural, humanistic, sociological and sexological nature of women.

**Materials and Methods:** A transverse quantitative, descriptive study. The sample was made of 138 patients who met the inclusion criteria. The surgery consisted of resection, by applying CO2 laser (10600 nm), excess or abnormal tissues of the genital region.

**Results:** Four months after the procedure was re-evaluated with FSFI questionnaire observing that all women were able to increase their total score but not all of them exceeded the range of difficulty sex: 3.6% of women increased their score but did not exceed an overall score of 25 points while 96.4% increased their total score above 26 resulting in the absence of sexual difficulty. The only observed complication was dehiscence of sutures in 1.4% of women.

**Conclusion:** In this study almost all women undergoing this procedure showed marked improvement in their symptoms understanding that after the procedure they did not present sexual difficulties. Medical procedures using technology to correct difficulties associated with pleasure and the right to have orgasms, are directly related to human rights; making them essentially ethical. That is why we design the surgery from a sexological look and physiologic genital, and with the awareness that we are working on the biographies of women.

**Keywords:** *Surgical Approach; Genital Reconstructive Surgery; Human Sexuality*

### Introduction

Any medical or surgical procedure, which intervenes on the genitals, is an act of personal eroticism. If we rely on the anatomy, physiology and sexual response, we will make genital surgery meet its goal, improving women's sexuality.

Surgery is designed according to the anatomy and/or difficulty of each woman. Within anatomic variants involved are: the hypertrophy of labia minora, the asymmetry thereof excess skin and/or recesses of the cap uni or bilateral clitoral, the presence of fibrosis or posterior membrane fork [1-3]. In order to reach this we must use the best available technology, the CO<sub>2</sub> laser, which allows surgery where accuracy is essential to respect the integrity of the region innervated by the pudendal nerve.

VIER beyond an acronym, is a concept that emerges from the analysis and concrete observation philosophical aspects cos, natural, humanistic, sociological and sexological nature of women. VIER is a concept then able to defy the standard knowledge about sexuality, questioning much knowledge now plays in addressing the notions of sex, bodies, pleasure, desire, sexuality.

Life expectancy has increased over the years, and medicine has had to adapt to this new challenge, not ignoring that this must be accompanied by quality of life and within this topic sexuality takes a central role. Making reference to sexuality we must understand that it is a difficult area to evaluate and translate into concrete results, but by certain questionnaires and tools can be approximated to an ideal.

We use the FSFI questionnaire that allows us to comprehensively evaluate these aspects, among which are: pain, lubrication, arousal, desire, orgasm and satisfaction with a given score for each of these variables, obtaining an overall score. A study by Rosen et al conclude that an overall score of 19.2 + - 6.63 refers to women with some difficulty sexual and overall score of 30.5 + - 5.2 includes women without sexual difficulties [4].

Epidemiological studies estimate that up to 76% of women, depending on their age, have sexual dysfunction, either decreased libido, vaginal dryness, painful intercourse, decreased genital sensation and difficulty or inability to achieve orgasm, thus affecting their quality of life [5-7].

Orgasm is the result of the preputial-glandal-labial complex traction, this and its correct operation can be affected by different anatomic abnormalities.

Comprehensively assess women is essential for the proper management of sexual difficulty. Physical examination will allow us to identify and analyze the genital anatomy, injuries or scars that generate pain. When dyspareunia is prolonged in time, it begins to affect desire, arousal, lubrication, and thus the recovery after surgery is slower indeed we need to work on sexological advice. Let's remember that in the genital stimulation is generated, but it is the brain that is responsible for giving a sense [8,9].

The biological effects generated by the laser depend on the wavelength (nm 10600 CO<sub>2</sub>), this will determine the absorption and penetration in relation to the optical characteristics of the target tissue. Selective photothermolysis refers to the production of selective thermal damage of a target structure to which is administered a sufficient energy, for a time equal or lower than the thermal relaxation. With a CO<sub>2</sub> laser, this is done by vaporization of intra and extracellular water.

Thus, the CO<sub>2</sub> laser allows us to work with great precision and respect the integrity of the genital structures [10,11].

### Goals

- Analyze the changes observed in sexual response of women on whom VIER surgery was performed.
- Evaluate postoperative satisfaction.
- Inquire about postsurgical complications.

### Materials and Methods

A transverse quantitative, descriptive study, which took place in the city of Cordoba, Argentina, in the period elapsed between March 2015 to March 2018. The sample was made of 138 patients who met the inclusion criteria (sequential sampling).

### Inclusion criteria

- Women between 18 and 60 years old who consult for vulvovaginal surgery.
- Women who present some difficulty in sexual relationship their genital anatomy.
- Women who perform surgery VIER.

