1. Overview of Premier Global Hot Topics in Montreal *(William P. Adams, Jr., MD)*

2. Update on Natural Scaffolds presented in San Francisco *(William P. Adams, Jr., MD)*


4. Labiaplasty/Vaginal Tightening *(Lina Triana, MD)*
Premier Global Hot Topics 365

The New and Improved Hot Topics

• Deliver information to members “year round”

• 3 Modes of Content Delivery
  • Monthly Spotlights
  • Fall Webinar
  • Spring Live Meeting*

[Aesthetic Surgery Education and Research Foundation logo]
In the Main Session -2 Days!
Montreal Program – Hottest Ever

Saturday Highlights

• Fat Injection Exclusive “In the Hot Seat”
  • Practical Pearls for Safe Clinical Practice

• ALCL – new research

• What’s the Deal Man?
  • The panel that gets to the point
Montreal Program – Hottest Ever

Tuesday Highlights

- TED Talks
  - Hani Zeini
  - Robert Grant
- English Mini-debates
  - Coolsculpting vs Vanquish
  - Funnel vs no funnel
  - Others
- Show me “Your Moves”
  - Technical pearls using new technology
DISCLOSURES

William P. Adams, Jr., M.D.  
Mentor Corporation: Investigator, Research Support  
Allergan: Advisor, Investigator, Honorarium, Research Support, Cost Reimbursements  
Strathspey Crown: Co-Founder, Stock or Options

Joe Gryskiewicz, M.D. (self)  
(spouse) LifeCell Corporation/KCI: Consultant, Consulting Fee  
Incisive Surgical: Investor, Stock or Options

Simeon H. Wall, Jr., M.D.  
Mentor Corporation: Advisor  
Strathspey Crown: Founder, Stock or Options

Jamil Ahmad, M.D.  
CRC Press: Royalties

Planners have nothing to disclose

Kerry Moradkhani, ASAPS Staff
Courtney Muehlebach, ASAPS Staff
Darlene Oliver, ASAPS Staff

*Presenters will show their own disclosures before presenting*
Recap of New Natural Scaffolds for Soft-tissue Support

William P. Adams, Jr., MD
University Park, TX
Aesthetic Plastic Surgeon
New Natural Scaffolds for Soft Tissue Reinforcement in Plastic & Reconstructive Surgery

William P. Adams Jr., MD
Dallas, TX
Disclosure

• Research coordinator receives small administrative fee for completion of designated study end points and interface with CRO
## New Era of Biologics/Scaffolds: Comparative Characteristics

<table>
<thead>
<tr>
<th>Property</th>
<th>GalaFLEX</th>
<th>Seriscaffold</th>
<th>Tigr</th>
<th>Vicryl</th>
<th>Strattice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>P4HB</td>
<td>Silk Protein</td>
<td>PGA-LA-TMC</td>
<td>PGA-LA</td>
<td>Porcine crosslinked</td>
</tr>
<tr>
<td>Filament Construction</td>
<td>Mono</td>
<td>Multi</td>
<td>Multi</td>
<td>Multi</td>
<td>Extracellular tissue matrix</td>
</tr>
<tr>
<td>Absorption Time</td>
<td>18-24 m</td>
<td>?</td>
<td>24-36 m</td>
<td>3 m</td>
<td>-</td>
</tr>
<tr>
<td>Absorption Mechanism</td>
<td>Hydrolytic</td>
<td>Enzymatic</td>
<td>Hydrolytic</td>
<td>Hydrolytic</td>
<td>Enzymatic Remodeling</td>
</tr>
<tr>
<td>Initial Burst Str. Kgf</td>
<td>25</td>
<td>23</td>
<td>10</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Human?</td>
<td>〇</td>
<td>☋</td>
<td>☳</td>
<td>☳</td>
<td>☳</td>
</tr>
</tbody>
</table>
Monofilament vs. Multifilament:
See the difference

GalaFLEX

Seri

Tigr
**Strength of Abdominal Wall Repairs with Various Meshes**

Bar graph showing the percentage of initial mesh-AWR repair strength over time for different repairs:

