

Aesthetic Vaginal Plastic Surgery

A Practical Guide

Lina Triana



Springer

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ISBN 978-3-030-24818-5 ISBN 978-3-030-24819-2 (eBook)
<https://doi.org/10.1007/978-3-030-24819-2>

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This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

Why Lina Triana and vaginal rejuvenation? As a little child, I was an observer. I did not talk much which then led me to be a very good listener, giving me the opportunity to discover that with active listening, I could really help others. Being a generous listener and the luck of having a nasty accident with a horse that made me fear them gave me the conviction to start horseback riding lessons, hoping to overcome my fear. And since everything happens for a reason, I ended up feeling a special bond toward horses, making horseback riding my passion in my early school years. This love for horses and riding led me to enter the competitive equestrian world, which helped me learn the importance of hard work, discipline, and sacrifice to fulfill goals, something that I believe have accompanied me in every step of my life.

Knowing I could help others with this generous listening and getting ready to graduate from high school, I decided to study medicine. I discovered that if I were to become a doctor, it was not enough to just treat the patient; I wanted to give them more to improve their quality of life, and this is how I ended up being a plastic surgeon. We must never forget why plastic surgeons were born, i.e., to improve the quality of life of soldiers injured during world war. During world war, we had the technology to save the lives of soldiers injured during battles, but it was a surprise that although these soldiers were saved, they still did not want to live; early plastic surgeons discovered that it was more important to return the quality of life than to save lives.

And since I have always been blessed, I started my plastic surgery practice under the mentoring of three busy aesthetic plastic surgeons of whom I received all of their unhappy patients; so what I did was do what I knew best: listen. And with this generous listening, patients started to open themselves up, and this is how I became interested in vaginal rejuvenation, because many of these patients wanted to improve their genitalia and sex life. This is why I interested myself in aesthetic genital surgery and vaginal rejuvenation procedures to really improve the quality of life of my patients, something I have been doing since 2005.

Back in 2007 when I started lecturing on vaginal rejuvenation procedures, many of my colleagues were not sure if this was something we should do as plastic surgeons; questions such as why do surgery on normal genitalia were common. These

were the same questions that we plastic surgeons had when breast augmentation surgery first started, and it had turned up today to be one of the most popular aesthetic procedures. But I had a goal in my mind back then, that is, to share with my colleagues the importance of vaginal rejuvenation for our patients, so I kept on teaching and lecturing about this field until today. And now, I feel happy to see that in any major aesthetic surgery meeting, there are vaginal rejuvenation panels, and these procedures are the aesthetic surgery procedures that have grown more over the past years. Although the number of aesthetic genital surgical procedures is coming up, many gynecologist, urologists, and plastic surgeons are still not sure if surgical vaginal tightening should be offered or not; I know this is just a matter of time when this will also be common. To be able to master vaginal rejuvenation, we need to dominate surgical and nonsurgical and external and internal vaginal rejuvenation procedures, and for this, we need the knowledge, training, and experience.

In this book, I have summarized the most popular vaginal rejuvenation external and internal aesthetic surgical techniques and also the nonsurgical available options with 18 chapters where I go from why we should do vagina rejuvenation procedures, how to start my practice in this field, how to do a correct assessment, technical landmarks, anatomy, surgical techniques, and how to avoid complications. This book will help us master what our patients want and need. It will not only give them a better quality of life enhancing their sexual well-being but empower their own lives. This book is a must for gynecologists, urologists, and plastic surgeons who want to master vagina rejuvenation.

Cali, Colombia

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Part I
Introduction

Chapter 1

Why Genital and Vaginal Rejuvenation



There's no doubt aesthetic procedures, since introduced in the middle of the last century, as an option to be more beautiful, are showing a steady increase. Everything related to looking better, blocking the natural aging process or rejuvenating has been of huge curiosity and interest to the human race, not to mention that today anything linked to these concepts has also been appealing for business in terms of revenues.

Aesthetic procedures came up as an answer for life quality improvement to such patients for whom saving their lives was not enough. Today, the aesthetic field is something where everybody, physicians or not, want to be involved, sometimes even invading without the right knowledge, training, and experience in the field; many just want to take financial advantage of it.

It is interesting to see how at first, when these aesthetic patients were a challenge to the medical community, and only those brave enough surgeons willing to accept such challenge of going one step forward, not only saving their patient's life but also trying to find ways to give a meaning to those that survived, were just a few enthusiastic surgeon souls. Not many doctors were willing to go for this extra hassle and preferred to continue on the traditional path, easier and known, of "just" saving the patient.