### Exclusion criteria

- Women with sexual dysfunction anatomical origin of non-genital female
- Women with genital cancer coursing
- Women with active inflammatory process that generates sexual dysfunction.
- Women performing genital surgery VIER only for aesthetics, without presenting sexual dysfunction.

### Process

Anamnesis of women accompanied by FSFI questionnaire that allowed us to capture aspects of sexuality was performed in a standardized manner. 19 questions by desire, orgasm, satisfaction, pain, lubrication and arousal was assessed. This questionnaire was completed in the first medical visit and then the four postoperative months. This also was assessed by a postoperative questionnaire and through weekly checks (during the first month) to register the presence of any postoperative complication (surveys attached).

The surgery consisted of resection, by applying CO<sub>2</sub> laser (10600 nm), excess or abnormal tissues of the genital region. We cannot standardize surgery cause of every woman is evaluated from its anatomy, physiology and sexuality, thus generating a customized surgical practice. Tissues are vaporised with CO<sub>2</sub> laser, not labioplastia is performed by cutting them. The surgical technique deals with great precision the clitoral hood and possible lateral folded by using laser.

Regarding the vaginal approach, Femilift (Alma Laser, Fractionated CO<sub>2</sub>) was used in cases of vaginal atrophy and vaginal hyperlaxity.

In those cases that presented severe vaginal hyperlaxity or vaginal tears, a wedge resection (with a CO<sub>2</sub> laser cutting tip) of vaginal tissue and subsequent suture of the same (these patients needed spinal anesthesia) was performed.

Their tissue with Vicryl 5/0 to separate points were sutured.

Genital hygiene measures, local ice, analgesia demand if necessary and antibiotic therapy is indicated for seven days.

Weekly controls were performed during the first postoperative month and then monthly up to four months.

### Analysis of data

The results were obtained by a descriptive statistical analysis of the variables.

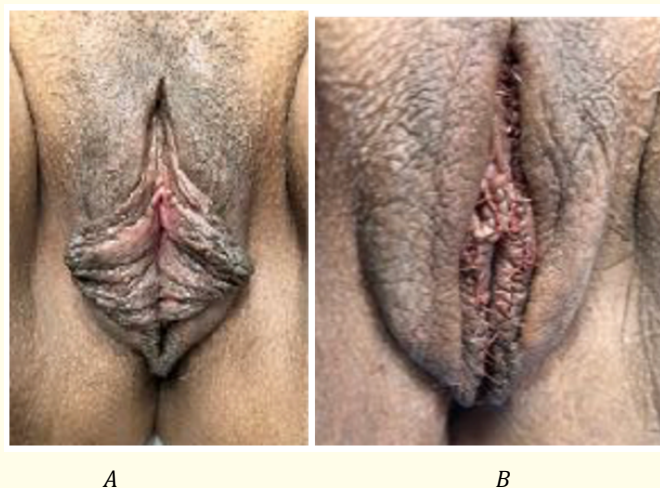
### Results

The age of the operated women was in a range between 20 and 59 years with a mean of 42.1 years. Pre-surgery questionnaires were evaluated, which met the criteria for sexual difficulty (19.2 + - 6.63), understanding that this requirement was the inclusion criteria. Four months after the procedure was re-evaluated with FSFI questionnaire observing that all women were able to increase their total score but not all of them exceeded the range of difficulty sex: 3.6% of women increased their score but did not exceed an overall score of 25 points while 96.4% increased their total score above 26 resulting in the absence of sexual difficulty.

In assessing the immediate postsurgical pain (first week) 79.7% of women referred a very mild pain, 18.1% reported mild pain and moderate pain 2.1%.

When asked about how they would describe the general postsurgical course (per month) 55.7% described it as good and 44.2% very good.

The only observed complication was dehiscence of sutures in 1.4% of women.



**Figure 1:** Image A Presurgical and Image B immediately after surgical.



*C* *D* *E*  
**Figure 2:** Image Presurgical C, D postsurgical immediately, image E postsurgical one month.



*F* *G*  
**Figure 3:** Image F Presurgical, Image G immediate postsurgical.





