

Research Article

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Laser Vaginal Tightening our Clinical Experiences

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ABSTRACT

Introduction: Vaginal tightening with laser method is a minimally invasive cosmetic procedure aimed at improving the tone and tightness of the vaginal canal. The procedure is considered safe and effective, with reported improvement in sexual satisfaction.

Objective: The aim of this study is to share our experiences on laser vaginal tightening operations performed in our clinic.

Material and Methods: A total of 45 women were included in the study. All participants underwent laser vaginal tightening procedure at our clinic. The MonaLisa Touch, a fractional CO2 laser device by Cynosure (Westford, MA), was used for the procedure. The participants' demographic data, such as age, marital status, number/characteristics of childbirths, and sexual activity were presented as descriptive statistics.

Results: The mean age of the participants was 36.8 years old. The youngest participant was 21 and the oldest was 62 years old. 28 of the participants were single and 17 had never given birth. The most common reason for seeking treatment at the clinic was an increase in vaginal laxity.

Conclusion: Our study will provide data to fill the gap in the literature. It is believed that there is a need for well-planned, multi-center studies related to the subject.

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Received: February 08, 2023; **Accepted:** February 10, 2023; **Published:** March 15, 2023

Introduction

Issues related to sexual pleasure and satisfaction can stem from various factors, including physical, psychological, and relationship factors. One of the methods used to solve problems related to sexual pleasure and satisfaction is laser vaginal tightening [1].

Vaginal tightening with laser method is a minimally invasive cosmetic procedure aimed at improving the tone and tightness of the vaginal canal. This procedure utilizes laser energy to stimulate collagen production in the vaginal wall, leading to increased elasticity and improved sexual gratification [2].

The laser method is performed in a clinical setting, using a laser device that emits targeted energy to the vaginal tissue. The procedure is relatively quick, typically lasting no more than 30 minutes, and is performed under local anesthesia to minimize discomfort [3].

The vaginal tightening with the laser method is considered safe and effective, with few reported side effects. Patients often experience improved sexual satisfaction, reduced vaginal laxity, and increased confidence in their intimate relationships. However, it is essential to note that the procedure results are not permanent, and maintenance treatments may be required to sustain the desired effects. It is also crucial to consult with a qualified medical professional before the procedure to ensure proper medical evaluation and minimize the risk of adverse outcomes [4].

In recent years, there has been a growing trend of women opting for vaginal tightening procedures. This increase in demand for vaginal tightening can be attributed to several factors [5]. Firstly, there is significant pressure on women to conform to societal norms and expectations surrounding body image. This pressure can result in women feeling self-conscious about the appearance of their genitalia, leading to a desire for improvement. Additionally, the sexualization of women in popular culture can contribute to feelings of insecurity, as women may need to conform to specific physical standards to be considered attractive [6]. Secondly, childbirth and aging can contribute to changes in the appearance and function of the vaginal tissues. Childbirth can cause stretching and damage to the pelvic floor muscles, leading to a loss of tightness and tone.

Similarly, aging can decrease estrogen levels, which can cause the vaginal tissues to become thin and less elastic. These changes can cause women to feel less confident and sexual, leading them to seek vaginal tightening procedures [7]. Thirdly, advances in medical technology have made vaginal tightening procedures less invasive and more accessible. Non-surgical procedures, such as laser therapy, are becoming increasingly popular due to their minimally invasive nature and quick recovery time. This has made vaginal tightening procedures more accessible to women, allowing them to achieve the desired results with minimal discomfort and downtime [8].

In conclusion, vaginal tightening with the laser method offers a minimally invasive solution for improving the tone and tightness of the vaginal canal. The procedure is considered safe, effective, with reported improvement in sexual satisfaction, and reduced vaginal laxity. However, as with any medical procedure, it is crucial to consult a qualified medical professional before undergoing treatment.

This study aims to share our experiences with laser vaginal tightening operations performed in our clinic.

Material and Methods

This study was conducted on women who sought treatment at an obstetrics and gynecology clinic in Turkey. A total of 45 women were included in the study. All participants underwent a laser vaginal tightening procedure at our clinic.

The MonaLisa Touch, a fractional CO₂ laser device by Cynosure (Westford, MA), was used for the laser vaginal tightening procedure. This device is a fractional CO₂ laser device designed explicitly for gynecological use. Generally, there are no contraindications for using carbon dioxide laser, aside from the inability to visualize the treatment area.

Before the treatment, the researchers assessed the suitability of all participants for laser therapy. However, the researchers did not apply to participants with sexually transmitted infections, genital warts, and dermal hypersensitivity conditions. Those with chronic diseases such as kidney, liver, heart failure, hypertension, and Diabetes Mellitus were excluded from the study. Children under 18 were not included in the study since laser treatment was not performed. Participants were informed about the procedure before and after.

