



ESTÉTICA VULVOVAGINAL

3º Curso Universitario de Formación en Climaterio
AAPEC 2016

Presencial Anual Teórico-Práctico



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Encargado de la Sección de Uroginecología y Piso Pelviano.
(Hospital General de Agudos “JM Ramos Mejía”- CABA)**



GINECOLOGIA COSMETICA CONCEPTOS

Cirugía Cosmética Ginecológica

El enorme incremento en el número de clínicas de cirugía estética genital , combinada con el aumento de la concientización , la accesibilidad y asequibilidad, ha hecho de esta área de la cirugía ginecológica un tema muy popular para los críticos .





Desde fines de la década del 90, el concepto de estética aplicado a la genitalidad ha ido tomando auge; los medios de comunicación y personalidades mediáticas difundieron este tema al público general y actualmente la perspectiva de embellecimiento involucra también al área genital.

En la actualidad la mujer observa sus genitales y se preocupa por su aspecto, morfología y funcionalidad”

El tremendo interés de los medios, alimentado por los programas de televisión tales como “Designer Vaginas” y “The Perfect Vagina” han alentado a las mujeres a buscar ayuda para su "problema". El marketing agresivo ha aumentado la demanda de estos procedimientos y les ha permitido prosperar a pesar de la escasez de evidencias .

- Cirugía íntima femenina
- Cirugía estética vulvovaginal
- Cirugía plástica reparadora vulvovaginal
- Ginecología estética
- Refreshing vulvovaginal
- Rediseño vulvo vaginal
- Cirugía cosmética vulvovaginal
- Lifting vaginal
- Estética íntima femenina

MEDICINA

O

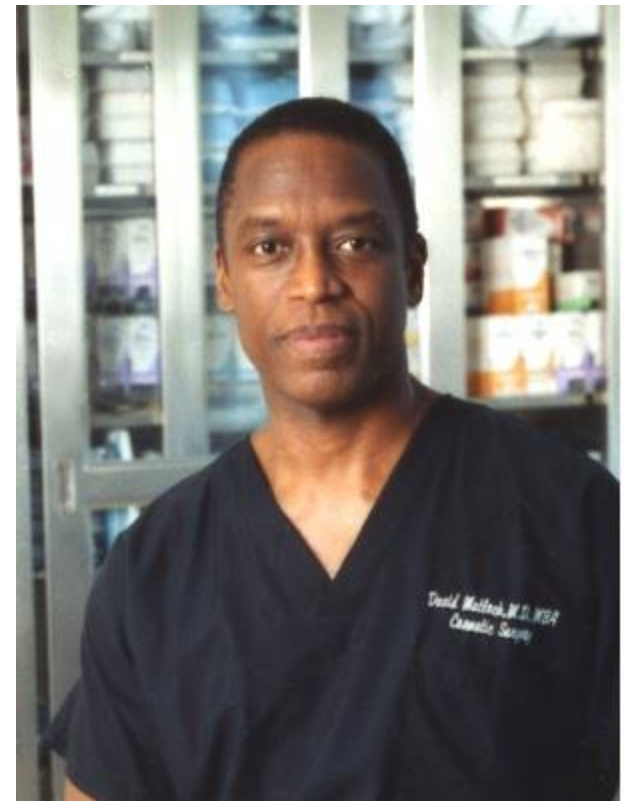
MARKETING?

Pionero, en EEUU

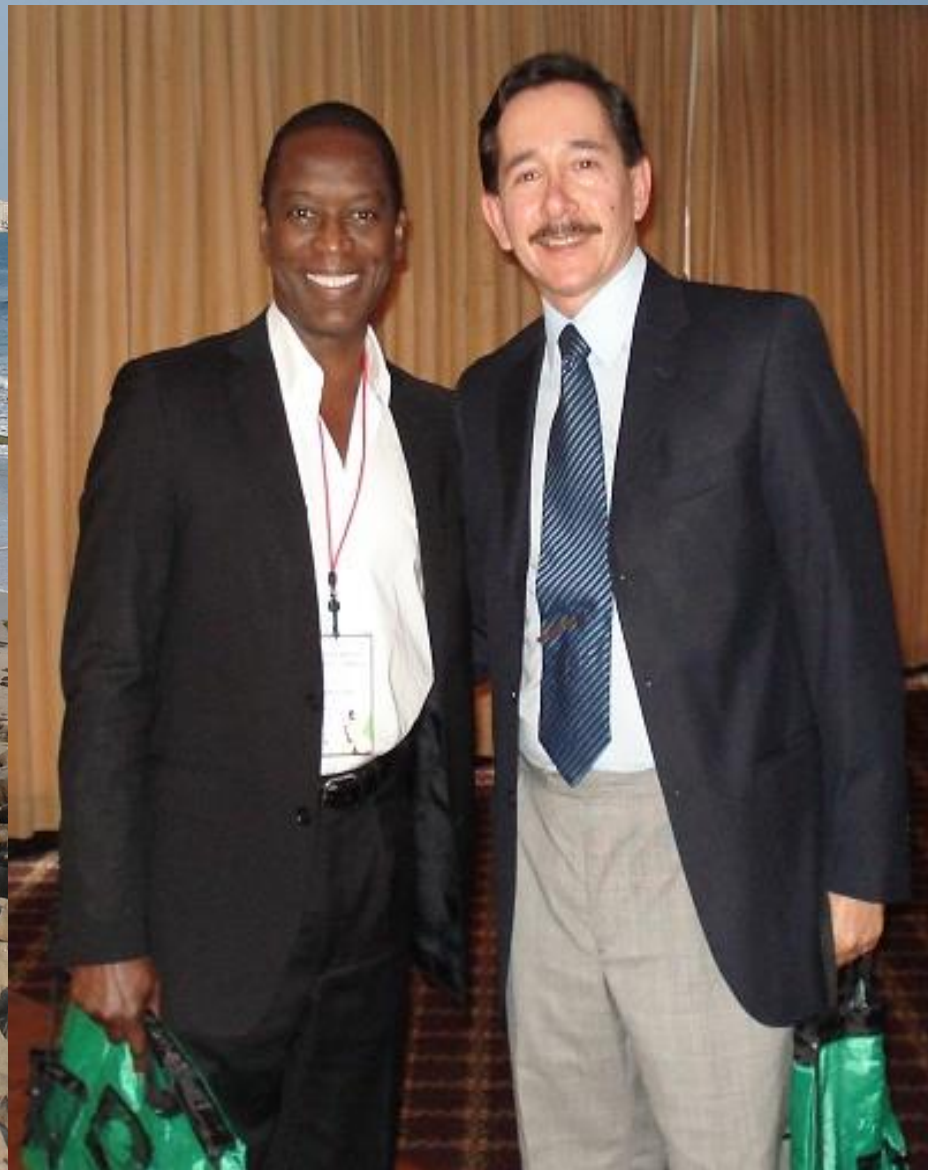
Dr. David Louis Matlock

The Laser Vaginal
Rejuvenation Institute
of Los Angeles

Laser Vaginal Rejuvenation® (LVR),
Designer Laser Vaginoplasty® (DLV)
G-Shot® or G-Spot Amplification