- **Tigr Repair 1**
- **Serifascia Repair 2**
- **GalaFLEX Repair**

**Time**:
- Initial
- 1-2 M
- 3-4 M
- 6 M
- 12 M
- 18 M

**% of Initial Mesh-AWR Repair Strength**

1) Calculated from Novus Scientific data, 86.5 N/cm
Post-Market Study:
Soft tissue reinforcement in cosmetic breast surgery

• Assess physician satisfaction with use of an STR in mastopexy & reduction
  – Level 2
  – Multi-center

• Assess changes in breast over time
  – N-IMF distance
  – 3D Imaging
    ✗ Volume changes
    ✗ Breast shape

• Patient satisfaction

• Number & type of adverse events
Galaflex Mastopexy

- 70 patients
- 12 month preliminary results
- 10% lower pole stretch at 12 months
  - 50% of control (20%)
Conclusion

• Natural scaffolds
  – Promising technology

• Provides
  – Shape support
  – “Internal Bra cup”

• Many other applications
  – Lower cost

• More details in Montreal!
THANK YOU!

William P. Adams, Jr., MD
University Park, TX
Aesthetic Plastic Surgeon
Labiaplasty/Vaginal Rejuvenation Panel


Christine Hamori, MD
Duxbury, MA
Aesthetic Plastic Surgeon
Labiaplasty: Necessary? Safe?

Christine A. Hamori M.D.
Duxbury, MA
No Disclosures
Cosmetic Vaginal Surgery

• Google search
  – 15,000,000 hits

• ASAPS 5070 procedures
  – up 44% from 2012

• Vaginal procedures
  – Labia minora reduction
    • Labiaplasty
  – Labia majora rejuvenation
    • Skin envelope reduction
    • Volume enhancement
Why do women seek labiaplasty?

• Pubic hair is “out”
  – Brazilian waxing
  – thongs

• New aesthetic standards
  – Film, fashion shows
  – The Doctors, the Housewives of

• The internet
  – Anonymity
    • realself.com
    • makemeheal.com
    • porn

Grooming habits

Natural Look

Desired Look
Child-like Appearance?
Desired Look

199 Vaginas: the ultimate photo collection, Keyser B Soze.
Labia Minora Excess
Who?

- 15-18 year old
  - congenital asymmetry
- 18-35 year old
  - hairdresser
  - nursing student
  - doctor
  - lawyer
- 40-65 year old
  - peri menopausal
- Rare
  - exotic dancers
Why us?

• Historically domain of plastic surgeons
  – McCarthy
  – Hypospadias/transgender
  – Technical considerations
    • Fine caliber sutures
    • Pigmentation variability
    • Visible scars

• Gyn/Urologists marketing
  – Shift in philosophy
  – Patient base and patient interest
  – Fee for service
• Committee opinion of ACOG (American College of Obstetrics and Gynecology) Sept 2007 Obstet Gynecol

• Vaginal rejuvenation (intravaginal, functional)
  – medical indications ?
  – deceptive marketing and franchising
    » profess to increase sexual gratification
    » no data on efficacy

• Labiaplasty (extra vaginal, appearance)
  – unnecessary
    » patient education of normal anatomy
    » traumatizes insecure patients
    » Insecure about genital appearance
• Policy Statement of SOGC (Society of Obstetricians and Gynecologist of Canada) concerning female genital cosmetic surgery

• Authors?
  – Ethics committee
  – Clinical practice committee

• Concerns
  – Medical necessity
  – Lack studies of safety and efficacy
  – Marketing of laser vaginal rejuvenation, G shot, revirginization

• Vaginal rejuvenation
  – FGCS (female genital cosmetic surgery)
    » “Vaginal rejuvenation” (intra and extra vaginal)
      » Concern of necessity
        » Berman 2008 Current Sexual Health
          » Women emotionally upset by large labia
          » 2206 women high GSI improved sexual satisfaction
    » Patient education of anatomy and risks
      » Psychological counseling
    » Complications
      » Stress incontinence paper as reference of risks
      » Alter (<4% in 400 cases)
    » Efficacy
      » >95% satisfaction rate (Alter, Goodman)
Cosmetic Vaginal Surgery

Why

- Interesting cases
- High satisfaction rate
- Healthy patients
- Plastic surgery domain