The application was carried out as recommended by the manufacturer. Therefore, the vaginal tissue was subjected to fractional laser radiation. The application affects less than 10% of the tissue. As a result, the treated area responds quickly, and normal activities can be resumed shortly after the procedure. The procedure does not require a surgical setting. The energy delivered by the device to the targeted area takes less than five minutes. The procedure does not contain hormones or chemicals. Each participant was treated three times at a six-week interval.

The procedure results were evaluated two to six months after the initial visit. The evaluation period may vary depending on the participant's skin conditions, anatomical configuration, age, and health. The examination performed for the evaluation relied on the participant's self-reported experiences. The participants' satisfaction level with the procedure constituted the basis for the evaluation.

The participants' demographic data, such as age, marital status, number/characteristics of childbirths, and sexual activity, were presented as descriptive statistics. The age variable was described with the mean, minimum, and maximum values. Marital status was categorized as married/single, and childbirths and sexual activity were categorized as yes/no. The delivery characteristics of participants who had given birth were categorized as cesarean or normal birth. The participants' complaints were recorded before the procedure. The number of treatments they received and their satisfaction level was recorded and presented. Participants' satisfaction levels were categorized as dissatisfied, satisfied, and

delighted. Due to insufficient participant numbers in the categories of dissatisfied and satisfied, these two groups were combined for statistical analysis. The study participants' data was used with their informed consent, and participation was based on voluntary participation. All participants were fully informed about the study before enrolling.

Analyzes were made in SPSS 22 statistical program. The chi-square test was used for pairwise comparisons. Fisher's exact test was used for other comparisons. A p-value less than 0.05 was accepted as the statistical significance limit.

Results

The mean age of the participants was 36.8 years old. The youngest participant was 21, and the oldest was 62 years old. Twenty-eight of the participants were single, and 17 had never given birth. Nineteen participants gave birth at least once via a cesarean method. There were no participants without sexual experience. The most common reason for seeking treatment at the clinic was increased vaginal laxity. The participants' descriptive and other statistical parameters can be found in Table 1. Binary comparisons are provided in Tables 2 and 3 (p>0, 05).

Table 1: Descriptive statistics

		Count (%)
Civil Situation	Married	17 (37,7)
	Single	28 (62,3)
Delivery/Children	At least One	31 (68,8)
	No	14 (31,2)
Coitus	Yes	45 (100,0)
	No	0 (0,0)
Symptom	Urinary Incontinence	7 (15,5)
	Anorgasmia	5 (11,1)
	Sound During Coitus	4 (8,9)
	Vaginal Laxity	29 (64,5)
Satisfaction	Less Satisfied	5 (11,1)
	Satisfied	4 (8,9)
	Delighted	36 (80,0)

Table 2: Satisfaction levels of the participants according to the marital status characteristics

Civil Situation	Delighted	Less Satisfied/ Satisfied	χ^2	p
Married	12 (33, 4 %)	5 (55, 6 %)	7.835	0.09
Single	24 (66, 6 %)	4 (44, 4 %)		
Total	36 (100%)	9 (100%)		

Table 3: Satisfaction according to the Delivery/Children

Delivery/ Children	Delighted	Less Satisfied/ Satisfied	χ^2	p
At least One	27 (75, 0 %)	5 (55, 6 %)	11.75	0.3
None	9 (25, 0 %)	4 (44, 4 %)		
Total	36 (100%)	9 (100%)		

Table 4: Satisfaction according to the symptoms

	Delighted	Less Satisfied/ Satisfied	χ^2	p
Urinary Incontinence	5 (13, 8 %)	2 (22, 2 %)	13.26	0.5
Orgasm Problems	4 (11, 2 %)	1 (11, 2 %)		
Sound During Coitus	2 (5, 6 %)	2 (22, 2 %)		
Vaginal Laxity	25 (69, 4 %)	4 (44, 4 %)		
Total	36 (100%)	9 (100%)		

Discussion

The increasing efforts of women to attain a pre-pubic genital appearance have resulted in a rise in demand for genital aesthetic surgery. The pre-pubic genital appearance is described as having small inner labia that are not visible and a tight vaginal opening referred to as the “Barbie doll appearance.” The internet has significantly increased demand for genital aesthetic surgery, as many women access information through this channel [9, 10].

This perception regarding female genitalia is rooted in cultural norms and has been influenced by the growth of internet pornography. The increasing popularity of the removal of pubic hair and the standardization of representation of female genitalia in magazines and popular culture has altered expectations regarding the appearance of women’s genitalia [11, 12]

In this context, the term “perfect vagina” has emerged. The concept of genital beautification, which encompasses a combination of various female genital cosmetic surgery techniques, has also entered the literature following these developments. Genital beautification includes labia augmentation, labia reduction, and vaginal tightening [13].

Some researchers emphasize that the ideal of female vulvar beauty can be achieved through cosmetic surgery. According to this, a woman’s sexual organ should appear small, smooth, and symmetrical. It should not contain any color, and there should not be any protrusion under the labia majora [9].