Mazatlan
Mexico junio 2010



Definición

Serie de procedimiento quirúrgicos para resolver problemas funcionales o estéticos de la región genital femenina.

Objetivo

Reparar daños vaginales consecuencia de los partos, cicatrices de episiotomías, deformaciones, asimetrías, envejecimiento y patologías que pueden lesionar o alterar la anatomía de la vagina y/o vulva.

Las mujeres, que buscan...?

- Embellecer el área genital
- Lucir una vulva juvenil
- Sentirse cómoda con su cuerpo
- Obtener mayor placer sexual
- Mayor confianza en si misma
- Cumplir criterios de aceptación
- Tratar el disconfort, irritación, molestia

Motivo de consulta

- ✓ *Modificaciones anatómicas constitucionales.*
- ✓ **Modificaciones anatómicas postparto.**
- ✓ **Modificaciones anatómicas por el paso de los años.**

Modificaciones anatómicas constitucionales.

Pacientes que,
independiente de su
paridad presentan a nivel
anatómico una
conformación de sus
genitales que les produce
desagrado, incomodidad
o vergüenza...



Modificaciones anatómicas constitucionales.

- Labios mayores exuberantes.
- Labios menores asimétricos, hipertróficos general o parcial.
- Clítoris hipertróficos, capuchón de clítoris excesivo.
- Alteraciones mucosas, semimucosas o dérmicas.
- Adiposidad localizada en el Monte de Venus.

Motivo de consulta

- ✓ **Modificaciones anatómicas constitucionales.**
- ✓ **Modificaciones anatómicas postparto.**
- ✓ **Modificaciones anatómicas por el paso de los años.**

Modificaciones anatómicas postparto

Modificaciones anatómicas que sin constituir patología producen disconformidad desde el punto de vista estético y discomfort desde lo funcional

Modificaciones anatómicas postparto

- Desgarros perineales, alteración del piso pelviano, del núcleo perineal, cicatrices.
- Asimetría de labios menores por desgarros, episiotomía y zonas cicatrizales.
- Introito amplio (amplitud vaginal sintomática)
- Exposición o desplazamiento de zonas mucosas.
- Descenso de pared vaginal anterior y/o posterior.

Motivo de consulta

- ✓ **Modificaciones anatómicas constitucionales.**
- ✓ **Modificaciones anatómicas postparto.**
- ✓ **Modificaciones anatómicas por el paso de los años.**

Modificaciones anatómicas por el paso de los años.

Modificaciones que mas allá de tener base anatómica y/o estar asociadas a la paridad se ven exacerbadas o modificadas por el “paso de los años”, status hormonal, posmenopausia, envejecimiento...

Modificaciones anatómicas constitucionales.

- Labios mayores exuberantes.
- Labios menores asimétricos, hipertróficos general o parcial.
- Clítoris hipertróficos, capuchón de clítoris excesivo.
- Alteraciones mucosas, semimucosas o dérmicas.
- Adiposidad localizada en el Monte de Venus.

Modificaciones anatómicas por el paso de los años.

- Adiposidad localizada, flaccidez o piel sobrante en el Monte de Venus.
- Hipotrofia de labios mayores, disminución de la turgencia.
- Hipotrofia y/o elongación de labios menores.
- Disminución del tono muscular y trofismo del área perineal.
- Modificaciones cutáneas generales.
- Modificaciones del introito (introito amplio o estrecho).
- Exacerbación de patología del piso pelviano (cistocele, histerocele, rectocele, desgarros perineales)

Evaluación de la paciente

Cada paciente deberá ser evaluada desde el punto de vista estético, teniendo en cuenta su salud general y genital, valorando una probable patología asociada (anatomo-psico-sexual)

El examen ginecológico con visión estética debe evaluar el tratamiento adecuado, sin incurrir en errores que modifiquen transitoriamente el aspecto anatómico, con consecuencias sobre la funcionalidad y salud genital.

Propuesta terapéutica

La propuesta terapéutica debe evaluar las expectativas de la paciente y de acuerdo a éstas lo que estamos en condiciones de ofrecerle

Propuesta terapéutica

- ❖ **Tratamiento médicos locales y generales.**
- ❖ **Tratamientos utilizando medios físicos y kinésicos.**
- ❖ **Tratamientos estéticos quirúrgicos.**

Tratamientos estéticos quirúrgicos.

- Labioplastia, resección de hipertrofia parcial, total, uni o bilateral de labios.
- Aumento de labios mayores adelgazados o hipotróficos.
- Resección de capuchón de clítoris hipertroficados.
- Disminución de tamaño en clítoris hipotroficados.
- Liberación de frenillos clitoridianos.
- Liposucción y lifting del Monte de Venus.

Tratamientos estéticos quirúrgicos.

- Procedimientos sobre la membrana himeneal:
 - Reparación de desgarros himeneales.
 - Reconstrucción de himen a partir de carunculas mirtiformes.
 - Resección de membranas himeneales rígidas, tabiques himeneales y vaginales.
- Resección de pólipos, carunculas y prolapsos de mucosa uretral.
- Resección de quistes dérmicos, submucosos, mucosos, de inclusión.

Tratamientos estéticos quirúrgicos.