Why not

- Patient screening
  - psychosexual review
  - high expectations
- Labels practice
  - genital surgery specialist
- Variable anatomy
  - asymmetry
  - pigmentation
Interview

• Chief complaint and reasoning
  – too big, dangling, asymmetric, uncomfortable, invagination with sex, bulkiness in swim suit
  – beware of “I just can’t look down there….” or “my boyfriend says it look funny…”

• Sexual problems
  – orgasm ?
  – Dyspareunia

• Psychological review
Exam

• Standing
• Lithotomy
  – mirror for patient
  – discuss perceived excess
Alter V Labioplasty
Extended wedge labiaplasty
Clitoral Hood Excess

Wedge vs Edge trim
Modified Wedge Labiaplasty
Personal Series Labiaplasty

- 334 wedge and extended wedge labiaplasties
- Average age = 32
- Average f/u 75 days
- 93 % under local anesthesia
- 4 % performed in conjunction with another procedure
- Complications requiring reoperation (4-6%)
  - Dehiscence
  - Notch
  - Hematoma
  - Asymmetry
Pre and post op wedge
Labiaplasty
Complications

- Dehiscence
  - obese
  - smoker
  - Tension
  - trauma
- Dog ear
- Notching/webbing
- Hematoma
- Pigment
- Posterior constriction
Wedge Technique

**Pros**
- Simple
- 45 min local
- Horizontal scar
- Native edge contour
- Decreases clitoral hood projection

**Cons**
- Dehiscence (4-6 %)
- Color mismatch
- Hematoma
- Coin slot
- Flattening of minora

edge amputation
dehiscence wedge
Consent Discussion

• 1% permanent dyspareunia
• No guarantee of improved sexual satisfaction
• Asymmetry will persist
  – photo review pre op
• Additional scar(s) may be necessary to correct asymmetry such as double fold
• Complications requiring revision (6%)
  – notch
  – dehiscence
  – hematoma
  – infection
Conclusion

• External genital cosmetic surgery is within the scope of our specialty
• Outcome studies are needed
• Education in residency and practice
Current References


THANK YOU!

Christine Hamori, MD
Duxbury, MA
Aesthetic Plastic Surgeon
Labiaplasty/Vaginal Tightening

Frank Lista, MD
Mississauga, ON, Canada
Aesthetic Plastic Surgeon

Frank Lista, MD, FRCSC
NO DISCLOSURES
Is it ethical and should we be doing it?
ACOG COMMITTEE OPINION

Number 376 • September 2007

Vaginal “Rejuvenation” and Cosmetic Vaginal Procedures

ABSTRACT: So-called “vaginal rejuvenation,” “designer vaginoplasty,” “revirgination,” and “G-spot amplification” are surgical procedures being offered by some practitioners. These procedures are not medically indicated, and the safety and effectiveness of these procedures have not been documented. Clinicians who receive requests from patients for such procedures should discuss with the patient the reasons for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring.

Refurnished 2014

There have been an increasing number of practitioners offering various types of vaginal surgeries marketed as ways to enhance appearance or sexual gratification. Among the types of procedures being promoted are so-called “vaginal rejuvenation,” “designer vaginoplasty,” “revirgination,” and “G-spot amplification.” Often the exact procedure performed is not clear because standard medical nomenclature is not used. Some procedures, such as vaginal rejuvenation, appear to be modifications of traditional vaginal surgical procedures. Other procedures are performed to alter the size or shape of the labia majora or labia minora. Revirgination involves hymen repair in an attempt to approximate the vaginal state. G-spot amplification involves the injection of collagen into the anterior wall of the vagina.

Medically indicated surgical procedures may include reversal or repair of female genital cutting and treatment for labial hypertrophy or asymmetrical labial growth secondary to congenital conditions, chronic irritation, or excessive estrogenic hormones. Other procedures, including vaginal rejuvenation, designer vaginoplasty, revirgination, and G-spot amplification, are not medically indicated, and the safety and effectiveness of these procedures have not been documented. No adequate studies have been published assessing the long-term satisfaction, safety, and complication rates for these procedures.

Also of concern are ethical issues associated with the marketing of these procedures and the national franchising in this field. Such a business model that controls the dissemination of scientific knowledge is troubling.