Laser vaginal rejuvenation or tightening is described as a minimally invasive surgical technique that is free from complications. It is primarily performed to improve sexual function in women who experience a feeling of vaginal laxity. Other indications include vaginal atrophy caused by vaginal dyspareunia, menopause, or hormonal changes associated with aging. The scientific literature regarding laser vaginal rejuvenation or tightening is limited [14].

The vaginal rejuvenation or tightening procedure utilizes laser energy to induce the contraction of collagen and elastin. This stimulates neocollagenesis and neovascularization, which revitalizes the elasticity and hydration of the genital mucosa [2].

It is acknowledged that potential adverse effects, such as urogenital pain and dyspareunia, may be triggered by laser vaginal rejuvenation or tightening procedures. This raises concerns regarding the safety of the procedure. Additionally, there is a lack of sufficient data regarding the impact of the procedure on adjacent organs, such as the urethra and bladder [14].

Laser vaginal tightening procedures were performed on three women with moderate vaginal laxity by Cheng and his colleagues.

Following the procedure, the Female Sexual Function Index questionnaire was administered to the women. The results obtained from the survey indicated an improvement in sexual function. However, the increase was not statistically significant. A similar procedure was applied to 16 patients with mild degrees of vaginal laxity. Similarly, it was determined that there was an improvement in sexual function and that this increase was statistically significant [8].

In a study by Al-Bard and colleagues, the reports of three women who underwent laser vaginal tightening procedures for vaginal laxity were analyzed. It was reported that complications occurred in all three women after the procedure [15].

The impact of laser vaginal tightening procedures on sexual function in postmenopausal women has been studied. The Female Sexual Function Index survey was administered immediately after the procedure and 12 weeks post-procedure to assess sexual function. Significant improvement was observed in the total score and domain scores obtained from the survey. It was found that the participants experienced a significant improvement in their sexual function [16].

Conclusion

Many researchers have stated that there is a need for more evidence in terms of scientific safety and effectiveness in managing vaginal looseness in women through laser vaginal rejuvenation or tightening procedures.

Our study will provide data to fill the gap in the literature. There is a need for well-planned, multi-center studies related to the subject.

References

- Boislard MA, Van de Bongardt D, Blais M (2016) Sexuality (and Lack Thereof) in Adolescence and Early Adulthood: A Review of the Literature. *Behav Sci (Basel)* 6: 8.
- Karcher C, Sadick N (2016) Vaginal rejuvenation using energy-based devices. *Int J women’s dermatology* 2: 85-88.
- Barbara G, Facchin F, Buggio L, Alberico D, Frattaruolo MP, et al. (2017) Vaginal rejuvenation: current perspectives. *Int J Womens Health* 9: 513-519.
- Vizintin Z, Lukac M, Kazic M, Tettamanti M (2015) Erbium laser in gynecology. *Climacteric* 18: 4-8.
- Desai SA, Kroumpouzos G, Sadick N (2019) Vaginal rejuvenation: From scalpel to wands. *Int J women’s dermatology* 5: 79-84.
- Zhang J, Zhai S, Liu H, Stevenson JA (2016) Social network analysis on a topic-based navigation guidance system in a public health portal. *J Assoc Inf Sci Technol* 67: 1068-1088.
- Alperin M, Cook M, Tuttle LJ, Esparza MC, Lieber RL (2016) Impact of vaginal parity and aging on the architectural design of pelvic floor muscles. *Am J Obstet Gynecol* 215: 312.e1-9.
- Cheng C, Cao Y, Ma SX, Cheng KX, Zhang YF, et al. (2021) The strategy for vaginal rejuvenation: CO(2) laser or vaginoplasty. *Ann Transl Med* 9: 604.
- McDougall LJ (2013) Towards a clean slit: how medicine and notions of normality are shaping female genital aesthetics. *Cult Health Sex* 15: 774-787.
- Schick VR, Rima BN, Calabrese SK (2011) Evulvalution: the portrayal of women’s external genitalia and physique across time and the current barbie doll ideals. *J Sex Res* 48: 74-81.
- Bramwell R (2002) Invisible labia: The representation of female external genitals in women’s magazines. *Sex Relatsh Ther* 17: 187-190.

12. Braun V, Wilkinson S (2001) Socio-cultural representations of the vagina. *J Reprod Infant Psychol* 19: 17-32.
13. Cihantimur B, Herold C (2013) Genital beautification: a concept that offers more than reduction of the labia minora. *Aesthetic Plast Surg* 37: 1128-1133.
14. Singh A, Swift S, Khullar V, Digesu GA (2015) Laser vaginal rejuvenation: not ready for prime time. *International urogynecology journal. England* 26: 163-164.
15. Al Badr A, Alkhamis WH (2019) Laser Vaginal Tightening Complications: Report of Three Cases. *Lasers Surg Med* 51: 757-759.
16. Salvatore S, Nappi RE, Parma M, Chionna R, Lagona F, et al. (2015) Sexual function after fractional microablative CO₂ laser in women with vulvovaginal atrophy. *Climacteric* 18: 219-225.