- Corrección de desgarros y cicatrices perineales.
- Corrección de cicatrices de episiotomías.
- Reconstrucción del núcleo perineal posterior.
- Modificación de introitos amplios.
- Corrección de introitos estrechos.
- Corrección de desplazamientos mucosos.
- Tratamiento de uretrocistocele, rectoceles, desgarros perineales de diversos grados.
- Punto G

Ethical issues in plastic and reconstructive surgery

Plastic, reconstructive, and cosmetic surgery refers to a variety of operations performed in order to repair or restore body parts to look normal or to enhance a certain structure or anatomy that is already normal. Several ethical considerations such as a patient's right for autonomy, informed consent, beneficence, and nonmaleficence need to be given careful consideration. The principal objective of the medical profession is to render services to humanity with full respect for human dignity. Plastic surgeons should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. They require an extensive amount of education and training. The increases in demand for aesthetic plastic surgery and the advocacy of practice in the media have raised concerns about the circumstances under which cosmetic surgery is ethical and permissible. Innovative research, and new technologies derived from such research, almost always raises ethical and policy concerns. **Medical ethics regulate what is, and what is not correct, in promoting plastic surgery to the public.** It is essential to create an educated and informed public about the ethical issues in the plastic and reconstructive surgery field. **Plastic surgeons need to carefully evaluate the degree of deformity physical and emotional maturity, and desired outcome of patients who request plastic surgery procedures.** Science is a powerful force for change in modern society and plastic surgeons have a responsibility to shepherd that change with thoughtful advocacy and careful ethical scrutiny of their own behavior.

Female cosmetic genital surgery.

Genital plastic surgery for women has come under scrutiny and has been the topic of discussion in the news media, online, and in medical editorials. In the absence of measurable standards of care, lack of evidence-based outcome norms, and little standardization either in nomenclature or training requirements, concern has been raised by both ethicists and specialty organizations. **Some women request alteration of their vulvas and vaginas for reasons of cosmesis, increasing self-esteem, and improving sexual function.** Patients must be assured their surgeon is properly trained and should understand that few validated long-term safety or outcome data are presently available in this relatively new field. Women also should be made aware that, although **they may wish to cosmetically or physically alter their external genitalia, this does not mean that they are developmentally or structurally "abnormal."** It is important that training guidelines for practitioners be established and that long-term outcome, psychosexual, and safety data be published. The genital plastic surgeon must have sufficient training in sexual medicine to withhold these procedures from women with sexual dysfunction, mental impairment, or body dysmorphic disorder.

[Goodman MP.](#)

[Obstet Gynecol. 2009 Jan;113\(1\):154-9.](#)

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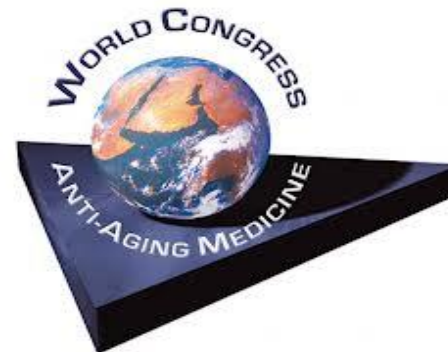
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TRANSLATION • TRANSDUCTION

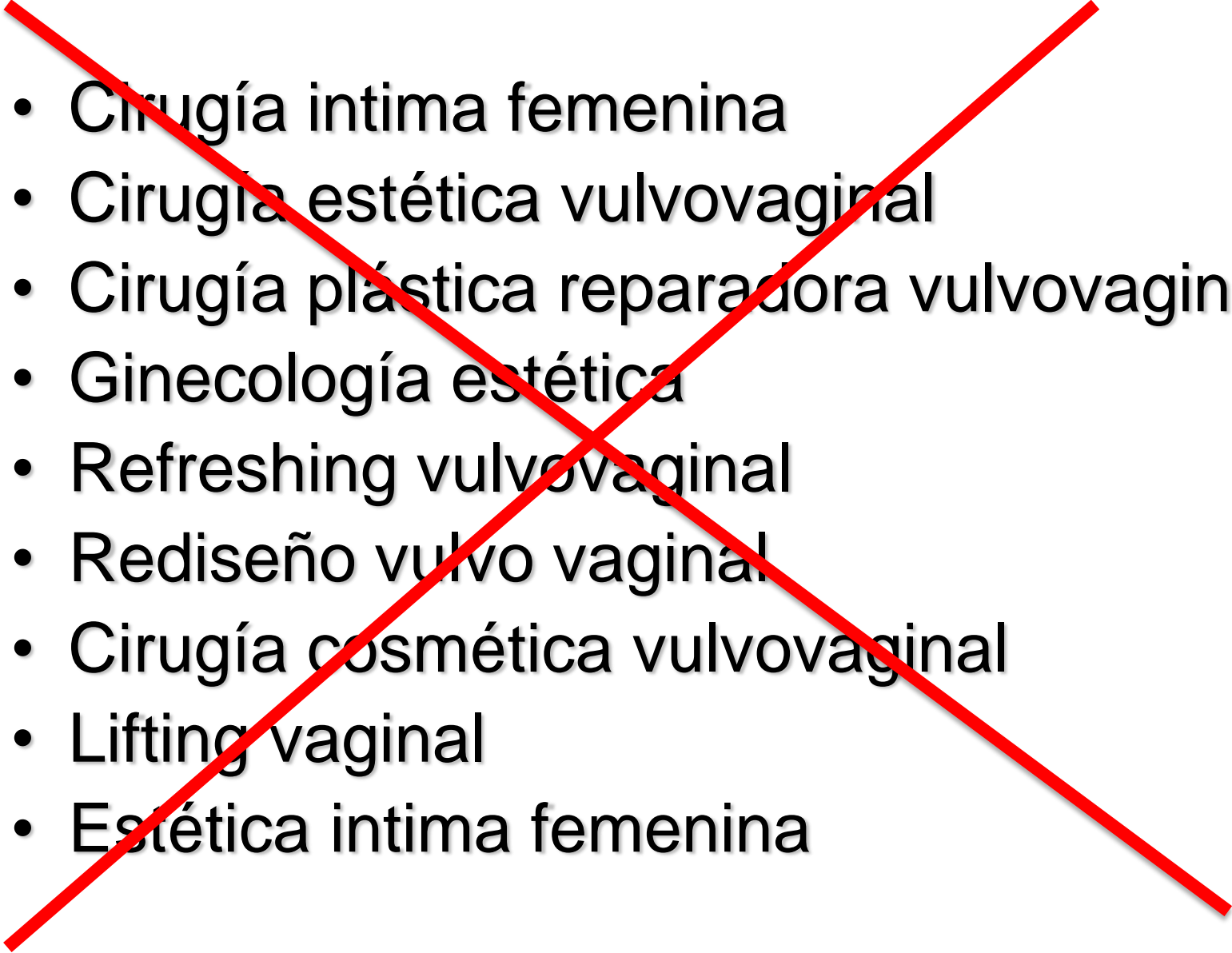
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CME CREDITS