Those first plastic surgeons were often times criticized by their peers, doubting whether or not it was worth all the time, trouble, and risk to only deliver a little bit better. Was it safe? Was it really beneficial for the patient? All such questions that are similarly being asked today when the medical community refers to what is now known as genital and vaginal rejuvenation procedures.

Back then, not many doctors were willing to accept the challenge of reconstructing and trying to deliver better quality of life; actually many of their peers were not interested for it seemed too much work for too little revenue return, but as we all know today, aesthetics is a great business, so now everybody wants to jump into the field.

Could it be that many doctors are in the field because it is good business, since insurance medicine is not enough to fill their pockets? Or are they really there to

serve their patients? These questions are for those who want to get into the aesthetic market and need to be answered within.

As I keep telling my kids: “Whatever you feel passion for is what you must choose to do in life, for only by doing so you will always give your best without it feeling like a sacrifice.”

So let us be reminded about our Hippocratic Oath, “To always give the best to our patients,” do we really want the best for them, or are we there to make money and catch in a little bit of today’s trend? As doctors, we have not traditionally been good with numbers, and since the industry is there to help business make a profit, they are invading our territory forcing us into their game of the new available technology, trying to sell us and our patients the concept of “the newest, the better,” making us buy these machines without a strong follow-up or scientific data to support what they sell, and once we buy them, we end up promoting them among our patients, since there is no other way to pay for these machines. Let us not fall into this trap, let us remember we are here for our patients; first, we need to come back to basics, listen to our patients, and understand what they want and need, only this way will we be able to build the best treatment plan for them. And please keep it always in mind, especially when thinking genital/vaginal rejuvenation procedures, we really need to master them, but don’t go thinking we can rely on a specific machine to solve our patients’ needs.

Now if we’re truly passionate about these aesthetic procedures and are willing to accompany patients through their doubts and fears, have the time and patience to really listen to them; many times the advice can be “you are seeking this procedure for the wrong reason.”

Often times we’ll need to be willing NOT to treat our patient even if he or she insists “because she/he wants it!”; doing so means we really have an aesthetic/plastic surgeon heart; remember when dealing with aesthetic patients, it is not enough to just have a reconstructive plastic surgeon heart, we need this extra sensitivity to be able to understand and create treatment plans that accommodate to each specific patient (no molds or protocols are good friends in aesthetic procedures; we are sculptors of the human body), and also, make sure patients understand real post-treatment surgical and non-surgical expectations.

Aesthetic/plastic surgeons have big advantages when compared to other physicians; first we do have the aesthetic eye; that’s what we’ve been doing all throughout our training and experience; plus today’s plastic surgery understanding of surgical and non-surgical perspectives enables us to offer a complete portfolio going from non-surgical to surgical approaches making it possible to truly advice what is best for our patients; if you are a surgeon, you will always tend to think of it as an option for your patient, and if you only inject that is what you will offer your patients with, thus tending to overdo treatments which in the end instead of giving the best to our patient can end up with unnatural results going against the basis of aesthetic procedures: Giving harmony to our patients!

Surgical and non-surgical aesthetic procedures are here to make changes in our patients but always with “ending with a natural appearance” as a goal. Those times where aesthetic/plastic surgery was there to de-harmonize (like big breasts in “Bay

Watch,"the 1980s sitcom) are in the past—thank God!—aesthetic/plastic surgery procedures and aesthetic medicine have evolved to give harmony to the face and body, and now vagina, keeping a natural appearance.

The American Society for Aesthetic Plastic Surgery (ASAPS) statistics have shown aesthetic procedures increasing in a 500% in the last decades, having the general public interested first in aesthetic/plastic surgery, and then in the 1990s for the aesthetic non-surgical procedures, turning out to be these non-surgical options the highest patients' demand today. So, out of this 500% increase, only 80% was due to aesthetic surgical procedures and 250% to non-surgical aesthetic ones.

Throughout the decades, if we go back in time, we can see how plastic surgeries such as liposuction and breast augmentation, when they first started, had a similar patient's demand as genital/vaginal rejuvenation does today, quickly increasing and with a clumsy acceptance among doctors and many aesthetic peers, since the medical community was not certain if they were good for patients, safe to perform, and what was normal and what wasn't, all of which wasn't clear for some. Presently, however, these two procedures are at the top of the list of the most performed by plastic surgeons worldwide.

Currently, wanting to get rid of fat deposits, enhancing waistline or gluteal area, improving breast cleavage, and trying to lessen facial wrinkles are normal procedures, so why not genital and vaginal rejuvenation procedures? We know according to the International Society of Aesthetic/Plastic Surgery (ISAPS) global statistics that in the last 3 years, vaginal rejuvenation procedures were among the fastest growing, with over 8000 women in America choosing them. With aesthetic genital and vaginal rejuvenation procedures, we are truly improving women's life quality by harmonizing their body, recovering their sexuality, and truly letting their minds go free.