H

I

**Figure 4:** Image H Presurgical and Image I postsurgical immediately.



J

K

L

**Figure 5:** Image J Presurgical, K intraoperative and Image L postsurgical.



M

N

**Figure 6:** Image M presurgical. Image N after a month of evolution.



O

P

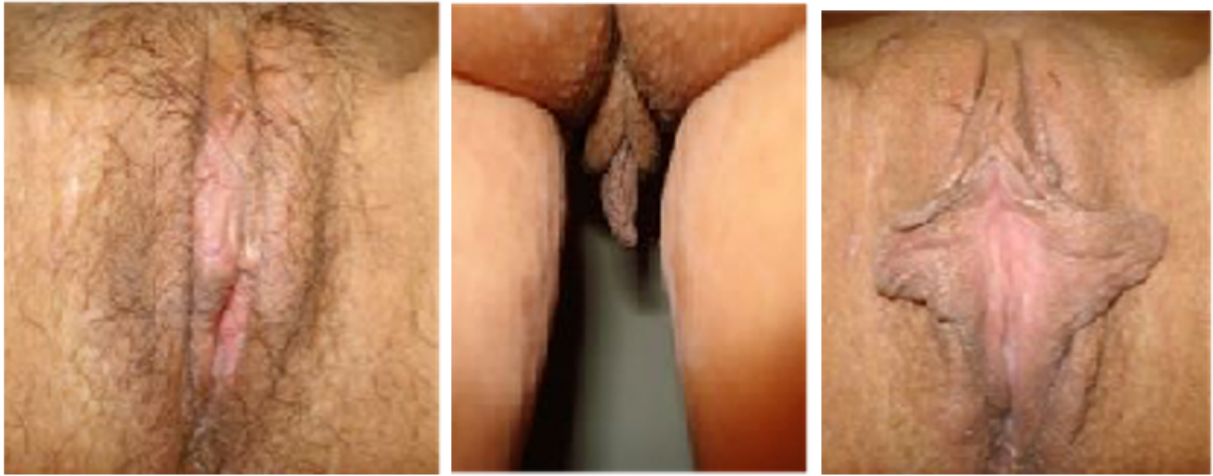
**Figure 7:** Image M presurgical. Image N after a month of evolution.



Q

R

Figure 8: Q presurgical image. Image R postsurgical one month.



S

T

U

Figure 9: Image S and T presurgical. Image U postsurgical one month.





V

W

**Figure 10:** Image V presurgical. Image W postsurgical one month.



X

Y

**Figure 11:** Image X presurgical. Image Z one month postsurgical.

### Discussion and Conclusion

VIER surgery is a surgical technique performed based on aesthetics, symmetry and physiology of sexual response, so that the precise approach that allows the CO<sub>2</sub> laser, it is essential for execution.



In this study almost all women undergoing this procedure showed marked improvement in their symptoms understanding that after the procedure they did not present sexual difficulties. It should be noted that while all women showed improvement in sexual response, 3.4% of them had a postoperative score that failed to overcome the threshold considered for difficulty sexual. This is where sexological advice becomes more relevant.

Anticipatory anxiety that generate chronic dyspareunia, in some women, does not allow full recovery of sexual response, so these can be addressed with different sexological strategies.

As we can see in the results, surgery has a great positive impact on the sexual response on women who underwent surgery.

Postsurgical is well tolerated and complications are rare and minor. This surgical technique with CO<sub>2</sub> laser allows us to intervene on the clitoral hood and side folds accurately and with excellent results being difficult to perform by other methods. At the same time, it generates no damage to surrounding tissue and subsequent edema is mild. It vaporizes and generates hemostasis while allowing us to work more comfortably.

Medical procedures using technology to correct difficulties associated with pleasure and the right to have orgasms, are directly related to human rights; making them essentially ethical.

That is why we design the surgery from a sexological look and physiologic genital, and with the awareness that we are working on the biographies of women. Understand that act on personal eroticism will lead us towards a more personalized medicine.

### Annexes

#### Postsurgical questionnaire FRI

- A. How would you rate classify pain in the immediate postoperative (first week)?
  - 1. very mild
  - 2. Mild
  - 3. Moderate
  - 4. High
  
- B. How would you describe the overall postsurgical (per month)?
  - 1. Very bad
  - 2. Bad
  - 3. Good
  - 4. Very good

#### Registration complications

Controls weekly physical examination is performed during the first month and then monthly monitoring with up to four months. Record complications observed:

- 1. Dehiscence
- 2. Hematoma
- 3. Infection
- 4. other

## Female sexual function index

### Instructions

These questions are about your sexuality during the last 4 weeks. Please answer the following questions as honestly and clearly as possible. Your answers will be kept completely confidential.

Definitions Sexual Activity: It refers to fondling, foreplay, masturbation and sex.

Sex: It is defined as the penis enters the vagina.

Sexual stimulation: It includes sex play with a partner, self-stimulation (masturbation), or sexual fantasies.

### Check only one alternative per question

Sexual desire or interest It is the feeling that includes desire to have a sexual experience, feeling receptive to sexual solicitation of partner and thoughts or fantasies about having sex.