In an atmosphere in which trademarked marketing terms are becoming part of the lexicon, a more descriptive terminology is suggested, incorporating the terms "labiaplasty," "reduction of clitoral hood," "perineoplasty," "hymenoplasty," and "vaginoplasty." **The term "female cosmetic genital surgery" is presented as a descriptive umbrella encompassing these genital plastic procedures.**

- 
- Cirugía íntima femenina
 - Cirugía estética vulvovaginal
 - Cirugía plástica reparadora vulvovaginal
 - Ginecología estética
 - Refreshing vulvovaginal
 - Rediseño vulvo vaginal
 - Cirugía cosmética vulvovaginal
 - Lifting vaginal
 - Estética íntima femenina

A Large Multicenter Outcome Study of Female Genital Plastic Surgery

Michael P. Goodman, MD,* Otto J. Placik, MD,† Royal H. Benson III, MD,‡ John R. Miklos, MD,§ Robert D. Moore, MD,§ Robert A. Jason, MD,¶ David L. Matlock, MD, MBA,** Alex F. Simopoulos, MD,** Bernard H. Stern, MD,†† Ryan A. Stanton, MD,‡‡ Susan E. Kolb, MD,§§ and Federico Gonzalez, MD¶¶*Caring For Women Wellness Center—Gynecology and Genital Plastic Surgery, Davis, CA, USA;

†Associated Plastic Surgeons—Plastic Surgery, Arlington Heights, IL, USA; ‡The Southwest Center for Female Genital Refinement—Gynecology and Genital Plastic Surgery, Bryan, TX, USA; §Atlanta Urogynecological Associates—Urogynecology, Atlanta, GA, USA; ¶Laser and Vaginal Rejuvenation Institute of New York—Genital Plastic Surgery, New York, New York and Lake Success, NY, USA; **Laser and Vaginal Rejuvenation Institute—Genital Plastic Surgery, Medical Associates, Los Angeles, Los Angeles, CA, USA; ††Total Wellness Opportunities, L.C., Hollywood, FL, USA; ‡‡Modern Institute of Plastic Surgery—Plastic Surgery, Beverly Hills, CA, USA; §§Plastikos Plastic and Reconstructive Surgery—Plastic Surgery, Atlanta, GA, USA; and ¶¶Premier Plastic Surgery—Plastic Surgery, Olathe, KS, USA

A large multicenter outcome study of female genital plastic surgery.

METHODS:

This cross-sectional study, including 258 women and encompassing 341 separate procedures, comes from a group of twelve gynecologists, gynecologic urologists and plastic surgeons from ten centers in eight states nationwide. 104 labiaplasties, 24 clitoral hood reductions, 49 combined labiaplasty/clitoral hood reductions, 47 vaginoplasties and/or perineoplasties, and 34 combined labiaplasty and/or reduction of the clitoral hood plus vaginoplasty/perineoplasty procedures were studied retrospectively, analyzing both patient's and physician's perception of surgical rationale, pre-operative sexual function and several outcome criteria.

RESULTS:

Combining the three groups, 91.6% of patients were satisfied with the results of their surgery after a 6-42 month follow-up. Significant subjective enhancement in sexual functioning for both women and their sexual partners was noted ($p = 0.0078$), especially in patients undergoing vaginal tightening/perineal support procedures. Complications were acceptable and not of major consequence.

A large multicenter outcome study of female genital plastic surgery.

INTRODUCTION:

Female Genital Plastic Surgery, a relatively new entry in the field of Cosmetic and Plastic Surgery, has promised sexual enhancement and functional and cosmetic improvement for women. Are the vulvovaginal aesthetic procedures of Labiaplasty, Vaginoplasty/ Perineoplasty ("Vaginal Rejuvenation") and Clitoral Hood Reduction effective, and do they deliver on that promise? For what reason do women seek these procedures? What complications are evident, and what effects are noted regarding sexual function for women and their partners? Who should be performing these procedures, what training should they have, and what are the ethical considerations?

AIM: This study was designed to produce objective, utilizable outcome data regarding

FGPS

(female genital plastic surgery)

MAIN OUTCOME MEASURES:

- 1) Reasons for considering surgery from both patient's and physician's perspective; 2) Pre-operative sexual functioning per procedure; 3) Overall patient satisfaction per procedure; 4) Effect of procedure on patient's sexual enjoyment, per procedure; 5) Patient's perception of effect on her partner's sexual enjoyment, per procedure; 6) Complications.

The survey: FGPS survey questionnaire. Goodman, MD

1) My initial reason(s) for surgery was (check all that apply)

- a) To look better “down there...”
- b) To feel more “normal”
- c) To enhance my self-confidence
- d) To relieve discomfort with clothes, sexual or sports activities
- e) To experience enhanced “feeling” with sex
- f) To enhance my sexual pleasure
- g) To satisfy my sexual partner
- h) The procedure was done primarily at the urging of my sexual partner
- i) Other (specify) _____

2) I would describe my sexual functioning and satisfaction prior to surgery as:

- a) Poor
- b) Fair
- c) Good
- d) Great

3) The effect(s) of the procedure on my sexual enjoyment is:

- a) Little or no effect
- b) Negative effect
- c) Mild-moderate enhancement
- d) Significant enhancement

4) The effect(s) of the procedure (to my knowledge) on my **partner's** enjoyment

- a) Little or no effect
- b) Negative effect
- c) Mild-moderate enhancement
- d) Significant enhancement

5) Did the procedure accomplish what you'd hoped for? ___Yes ___No

6) Length of time (weeks) to resumption of full sexual and physical

activities: _____

7) Do you consider that you had any complications of surgery? ___Yes ___No

If “Yes,” what was it/were they: _____

8) I you had work done on the vagina (outside or in), has there been any effect

on:

a) Urinating or ability to hold urine
no effect _____ better _____ worse _____

b) Feeling of strength of pelvic floor; ability to do a “Kegels”

no effect _____ better _____ worse _____

9) The procedure(s) I had done was/were: (circle all that apply)

a) Labiaplasty (small lips)

b) Labiaplasty (large lips)

c) Perineoplasty (repair or modification of the vaginal opening)

d) Vaginoplasty or Vaginal Rejuvenation (work on the inner vagina)

e) Clitoral Unhooding

Thank You very much for your help! If you wish to receive a copy of the research, please notify our office and a copy will be mailed to you upon completion of the study, which is estimated to take ~ 6-9 months.)