Clinicians who receive requests from patients for such procedures should discuss with the patient the reasons for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. A patient’s concern regarding the appearance of her genitalia may be alleviated by a frank discussion of the wide range of normal genitalia and reassurance that the appearance of the external genitalia varies significantly from woman to woman (1). Concerns regarding sexual gratification may be addressed by careful examination for any sexual dysfunction and the exploration of nonsurgical interventions, including counseling.

It is deceptive to give the impression that vaginal rejuvenation, designer vaginoplasty, revirgination, G-spot amplification, or any such procedures are accepted and routine surgical practices. Absence of data supporting the safety and efficacy of these procedures makes their recommendation untenable. Patients who are anxious or insecure about their genital appearance or sexual function may be further traumatized by undergoing an unproven surgical procedure with obvi-

SOGC POLICY STATEMENT

No. 300, December 2013

Female Genital Cosmetic Surgery

This policy statement has been prepared by the Clinical Practice Gynecology Committee and the Ethics Committee, and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Disclosure statements have been received from all members of the committee.

The literature searches and bibliographic support for this guideline were undertaken by Becky Sleightmore, Medical Research Analyst, Society of Obstetricians and Gynaecologists.

Abstract

Objective: To provide Canadian gynecologists with evidence-based direction for female genital cosmetic surgery in response to increasing requests for, and availability of, vaginal and vulvar surgeries that fall outside the traditional realms of medically-indicated interventions.

Evidence: Published literature was retrieved through searches of PubMed, EMBASE, OVID, and The Cochrane Library in 2011 and 2012 using appropriate controlled vocabulary and key words (female genital cosmetic surgery). Results were restricted to systematic reviews, randomized controlled trials, clinical trials, and observational studies. There were no date or language restrictions. Searches were updated on a regular basis and incorporated in the guideline to May 2012. Grey (unpublished) literature was identified through searching the websites of health technology assessment and health technology agencies, clinical practice guideline collections, clinical trial registries, and national and international medical specialty societies.

Values: The quality of evidence in this document was rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care (Table).

Key Words: female genital cosmetic surgery, vulvo-vaginal labiaplasty, clitoral hood size reduction, preclitoral, vulvoperineoplasty, G-spot augmentation

This document reflects emerging clinical and scientific advances on the date issued and is subject to change. The information should not be interpreted as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contentions can be reproduced in any form without prior written permission of the SOGC.
1. The obstetrician and gynecologist should play an important role in helping women to understand their anatomy and to respect individual variations. (III-A)
2. For women who present with requests for vaginal cosmetic procedures, a complete medical, sexual, and gynecologic history should be obtained and the absence of any major sexual or psychological dysfunction should be ascertained. Any possibility of coercion or exploitation should be ruled out. (III-B)
3. Counselling should be a priority for women requesting female genital cosmetic surgery. Topics should include normal variation and physiological changes over the lifespan, as well as the possibility of unintended consequences of cosmetic surgery to the genital area. The lack of evidence regarding outcomes and the lack of data on the impact of subsequent changes during pregnancy or menopause should also be discussed and considered part of the informed consent process. (III-L)
4. There is little evidence to support any of the female genital cosmetic surgeries in terms of improvement to sexual satisfaction or self-image. Physicians choosing to proceed with these cosmetic procedures should not promote these surgeries for the enhancement of sexual function and advertising of female genital cosmetic surgical procedures should be avoided (III-L)
5. Physicians who see adolescents requesting female genital cosmetic surgery require additional expertise in counselling adolescents. Such procedures should not be offered until complete maturity including genital maturity, and parental consent is not required at that time. (III-L)
6. Non-medical terms, including but not restricted to vaginal rejuvenation, clitoral resurfacing, and G-spot enhancement, should be recognized as marketing terms only, with no medical origin; therefore they cannot be scientifically evaluated. (III-L)
The Arguments

- Motivation
- Societal or Social Pressure
- Pornography
“There is Nothing the Matter With You”

• “There is a wide variation of normal”
• “This is how your anatomy is supposed to look”
• These are exactly the same arguments heard 25 years ago about breast augmentation
• Aesthetic surgery is about operating on “normal” anatomy and “normal” patients to make them feel better about themselves
What is the top reason you should start doing it?
Advantages

