



# VAGINAL REJUVENATION

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*Freddy Carrick*

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**Emerging** treatments using laser and radiofrequency energy are gaining popularity in patients who will pay privately for a tightening of their vagina and for patients who have experienced prolapse. These treatments are similar to the ablations used in the treatment of very heavy menstrual bleeding. They have been developed to enhance the look and structure of your vulva and vagina.

Procedures which are cosmetic in nature are not easily available via NHS or medical insurance, but if you have suffered a vaginal prolapse, you're a good patient for these treatments which tighten the vaginal walls.

**Genital rejuvenation** may become the next frontier in medical and cosmetic dermatology and dermatologists have the opportunity to provide rejuvenation of the vagina and scrotum for their patients. Rejuvenation of the genitalia may be considered for hair-associated (alopecia and hypertrichosis), morphology-associated (vulvovaginal atrophy, excess clitoral or labial tissue, scrotal wrinkling, and vaginal or scrotal laxity), and vascular-associated (angiokeratomas) changes of the vagina and scrotum.

**Radiofrequency Devices** emit focused electromagnetic waves that heat underlying tissues. Within the vagina, they produce thermal energy which encourages new collagen fibre production, the tightening of existing collagen fibres, and the production of new blood vessels into areas which may have lost blood flow. All of which helps in restoring the elasticity and moisture of the vaginal lining.

**Laser devices** can do the same as radiofrequency devices. If you've ever investigated facial treatments which use lasers, then you'll have some understanding of what happens. There is little evidence from clinical trials that this type of treatment works, outside of an operating theatre. Several clinics have popped up to offer treatments, but the reviews from clients are mainly that the treatment has only a moderate effect and needs regular topping up sessions. The cost per session is around £400 and a course of three is recommended to begin with.

Outside of the operating theatre, these clinics are regulated by the Care Quality Commission in UK insofar as to ensure the machines are used and stored safely; the CQC offer no approval to the actual procedures.

The above are both internal treatments and involve a probe being inserted to your vagina and the magic happens. Both can improve the frictional forces which increase sexual sensation. Private clinics suggest that stress incontinence can be relieved using laser therapy, but all women are different, and the results are variable.

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**Stem cell therapy** is a treatment which involves removing adipose tissue (also known as fat) from your body and extracting stem cells from within that tissue. These stem cells are treated and prepared to be reintroduced to your body as adipose tissue rich with adipose stem cells. The fact that these cells are your own means they will be accepted within the cell structure of your vulva and vagina, and will go to work on improving the look, texture, and contours within those areas.

This procedure is called lipofilling and is an efficient treatment to restore soft tissue volume. It is mainly used in aesthetic and reconstructive surgery. It can also be used on the face as a non-surgical face lift and reconstruction technique. Many years ago, when I worked as a clinical aromatherapist, I had a client who had some areas where the underlying tissue of her face had lost volume. I was unable to help her using aromatherapy, but this technique of lipofilling would possibly have worked for her.

Lipofilling is being used with great success, alongside corrective surgery, on young women who have suffered genital mutilation. I'm honoured to know Aurora Almadori, RCS, a leading surgeon in London Free Hospital, who is pioneering this work.

Other techniques include the use of growth factors from your own blood. This latter technique is called PRP (platelet-rich plasma).'

### Vulval Lichen

Although this next issue isn't necessarily a symptom of menopause, it's a rarely discussed issue which a few women develop. I thought that while we're on the subject of vaginas, we should discuss it here.

Vulval lichen sclerosus (LS) and Vulval lichen planus (LP) are conditions that affect the skin of the vulva.

For a very few women LS or LP can develop into a type of skin cancer called squamous cell cancer, which can take many years to develop.

Symptoms of LS or LP can include itchy, sore or fragile skin around the vulva, which may have changed in colour. Because very few women actually examine themselves in this area, it may go undetected unless there is discomfort in the outer vaginal lips when having sex or passing urine. If you notice any of these signs, go and see your GP who will examine you and probably refer you to a specialist for further tests.

Lipofilling has an added benefit for the woman who suffers Vulval lichen sclerosus (LS) or Vulval lichen planus (LP). The regenerative effect of stem cell therapy has been shown to heal the scars caused by this problematic symptom.

Until recently the perception was that LS and LP can be treated but can't be completely cured. As we discover from the above trial with stem cell therapy, this could have changed. The usual treatment will be a steroid ointment which can often control the symptoms very well.

Neither of these symptoms are infectious and cannot be passed on through sex. If you think you may have a problem and intend to make an appointment to see your GP, ask for a nurse or other female to be with you during examination. Tell your doctor if you develop any symptoms you are concerned about, such as a lump or swelling, or any itching, bleeding or burning pain.

The causes of LS and LP are unknown, although some women with these conditions have other family members with either, so perhaps it may be caused by an inherited faulty gene. Both issues are more common in older women and women who have autoimmune illnesses, such as thyroid problems or pernicious anaemia.

Women who've had LS or LP for many years have a small risk of developing a vulval cancer. This usually occurs in women in their 60s– 90s, rather than in younger women. It's important to see your doctor or nurse regularly to check for any signs of a cancer developing. This is so that if cancer does develop, treatment can be given at an early stage, when there's a high chance of it being cured.