A large multicenter outcome study of female genital plastic surgery.

CONCLUSIONS

While emphasizing that these female genital plastic procedures are not performed to correct "abnormalities," as there is a wide range of normality in the external and internal female genitalia, both parous and nulliparous, many women chose to modify their vulvas and vaginas. From the results of this large study pooling data from a diverse group of experienced genital plastic surgeons, **outcome in both general and sexual satisfaction appear excellent.**

Female genital cosmetic and plastic surgery: a review.

INTRODUCTION: This review studies rationale and outcome of vulvovaginal aesthetic surgery.

AIM: Discuss procedures designed to alter genital appearance and function; investigate sexual, philosophical, and ethical issues; examine outcomes.

METHODS:(i) Medline search of the existing literature utilizing terms labiaplasty, clitoral hood reduction, hymenoplasty (HP), vaginoplasty (VP), perineoplasty (PP), female genital surgery, sexual satisfaction/body image, and anterior/posterior colporrhaphy; (ii) references from bibliographies of papers found through the literature search and in the author's reading of available literature.

MAIN OUTCOME MEASURES:(i) Demographics and psychosexual dynamics of women requesting female genital plastic/cosmetic surgery; (ii) overall and sexual satisfaction of subjects undergoing these procedures.

[Goodman MP](#)

[J Sex Med.](#) 2011 Jun;8(6):1813-25. doi: 10.1111/j.1743-6109.2011.02254.x. Epub 2011 Apr 14.

Female genital cosmetic and plastic surgery: a review.

RESULTS: The majority of studies regarding patient satisfaction and sexual function after vaginal aesthetic and functional plastic procedures report beneficial results, with overall patient satisfaction in the 90-95% range, sexual satisfaction over 80-85%. These data are supported by outcome data from nonelective vaginal support procedures. Complications appear minor and acceptable to patients. There are little data available regarding outcomes and satisfaction of HP, or function during the rigors of subsequent vaginal childbirth, although the literature contains no case reports of labiaplasty disruption during parturition

[Goodman MP](#)

[J Sex Med.](#) 2011 Jun;8(6):1813-25. doi: 10.1111/j.1743-6109.2011.02254.x. Epub 2011 Apr 14.

Female genital cosmetic and plastic surgery: a review.

- **CONCLUSION:**

Women requesting labiaplasty and reduction of their clitoral hoods do so for both cosmetic and functional (chafing, interference with coitus, interference with athletic activities, etc.) reasons, while patients requesting VP and/or PP do so in order to increase friction and sexual satisfaction, occasionally for aesthetic reasons. Patients appear generally happy with outcomes. **The majority of patients undergoing genital plastic surgery report overall satisfaction and subjective enhancement of sexual function and body image, but the literature is retrospective.** Female genital plastic surgery procedures appear to fulfill the majority of patient's desires for cosmetic and functional improvement, as well as enhancement of the sexual experience. Little information is available regarding HP outcomes

[Goodman MP](#)

[J Sex Med.](#) 2011 Jun;8(6):1813-25. doi: 10.1111/j.1743-6109.2011.02254.x. Epub 2011 Apr 14.

The Sexual, Psychological, and Body Image Health of Women Undergoing Elective Vulvovaginal Plastic/Cosmetic Procedures: A Pilot Study

Vulvovaginal aesthetic (VVA) surgery has become increasingly popular, and there is anecdotal support for its enhancing effects on sexual functioning and self-concept. We conducted a **prospective pilot study to evaluate the impact of VVA surgery on sexual response**. A prospective cohort of women electing VVA cosmetic surgery completed questionnaires before VVA surgery (n = 33), after VVA surgery (n = 18), and again 6 to 9 months later (n = 12) using the **Female Sexual Function Index, the Brief Symptom Inventory, and the Yale-Brown Obsessive-Compulsive Scale for Body Dysmorphic Disorder**. **No significant effect of VVA surgery was noted on Desire, Lubrication, Orgasm, Pain, or Total Score at either time point, but scores on Arousal and Satisfaction increased immediately after surgery, then fell back to baseline levels at follow-up.** No significant effect of VVA surgery was seen on psychological functioning at either time point. According to established cut-off scores for body dysmorphic disorder (BDD), 61.1% of participants met criteria for BDD at baseline; this proportion significantly dropped to 11.1% after surgery, and to 8.3% at follow-up.

The Sexual, Psychological, and Body Image Health of Women Undergoing Elective Vulvovaginal Plastic/Cosmetic Procedures: A Pilot Study

Contrary to anecdotal claims, women in the present sample did not have symptoms of sexual dysfunction that may have motivated them to seek VVA surgery, nor was there any significant effect of surgery on sexual response. **It is important to note that a high proportion of women seeking VVA met criteria for BDD;** this has implications for surgeons and consenting patients for these cosmetic genital procedures.

ACTUALIZACIONES EN ESTÉTICA PRIMERA PARTE

Dr. Antonio Todone Ginecología – Argentina	Rejuvenecimiento íntimo femenino.
Dra. Maria Cristina Uezen Farmacología – Argentina	Últimos avances en células madre vegetales.
Dra. Adriana Ponti Cirugía Cosmética – Argentina	Actualización en Bioplastia.
Dra. Leda Villas Boas Medicina Estética – Brasil	Actualización en Peelings faciales y corporales.
Dra. Graciela Mazantini Farmacología – Argentina	Actualización en cosmeceuticos. COFFEE BREAK: 17:00 a 17:30 hs.