• Within scope of practice
• Increased demand from patients
• Same patient demographic as current practice
• Safe
## Percent of Change in Select Procedures: 1997 - 2013

Note that large percentage changes are common in cases where the total number of procedures is small.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast augmentation</td>
<td>313,327</td>
<td>330,631</td>
<td>101,176</td>
<td>-5.2%</td>
<td>209.7%</td>
</tr>
<tr>
<td>Breast lift</td>
<td>137,233</td>
<td>127,776</td>
<td>19,882</td>
<td>7.4%</td>
<td>590.2%</td>
</tr>
<tr>
<td>Breast reduction (women)*</td>
<td>122,888</td>
<td>112,795</td>
<td>47,874</td>
<td>8.9%</td>
<td>156.6%</td>
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<tr>
<td>Breast revision</td>
<td>55,161</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Brow lift</td>
<td>29,414</td>
<td>24,431</td>
<td>55,090</td>
<td>20.4%</td>
<td>-46.6%</td>
</tr>
<tr>
<td>Buttock augmentation</td>
<td>11,527</td>
<td>7,286</td>
<td>na</td>
<td>58.2%</td>
<td>na</td>
</tr>
<tr>
<td>Buttock lift</td>
<td>3,738</td>
<td>3,655</td>
<td>1,549</td>
<td>2.3%</td>
<td>141.3%</td>
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<tr>
<td>Chin augmentation</td>
<td>10,519</td>
<td>10,734</td>
<td>27,373</td>
<td>-2.0%</td>
<td>-81.6%</td>
</tr>
<tr>
<td>Ear surgery</td>
<td>41,437</td>
<td>30,358</td>
<td>22,939</td>
<td>36.5%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>161,389</td>
<td>153,171</td>
<td>159,232</td>
<td>5.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Facelift</td>
<td>129,807</td>
<td>119,006</td>
<td>99,196</td>
<td>9.1%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Fat transfer</td>
<td>80,108</td>
<td>71,845</td>
<td>38,259</td>
<td>11.5%</td>
<td>109.4%</td>
</tr>
<tr>
<td>Male breast reduction (for the treatment of gynecomastia)</td>
<td>20,068</td>
<td>22,730</td>
<td>14,188</td>
<td>9.3%</td>
<td>192.7%</td>
</tr>
<tr>
<td>Labiaplasty</td>
<td>5,070</td>
<td>3,521</td>
<td>na</td>
<td>44.0%</td>
<td>na</td>
</tr>
<tr>
<td>Lip enhancement (other than injectable materials)</td>
<td>8,002</td>
<td>7,925</td>
<td>na</td>
<td>2.3%</td>
<td>na</td>
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<tr>
<td>Liposuction (lipoplasty)</td>
<td>363,912</td>
<td>313,011</td>
<td>176,863</td>
<td>16.3%</td>
<td>105.8%</td>
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<tr>
<td>Lower body lift</td>
<td>10,781</td>
<td>10,119</td>
<td>2,125</td>
<td>6.5%</td>
<td>407.4%</td>
</tr>
<tr>
<td>Neck lift</td>
<td>27,898</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Nose surgery</td>
<td>147,996</td>
<td>143,801</td>
<td>137,053</td>
<td>2.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Thigh lift</td>
<td>15,893</td>
<td>16,517</td>
<td>2,895</td>
<td>-3.8%</td>
<td>449.0%</td>
</tr>
<tr>
<td>Tummy tuck</td>
<td>160,077</td>
<td>156,508</td>
<td>34,002</td>
<td>2.3%</td>
<td>370.8%</td>
</tr>
<tr>
<td>Upper arm lift</td>
<td>22,077</td>
<td>22,969</td>
<td>2,616</td>
<td>-3.9%</td>
<td>777.5%</td>
</tr>
<tr>
<td>Upper body lift</td>
<td>2,207</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td><strong>Totals - Surgical Procedures</strong></td>
<td>1,883,048</td>
<td>1,688,694</td>
<td>939,192</td>
<td>6.5%</td>
<td>88.8%</td>
</tr>
</tbody>
</table>