1. In the past 4 weeks, how often have you felt How sexual desire or interest?
  - a. Always or almost always
  - b. Most times (more than half)
  - c. Sometimes (about half)
  - d. Rarely (less than half)
  - e. Rarely or never
2. In the last 4 weeks, how would you rate your level (intensity) of sexual desire or interest?
  - a. Very high
  - b. High
  - c. Moderate
  - d. Low
  - e. Little or nothing

Sexual arousal It is a feeling that includes both physical and mental aspects of sexuality. It may include warmth or beating on the genitals, vaginal lubrication (moisture) or muscle contractions

3. In the past 4 weeks, how often did you feel with sexual arousal during sexual activity?
  - a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
4. In the last 4 weeks, how would you rate your level of sexual arousal during sexual activity?
  - a. I have no sexual activity
  - b. Very high
  - c. High
  - d. Moderate

- e. Low
  - f. Little or nothing
5. In the past 4 weeks, how much confidence do you become aroused during sexual activity?
- a. I have no sexual activity
  - b. Very high confidence
  - c. high confidence
  - d. moderate confidence
  - e. low confidence
  - f. Very low or no confidence
6. In the past 4 weeks, how often did you feel satisfied with your arousal during sexual activity?
- a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
7. In the past 4 weeks, how often did you feel with lubrication or vaginal moisture during sexual activity?
- a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
8. In the last 4 weeks, it is difficult lubricated (wet) during sexual activity?
- a. I have no sexual activity
  - b. Extremely difficult or impossible
  - c. Very difficult
  - d. Hard
  - e. Little difficult
  - f. I It is not difficult
9. In the past 4 weeks, how often it keeps lubrication (moisture) vaginal until completion of sexual activity?
- a. I have no sexual activity
  - b. Always or almost always I keep
  - c. Most times I keep (more than half)
  - d. Sometimes I keep (about half)
  - e. I keep rarely (less than half)
  - f. Almost never or never I maintain vaginal lubrication to the end

10. In the last 4 weeks, Is it difficult to maintain your lubrication (moisture) vaginal until completion of sexual activity?
  - a. I have no sexual activity
  - b. Extremely difficult or impossible
  - c. Very difficult
  - d. Hard
  - e. Little difficult depends on many factors especially the stage of the cycle and fatigue
  - f. I It is not difficult
11. In the past 4 weeks, when you have sexual stimulation or intercourse, how often you reach orgasm or climax?
  - a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
12. In the past 4 weeks, when you have sexual stimulation or intercourse, Is it difficult to achieve orgasm or climax?
  - a. I have no sexual activity
  - b. Extremely difficult or impossible
  - c. Very difficult
  - d. Hard
  - e. Little difficult
  - f. I It is not difficult
13. In the past 4 weeks, how satisfied are you with your ability to reach orgasm (climax) during sexual activity?
  - a. I have no sexual activity
  - b. Very satisfied
  - c. Moderately satisfied q Lubrication is what most influences
  - d. Neither satisfied nor dissatisfied
  - e. Moderately dissatisfied
  - f. Very dissatisfied
14. In the past 4 weeks, how satisfied are you with the existing emotional closeness during sexual activity between you and your partner?
  - a. I have no sexual activity
  - b. Very satisfied
  - c. Moderately satisfied
  - d. Neither satisfied nor dissatisfied
  - e. Moderately dissatisfied
  - f. Very dissatisfied



15. In the past 4 weeks, how satisfied are you with your sexual relationship with your partner?
  - a. Very satisfied
  - b. Moderately satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Moderately dissatisfied
  - e. Very dissatisfied
16. In the past 4 weeks, how satisfied are you with your overall sex life?
  - a. Very satisfied
  - b. Moderately satisfied by the above
  - c. Neither satisfied nor dissatisfied
  - d. Moderately dissatisfied
  - e. Very dissatisfied
17. In the past 4 weeks, how often you feel discomfort or pain during vaginal penetration?
  - a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
18. In the past 4 weeks, how often you feel discomfort or pain following vaginal penetration?
  - a. I have no sexual activity
  - b. Always or almost always
  - c. Most times (more than half)
  - d. Sometimes (about half)
  - e. Rarely (less than half)
  - f. Rarely or never
19. In the last 4 weeks, how would you rate your level (intensity) of discomfort or pain during or following vaginal penetration?
  - a. I have no sexual activity
  - b. Very high
  - c. High
  - d. Moderate
  - e. Low
  - f. Little or nothing

Domain	Question	Punctuation	Factor	Minimum	Maximum
Wish	1 - 2	1 - 5	0,6	1,2	6
Excitation	3 - 6	0 - 5	0,3	0	6
Lubricates	7 - 10	0 - 5	0,3	0	6
Orgasm A	11 - 13	0 - 5	0,4	0	6
Satisfaction	14 - 16	0 - 5	0,4	0,8	6
Pain	17 - 19	0 - 5	0,4	0	6
			Range or Total	2	36

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