The poster features a dark blue background with a grid of light blue dots. On the left, there are several circular icons: the top one is the logo of the South American Academy of Cosmetic Surgery (SAACS), showing a map of South America surrounded by flags; below it is the flag of Argentina; and further down are several smaller, glowing blue circles. On the right, the text is arranged vertically. At the top right, 'XV SAACS' is written in large, bold, white letters, with 'CONGRESO INTERNACIONAL DE MEDICINA Y CIRUGIA COSMETICA' underneath in smaller white letters. Below that, the dates and location '29, 30 y 31 de Agosto 2013 Buenos Aires, Argentina' are listed. Further down, two event titles are listed: '1º Congreso Internacional de Cosmetología Aplicada' and '11º Simposio Internacional del Forum Argentino de Medicina Antienvejecimiento y Medicina Ortomolecular'. At the bottom, the venue information is provided: 'NUEVA SEDE GOLDENCENTER centro integral de eventos', followed by 'NUEVA PROGRAMACION', 'NUEVOS SALONES DE EXPOSICIÓN', and 'NUEVAS ACADEMIAS INTERNACIONALES PARTICIPANTES'. A small circular inset at the bottom right shows the exterior of the Goldencenter building.

XV SAACS

CONGRESO INTERNACIONAL DE MEDICINA Y CIRUGIA COSMETICA

29, 30 y 31 de Agosto 2013 Buenos Aires, Argentina

1º Congreso Internacional de Cosmetología Aplicada

11º Simposio Internacional del Forum Argentino de Medicina Antienvejecimiento y Medicina Ortomolecular

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centro integral de eventos

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International Menopause Society
promoting education and research on all aspects of adult women's health

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ADVANCING GLOBAL HEALTH FOR WOMEN AT MIDLIFE

CAN CUN 2014

May 1-4, 2014 Cancun, Mexico
Cancun Center Conventions & Exhibitions
Preliminary Program www.imscancun2014.com

The pelvic floor: function and dysfunction

Milson Ian (SE) Risk factors for pelvic floor dysfunction
Kammerer Doak Dorothy (US) The impact of pelvic floor dysfunction on sexual health

Maheer Chris (AU) Evidence-based treatment of urogenital prolapse

The implications of the menopause for health in later life

Lumsden Mary Ann (UK) Factors affecting weight gain, metabolism and health

Santoro Nancy (US) Ovarian aging, reproductive hormones and health in mid-life women

Baber Rodney (AU) Impact of early menopause on female health

Estrogens and estrogen receptors: role in menopausal medicine (organized by International Society of Gynecological Endocrinology)

Simoncini Tommaso (IT) Non conventional actions of estrogen receptors: relevance for menopausal medicine

Maki Pauline (US) Estrogen receptor beta and anxiety: from animal models to clinical trials

Mueck Alfred (DE) Importance of oxidative cell stress for carcinogenicity of estradiol metabolism

Uterine and ovarian cancer

Heinzelmann-Schwarz Viola (CH) Ovarian cancer in BRCA mutation carriers

Bast Robert (US) Biomarkers in the management of ovarian cancer

Blok Leen J (NL) Ovarian cancer originating from the distal oviduct

Hormones and cognition

Asthana Sanjay (US) Effects of estrogen and progestin therapy on midlife cognition (KEEPS)

Henderson Victor (US) Are phytoestrogens good for the brain?

Maki Pauline (US) Menopausal transition: effects on attention and memory

Therapeutic issues of the menopause

Huang Ko-En (TW) Menopause perspectives and treatment of Asian women

Manson JoAnn E. (US) Menopausal HRT: is timing everything?

Primary ovarian insufficiency

Nelson Larry (US) What causes POI?

Broekmans Frank (NL) Predicting POI

Panay Nick (UK) POI – an online data base

An androgen update

Miller Karen (US) Androgen physiology in women – back to basics

Shifren Jan L. (US) Should testosterone be prescribed for the treatment of female sexual dysfunction – what do the data tell us?

Davis Susan (AU) Why else do women need testosterone?

Health challenges for Hispanic women

Clark Peralta Patricia (MX) Epidemiology of fractures in Latin America and risk factors

Gómez-pedroso Rea Javier (MX) Epidemiology of breast cancer in Latin America and risk factors

Chedraui Peter (EC) Cardiovascular disease and metabolic syndrome in Latin American women

Managing Menopause Without Hormones (organized by EMAS)

Simoncini Tommaso (IT) Pharmacological options

Rees Margaret (UK) Complementary and alternative therapies

Perez Lopez Faustino (ES) Vitamin D: beyond the skeleton

Old and new steroids for therapies in Menopause (organized by European Society of Gynecology)

Foidart Jean Michel (BE) ESTETROL the human fetal Estrogen, Use in menopause.

Bouchard Philippe (FR) Progesterone, Progestins and SPRM

Genazzani Andrea R. (IT) DHEA and other Androgens

Hot topic Symposia

Hormones and cardiovascular disease

Hodis Howard N. (US) Latest data from ELITE

Schierbeck Louise (DK) Cardiovascular findings from the DOPS study

Panel speakers: **Stevenson John (UK), Lobo Rogerio (US)**

Thursday May 1st
16:15/17:15 **CONTROVERSY – C3**
Procedures designed to enhance female genitalia
Chairmen: **FENTON ANNA (NZ)**
CARDOZO LINDA (GB): Cosmetic genital surgery
WAGNER HERBERT (CO): Abstract Laser procedures for vaginal surgery'

moderate risk for fracture— how do we decide to treat?

Shifren Jan L. (US) Female sexual dysfunction at midlife: treatment beyond testosterone

phytoestrogen, Chinese herbal medications, etc.)

Procedures designed to enhance female genitalia
Cardozo Linda (UK) Cosmético genital surgery
TBC Laser procedures for vaginal surgery



The **FotonaSmooth™ XS laser system** is a popular choice for gynecologists thanks to its proven ability to perform an impressive range of non-contact, non-invasive procedures with greater patient comfort, reduced downtime and quicker healing.

Fotona Erbio YAG 2.940 nm

YAG láser no ablativo con tecnología patentada. De modo suave y fraccionado afecta térmicamente el tejido vaginal (logrando una óptima estimulación de las proteínas por shock térmico), estimula de la remodelación del colágeno y la síntesis de nuevas fibras en el tejido de la mucosa vaginal y la fascia endopélvica rica en colágeno.