---

Dr. Frank Lista  MD, FRCS(C)
The Plastic Surgery Clinic
Mississauga, Canada
What is the top reason you should **not** do it?
Disadvantages

• Does not fit with current practice demographic
Edge trim vs. wedge-rotation: Which is better? Why I do it the way I do
Advantages of Edge Excision

- Technically straightforward and versatile
- Avoid unique complications of other techniques such as dehiscence and fistulae
Operative Technique

- General or local anesthesia
- Edge excision technique
- Marked with patient
- Scissors
- 4-0 Vicryl rapide continuous suture
- Wash QID
- No strenuous or sexual activity for 1 month
Outcome
Clinical Experience

• Aug 2007 to Apr 2014
• 113 female patients
• Avg age 31 y (18-64 y)
• Avg BMI 22 kg/m² (16-35 kg/m²)
• Combined with other procedure 24.8%
• Avg follow-up 61 d (4 d to 17 m)
Sequelae and Complications

- 13.3% swelling, bruising, pain at first follow-up; symptoms resolve by 2 weeks
- 0.8% bleeding
- 3.5% revision; further reduction, asymmetry
Labial Reduction

- Safe procedure
- Within our area of expertise
- Rewarding
- Makes women feel better about themselves
- Simple
- Not any different than any other aesthetic procedure we perform
  - Motivation
  - Patient profile
  - Benefits to patient

Dr. Frank Lista  MD, FRCS(C)

The Plastic Surgery Clinic
Mississauga, Canada
THANK YOU!

Frank Lista, MD
Mississauga, ON, Canada
Aesthetic Plastic Surgeon
Labiaplasty/Vaginal Tightening

Lina Triana, MD
Cali, Columbia
Aesthetic Plastic Surgeon
Vaginal Aesthetic Plastic Surgery

Dra. Lina Triana
Plastic Surgeon
Cali, Colombia
No Disclosures
What is the top reason you should start doing it?
Vaginal rejuvenation increased 60% from 2011 to 2012.
ASAPS Statistics

- There is a 3.1% increase in the total amount of aesthetic plastic surgery procedures.

- The 1.86% was due to vaginal plastic surgery procedures.

Why not include in our practice Genital Procedures?

Don’t we want a piece of this pie?
What is the top reason you should start doing it?

Money must never be the main reason.
Surgical Genital Procedures
ANATOMY
Anatomy Varies
Every woman perceives her vagina in a different way.
Why do more than labiaplasty?
How to Address the Area

Listen to the patient

Exam

External

Vaginal relaxation

Stress urinary incontinence

Symptomatic prolapse
Identify the Problem

- **Pubic area**
  - Reduction and/or Pexy

- **Labia Majora**
  - Augmentation or Reduction

- **Labia Minora**
  - Reduction of clitoris hood
  - Labiaplasty

- **Vagina/Perineum**
  - Hymenoplasty
  - Perineoplasty/Vaginoplasty
Labiaplasty

- Direct Excision

- V Reseccion
  - Alter

- Deepitelizeation
Resection Clitoris Hood

- Superior Flap
- Longitudinal Resection
- Horseshoe Resection

Dr. Rakesh Kalra, India
VAGINOPLASTY

Anterior Colporrhaphy

Lateral Colporrhaphy

Posterior Colporrhaphy

PERINEOPLASTY

Genital Surgery

Labiaplasty

Access the Area as a Whole
Genital Surgery
Mission

SURGEONS

Treat the area as a whole

Understand what the patient wants and needs
What is the top reason you should not do it?

Not mastering the area
Dehiscence
Complications

Showing Scar
Genital Surgery Tips

- Is hyperpigmentation a concern?
Genital Surgery Tips

- Explain what you can and cannot achieve
Genital Surgery Tips

Listen to what your patient wants
Genital Surgery Tips

- Never over resect
Genital Surgery Tips

- Do not hesitate in working on the clitoris hood
Our Goal as Plastic Surgeons

Regain lost space in genital surgery

If we do not master this area the patient will go to a non core specialist that will also offer her tummy tuck, lipo and who knows what other aesthetic plastic surgery procedures.
Thank you
THANK YOU!

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