If we follow the evolution of sexy trends, we can clearly see how in the 1960s we left things to imagination, while today, we are exposed to direct images making average population more open about their sexuality. Also, since genital hairstyle of shaving everything out (Brazilian bikini style) became popular, women became more aware of their genital appearance. Another factor that also helped them be more aware of their genital area were outfits. Today, women wear tight garments, even without underwear often times, which exposes those with long labia to more genitalia friction; plus using tight/sports clothing can also affect women.

Women in the *fit trend* who have long labia are no exception here; they are slim, with little subcutaneous tissue, enduring long hours of exercise, sweating a lot, and wearing tight clothes. During workout, these women end up sore "down there" making them feel miserable when exercising too much, which hampers the very reason they live for, they want to be fit! All this makes many women uncomfortable and/or unhappy with their genitalia, affecting even their intimate relationships.

Our sexual well-being is important for a balanced and happy life. Sex rather than giving us pleasure strengthens our relationship as a couple and gives emotion to our lives.

Although for many years anything related to the genitalia had been considered taboo, especially if expressed by females, each day, women are gaining more

freedom to talk about it and express themselves regarding how they feel towards having sex and sexual gratification. The vagina in many cultures is regarded as something dirty and maybe even intentionally has the connotation of shame; such rationale that had been passed from generation to generation has demoted women to a secondary position, making it difficult for them to say what they really feel, but the truth is that the vagina itself has been for women a source of power.

Since their creation as male and female, the vagina has played a very important role in reproduction, making it possible for humans to remain on the planet. Reproduction is a natural desire of wanting to pass on our genes and continue with the journey of life, but the vagina is far more than simply an organ to help reproduce the species or a way to experience pleasure. The vagina is a woman's essence, mystery, and deepest sense of self.

Definitely, vagina empowers women on who they are. Never in the world's history has one word evoked such fascination, intrigue, and obsession as the vagina. Empires have risen and fallen over it, wars fought, and battles won and lost. Life is given through it; existential pleasure is achieved with its mystery, and for every woman, her vagina and genitalia, and the way she feels about them, is unique making her be who she is.

This brings us to a question that commonly arises when talking about female genitalia: What is normal? Well, here we need to know that no two female genital areas are identical and they really do not need to be. Just like when we examine a woman coming to our office asking for a breast augmentation, same happens if this woman comes for a genital rejuvenation procedure.

We mustn't forget when back in the late 1970s and early 1980s, there was a lot of fuss regarding what was a normal breast and why we should or should not perform a breast augmentation surgery on women having a supposedly "natural" breast appearance. Today, we all know that there are no two women with the same breasts and even that same woman's breasts will not look exactly the same. That is why we must make our patient be aware of this before surgery, telling her repeatedly that her breasts are like sisters but not identical twins and that although they will go for surgery, breasts will never be identical twins.

We surely evolved with this old concept in breast surgery related to whether or not perform breast surgery, since today's breast augmentation procedures are among the first or second most common aesthetic/plastic surgery procedures in the world according to last year's ASAPS and ISAPS statistics. Nowadays, there is no question that if a woman feels she wants more cleavage or higher, bigger, or smaller breasts, that makes her a good candidate for breast surgery. No need to define what exactly is normal in breast anatomy since every woman sees her breasts in a different way. As plastic surgeons, we are here to understand what our patient wants and feels; that's why it is very important to listen to them and put together a surgery plan that fits her requirements, but of course, we are plastic surgeons not magicians, so patients need to know this and have real expectations towards their surgery.

Those times when patients asked for us doctors to choose their breast size implants, when patients accepted whatever their doctor would tell them, are far

away from today's reality. We need to keep in mind that genital and vaginal aesthetic procedures are no different from the rest of our aesthetic practice.

Talk and listen to your patient, try to understand what bothers her, examine her, and see if the two of you can put the best treatment plan that fits both what is possible to achieve and what she wants, to have a happy patient.

Every vagina and genital area is different, but also every woman perceives her vagina in a different way, which is why when learning or planning to use any genital and/or vaginal rejuvenation technique, we must know that we do not do molds. As surgeons, we will be working with the whole area to be able to deliver the best surgical plan; remember just like any other aesthetic/plastic surgery procedure, the genital/vaginal area is no different than what we do on our daily aesthetic practice: Deliver harmony to a body area improving patients' quality of life. So once again, listen to your patient and set realistic expectations, as plastic surgeons we are no magicians.