El resultado final es la neogénesis de colágeno:

- **Síndrome de relajación vaginal**: remodelación que lleva a una rigidez y mejor tensión de la cavidad vaginal, maximizando el tensado.
- **Vaginitis atrofica**: incremento de lubricación vaginal, colagenogénesis y mejoría del trofismo epitelial (reversión de la atrofia de la mucosa vaginal)
- **Incontinencia de orina leve o moderada**
- **Melanosis labial**: remoción pigmentaria
- **Estrias**: tensado y colagenogéneis para proveer una atenuación estética

IntimaLase™ is a unique, patent-pending Er:YAG laser therapy for incisionless, non-invasive photothermal tightening of the vaginal canal. Clinical studies have shown that IntimaLase is an efficient, easy-to-perform, and safe procedure.

The indication for IntimaLase is **vaginal relaxation syndrome**, which is the loss of the optimum structural form of the vagina. This condition is generally associated with overstretching of the vaginal canal during childbirth as well as with natural aging. Other indication is the **vaginal atrophy**

IncontiLase™ is a patent-pending, non-invasive Er:YAG laser therapy for the **treatment of mild and moderate stress urinary incontinence**, based on non-ablative photothermal stimulation of collagen neogenesis, shrinking and tightening of vaginal mucosa tissue and collagen-rich endopelvic fascia, and subsequently greater support to the bladder.

The **indications** for IncontiLase therapy are **mild and moderate stress- and mixed-urinary incontinence (SUI)**. Preliminary clinical studies show that it is an efficient, easy-to-perform and safe procedure.

Usually **two sessions are recommended** to alleviate mild or even moderate stress urinary incontinence. No special pre-op preparation or post-op precautions are necessary. Patients can immediately return to their normal everyday activities. Studies confirm that IncontiLase is an effective, safe and comfortable treatment option for symptom relief in patients with mild and moderate SUI.

Los resultados científicos más recientes muestran claramente grandes mejoras en la elasticidad vaginal, continencia urinaria y la satisfacción sexual.

- 95%: considera que el cambio de su estrechez vaginal mejora intensa o moderadamente después del tratamiento.
- 17%: contracción media del canal vaginal después del tratamiento.
- 97%: alto nivel de satisfacción de los pacientes.

Scientific & Clinical Research

Novel Minimally Invasive VSP Er:YAG Laser Treatments in Gynecology - Vizintin Z, Rivera M, Fistonić I, Saraçoglu F, Guimares P, Gaviria J, Garcia V, Lukac M, Perhavec T, Marini L. Journal of the Laser and Health Academy, Vol. 2012, No. 1, P. 46-58.

Laser Vaginal Tightening (LVT) – evaluation of a novel noninvasive laser treatment for vaginal relaxation syndrome - Jorge E. Gaviria P, Jose A. Lanz L. Journal of the Laser and Health Academy, Vol. 2012, No. 1, P. 59-66.

Minimally invasive laser procedure for early stages of stress urinary incontinence (SUI) - Fistonić I, Findri-Guštek Š, Fistonić N. Journal of the Laser and Health Academy, Vol. 2012, No. 1, P. 67-74.

“Following a global evolution toward minimally-invasive and patient-friendly procedures, a new protocol for vaginal tightening “Intimalase” has been developed that can provide patient vaginal rejuvenation, avoiding undesirable complications that are present in more invasive treatment alternatives such as CO2 laser.”

Adrian Gaspar, Md,
Mendoza University, Argentina
(at the FIGO lecture, Rome 2012)



14 World Congress Menopause (IMS) – Cancun - 2014
Comparison of New Minimally Invasive Er:YAG Laser treatment an Hormonal Replacement Therapy in the treatment of Vaginal Atrophy

SmartXide²

The Evolution of the CO₂ Laser
Starts with the SmartXide² System:
Unique, Versatile, Multidisciplinary



DERMATOLOGY AND AESTHETICS
V²LR - SURGERY - DENTISTRY

MonaLisa Touch™



MonaLisa Touch™ es un **tratamiento de rejuvenecimiento vaginal** (no debe confundirse con tratamientos de tipo estético) basado en un sistema láser de CO2 fraccionado especial, realizado específicamente para este tipo de aplicación médica.

Acción de estimulación del láser sobre el colágeno:

mejora el estado de la mucosa que reviste las paredes de la vagina y facilita la rehidratación y la recuperación funcional de los tejidos vaginales.

Actuando sobre factores que determinan sequedad, fragilidad y pérdida de elasticidad de la mucosa, el tratamiento regenerante puede eliminar aquellas sensaciones de prurito, irritación y dolor, que resultan particularmente agudas durante la relación sexual.

Con el láser de CO2 fraccionado es posible tratar eficazmente también aquellos casos en los cuales la **vagina dilatada (wide vagina) es consecuencia de una pérdida de tono de la mucosa, cuando no se encuentre comprometida la musculatura local ni presente problemas como el prolapso vaginal.**

Los resultados son evidentes desde la primera sesión, pero se recomienda

efectuar un ciclo completo de **4-5 sesiones a intervalos de 45-60 días**

15:15/16:15

ORAL COMMUNICATION – OC08 Gynecological issues at menopause Chairmen:
KAMMERER DOAK DOROTHY (US), KAGAN RISA (US)

**Salvatore Stefano (IT): CO2 FRACTIONAL LASER FOR THE TREATMENT OF
VAGINAL ATROPHIA**

16:15/17:45

SPONSORED SYMPOSIUM – SS5 Vaginal Atrophy Treatment by a Novel CO2
Laser Source: Histological and Clinical Results – Sponsored by industry
Chairmen: NAPPI ROSSELLA (IT)

Galli Mauro (IT) Opening and Introduction

Salvatore S. (IT) Definition, epidemiology and available treatments for
Vaginal Atrophy

Galli Mauro (IT) Physical principles of CO2 laser

Salvatore S. (IT) Clinical and Histological results of a 3 year research project
on MonnaLysa touch

Leone U. (IT) MonnaLysa touch impact on sexual function -

Symposium

Prof. Stefano Salvatore

Hospital San Raffaele (Milán, Italia)



Responsable de la Unidad Funcional de Uroginecología – IROCS San Raffaele, Milán.

Profesor de la Universidad Vida y Salud San Raffaele Milán.

Profesor Visitante del Hospital Imperial College St Mary's de la Universidad de Londres, UK.

Miembro del Comité Científico de la Asociación Internacional de Uroginecología.

Vicepresidente de la Sociedad Europea de Uroginecología.

EL TRATAMIENTO DE ATROFIA VAGINAL CON UN NUEVO LÁSER DE CO₂: RESULTADOS HISTOLÓGICOS Y CLÍNICOS

VIERNES, 02 de MAYO

4:15-5:45

HALL XCARET

Seguirán 5 sesiones de cirugía en directo
Hospital Galenia
Comience a las 6:00 PM

MonaLisa Touch™

www.monalisatouch.com

DEKA

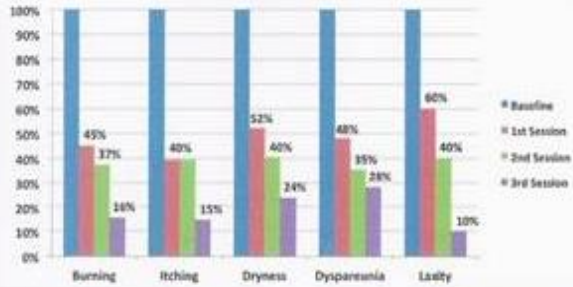
The Code of Excellence

www.dekalaser.com

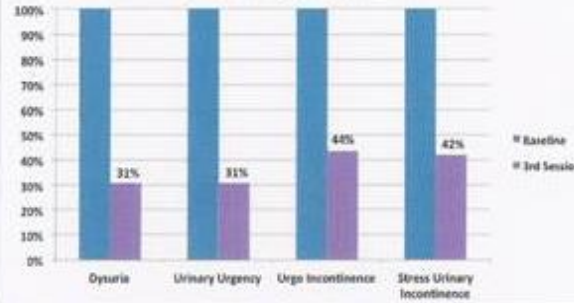
Sign DEKA on



MonaLisa Touch™ Results: Vaginal Atrophy

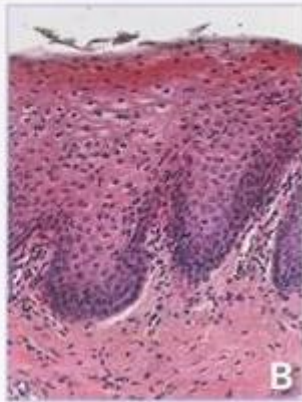
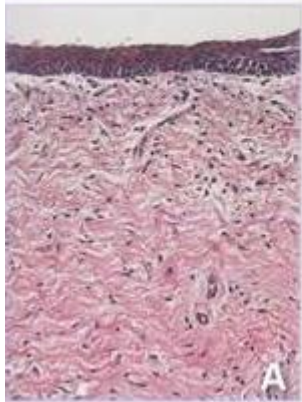


MonaLisa Touch™ Results: Urinary Symptoms

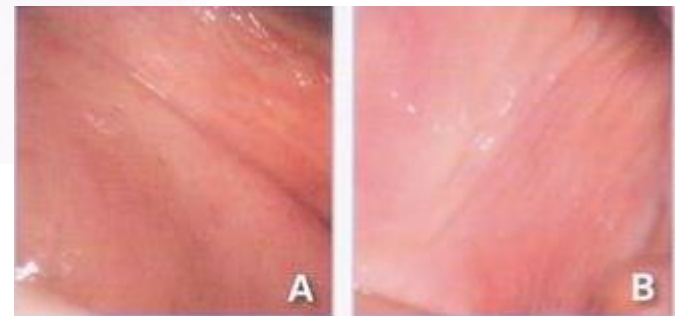


The graphs represent the percentage of reduction for the main symptoms of **vaginal atrophy** and **urinary incontinence** after 3 **MonaLisa Touch™** sessions. The study was carried out at the Department of Gynaecology of the San Raffaele Hospital on patients with symptoms of uro-genital atrophy. [Courtesy of S. Salvatore, M.D. - IRCCS San Raffaele Hospital, Milan, Italy]

MONALISA TOUCH™: HISTOLOGICAL STUDY



Histological preparation of a section of the vaginal mucosa stained with haematoxylin and eosin (H&E). (A): Vaginal mucosa in the basal condition. It is possible to see a thinner epithelium. (B): Vaginal mucosa of the same patient 2 months after a session with the **MonaLisa Touch™** treatment. The much thicker epithelium and shedding of numerous big cells from the free surface, together with the larger diameter of epithelial cells rich in glycogen, demonstrate the restored metabolic trophism and dynamics of the whole epithelium. [Courtesy of Prof. A. Calligaro, University of Pavia, Italy]



Colposcopic images of vaginal mucosa: (A) atrophic thin epithelium with petechiae, lack of vaginal rugae and mucus; (B) the same patient 30 days after 1 **MonaLisa Touch™** treatment. The mucosa aspect is typical of a premenopausal healthy epithelium with natural pink colour, no petechiae, evidence of vaginal rugae and mucous lubrication. [Courtesy of: MG. Fallani M.D.; A. Pieralli M.D.; Prof. S. Guaschino, M.D.; Prof. C. Penna, M.D. University Hospital of Careggi, Florence, Italy]

Cirugía cosmética y genitales externos de la mujer

- La vulva plana es solo una reciente tendencia que podría cambiar.
- La mayoría de las cirugías se realizan en el sector privado, por lo cual no están reguladas.
- Los riesgos de la cirugía incluyen el potencial aumento del trauma perineal durante el parto vaginal y la posibilidad de disminuir el placer sexual.
- Los médicos en general tienen un papel importante en la educación e información para tranquilizar a las mujeres sobre el conocimiento de sus genitales externos.

Cirugía cosmética genital, un nuevo problema para Salud Pública?: razones

- Cirugía no realizada por médicos calificados.
- Cirugía sin valorar efectos adversos y resultados clínicos.
- Escasa evidencia científica.
- Uso de la medicina para aspectos de la sexualidad.
- Industria comercial para la belleza de las mujeres.
- Cirugía que se ofrece desde la infancia.
- La cirugía estética se ofrece en medios privados

Complicaciones

- Dolor
- Dispareunia
- Retraso de la cicatrización
- Dehiscencia (7%)
- Necrosis del colgajo (<1%)
- Hematomas (4-7%)
- Infección (< 1%)
- Reintervención (2.9-7%)
- Disconformidad ante el resultado estético

Procedimientos mas frecuentes

- Corrección estética de labios menores.
- Reducción de introito amplio.
- Aumento de volumen de labios mayores.
- Implantes en el Punto G.
- Liposucción de Monte de Venus.

**Muchas gracias por su
atención**

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