Presently, more openness to nudity has brought us a generation prone to sharing its sexuality. We have women freely expressing how after childbirth their sexual gratification has changed, causing an impact to their sexual functioning and quality of life ending up in their search for tools to regain it.

This can be certainly proven by the Cosmetic Surgery National Bank Statistics published in the *Aesthetic Surgery Journal*, ASJ, in 2013 where a 60% increase was seen in the vaginal rejuvenation procedures. Also, according to statistics from ASAPS, vaginal rejuvenation increased 40% from 2011 to 2012.

And since we now live in a more open-minded globalized world, this can surely also be seen globally as proven by ISAPS, where the total amount of vaginal aesthetic procedures done worldwide more than doubled from 2011 to 2013 statistics, which kept growing as seen in 2016 ISAPS statistics with a 56% increase in genital and vaginal rejuvenation procedures, which still grew in 2017.

Today, we plastic surgeons need to be prepared to properly respond to our patients. We can see how since 1997, according to ASAPS, there has been an increase of 250% in the total amount of aesthetic surgical and non-surgical procedures with a tendency of much more interest in non-surgical rather than surgical procedures, since from this figure of 250, only 8% was due to surgical aesthetic procedures. And remarkably enough, from 2011 to 2012, only a 3% increase was noticed in aesthetic surgical procedures, and out of this 3%, 60% was due to vaginal rejuvenation. This shows once more the big potential we all have to increase our aesthetic surgical procedures in the genital and vaginal rejuvenation surgical field. We must deliver up-to-date surgical and non-surgical available techniques in aesthetic genital and vaginal aesthetic/plastic surgery to be at the forefront.

We must never forget why plastic surgery began: to improve life quality of patients. Aesthetic/plastic surgery is here to understand patient's wants and needs. Aesthetic surgery of external genitalia is no different from any aesthetic procedure; that is why we must deal with each genital and vaginal area individually and never forget to have a panoramic picture of the whole area.

We need to let go of the old concept of just cutting the labia minora, and instead think we are treating a complete human body area. We can not only do liposuction

of a small portion of the abdomen; we need to sculpture the whole abdomen area to have a good result; otherwise, we can end up with a patch, something like having a bump and scratch on our car door; we can't just take care of the bump and paint the scratch, because it will only be the more obvious; in the end, such kind of repair will only be worse than having done nothing. Sometimes, we need to paint the whole door or even the whole car to achieve a better looking result; same happens with our genital/vaginal areas.

From the beginning, a woman's role has been **to serve**: Women were supposed to look after the family clan, while men went out to hunt; they were supposed to care for the children and crops, while men did the muscle work; later, women were housewives in charge of everything without being acknowledged (although housewives do no "real job," they're always busy and nobody recognizes them, all for no payment, pure service).

With World Wars, industrial times, and men fighting those wars, women were invited to have real jobs, and slowly, more and more responsibilities were added to them; also later came the need for two incomes in the household, making women truly enter the active working life, forcing them to learn how to distribute time efficiently (now taking care not only of their "real job" but also their home).

We all know *service* is *encoded* in women's DNA; it has always been women's priority, so what did these women do in their "real" jobs? They did what they knew best, they served, and with this important natural strength, which mistakenly can be perceived as weakness, these women inspired trust, and so, women started being true leaders in their "real jobs" too.

People that really serve their community usually end up leading without necessarily having that as goal, because when you lead by example, you are a true leader. If you gain your peer's trust, and they see you working for the best of the group, they will follow you and make you their leader. This is how women usually achieve that position and that's how we have true leader women, leading in their household and workplace. Now, women also want to actively participate in ways of freeing themselves for improving their sex life thus leading their sexuality.

So, although women evolved naturally in their leadership skills with family and work, they were stuck and unable to be free and lead their intimate life. Sex was too much of a taboo for young girls, and as adults, even more after having babies. These women still could not feel free to live their sex lives; many women were focused on fulfilling family needs and leading in the work place, so their sexual lives ended in hibernation.

Just a few years ago when a woman was brave enough to talk to her doctor and say, "Listen I do not feel the same during sexual intercourse," doctors would answer, "Well it is normal after child birth" or often times offered her Kegel exercises at the most. Here, we can compare the situation with a mom who comes to us—aesthetic/plastic surgeons—after childbirth, asking for an improvement in her abdomen. If we assess her and find a big abdominal muscle diastasis, it is just not fair to tell her: "Well this looseness of the abdominal tone happens after pregnancy, it is normal, go ahead and do sit-ups to improve it." She can certainly go home do sit-ups every day, but her muscle diastasis will not be fixed. Same, or even worse, happened to these