



## RESEARCH ARTICLE

### THE USE OF FEMILIFT ALMA LASER CO2 PIXEL IN VAGINAL TIGHTENING AND ITS SHORT TERM RESULTS

Assistant Prof. Dr. Ayse Konac

Istanbul Gelisim University

#### ARTICLE INFO

##### Article History:

Received 15<sup>th</sup> May, 2020  
Received in revised form  
19<sup>th</sup> June, 2020  
Accepted 27<sup>th</sup> July, 2020  
Published online 30<sup>th</sup> August, 2020

##### Keywords:

Laser, Vaginal Atrophy, Vaginal Relaxation, Sexual Dissatisfaction, Urinary Incontinence

#### ABSTRACT

**Introduction and Aim:** Vaginal Relaxation Syndrome (VRS) is a physical and psychological problem for women and their partners. It is aimed to evaluate the clinical efficacy of the laser procedure as a non-surgical method in these patients, who are usually referred for complaints of sexual dissatisfaction. **Materials and Methods:** CO2 laser Femi lift was applied to 96 women aged between 25-61 (mean 47.2 years) with vaginal relaxation. Patients were selected from those who did not have vaginal birth, had no prolapse but had a vaginal relaxation, or did not have vaginal relaxation but had sexual dysfunction caused by psychological factors. At the start and 2 months after the treatment, vaginal tightness control was performed considering vaginal palpation and patient satisfaction assessment. Special satisfaction in vaginal tightness was assessed with improvement in sexual satisfaction. **Results:** The study has been successfully completed with the participation of 96 patients. Significant increase in sexual satisfaction has been observed between 3 to 6 months after the procedure. **Discussion:** For vaginal relaxation syndrome, a significant increase was detected with CO2 laser on average 2 sessions. This significant increase was persistent for at least 6 months. This treatment is reassuring because it is painless, has no side effects and is easily tolerable.

Copyright © 2020, Dr. Ayse Konac. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## INTRODUCTION

As women get older, the rate of vaginal relaxation syndrome (VRS) increases. This is more common with birth, especially with difficult and traumatic vaginal births and menopause. VRS can cause both male and female physical and psychological problems such as sexual dissatisfaction. If the urinary incontinence is also accompanied by the irritant effect of urine, the problem is further increased. The quality of life of affected women may also decrease dramatically due to the loss of unforeseen and involuntary loss of urine. Psychological and social problems due to urinary incontinence associated with loss of sexual satisfaction for men and women require a real, permanent solution to VRS. Invasive (surgical) and non-invasive (non-surgical) VRS treatment options are available.

#### Non-invasive Approaches

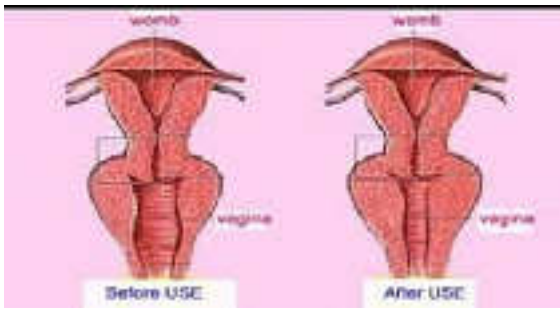
- Functional Electrical Stimulation (FES)
- Biofeedback applications
- Kegel exercises

#### Behavioral practices

- Tightening creams
- Hormonal creams, sprays and other pharmacological approaches are also available.
- Vaginal laser applications. Although they are noninvasive and harmless, their effect is somewhat limited and temporary and they require continuous application.

Invasive (surgical) procedures can provide better and longer lasting results. Surgical complications, however, are the result of surgical procedures performed on highly sensitive vaginal tissue. It can lead to dysesthesia and dyspareunia due to extended period of time needed for healing and the cause of scarring or nerve damage. The laser has recently been used alone and in addition to surgical approaches for VRS due to its ability to limit damage depth by wavelength with CO2 (10600 nm) and particularly high water absorption such as Er: YAG. This approach is called laser assisted vaginoplasty.

**Method and Evaluation:** At the age range of 25-61 (mean 47.2 years) 96 women with vaginal loosening or vaginal atrophy were treated with CO2 laser Femilift 1-4 weeks.



Perinometer and digital palpation evaluations were performed for vaginal tightness at the start and 2 months after treatment. Vaginal tightness control was performed considering vaginal palpation and patient satisfaction assessment. VRS patients with digital palpation examinations to ensure that they were all under 3/6, with perinometry examinations under 30 cm water. In the gynecological examinations of the patients, at the beginning of the treatment, it was ensured that the anterior and posterior wall were a maximum of stage 1-2 cystocele and rectocele but not descensus uteri. Of the patients, 58 were menses, but 38 were postmenopausal. All patients completed the 2 and 6 month evaluation of the treatment. All patients had some warming in the vagina during the treatment. No patient reported any major or lasting adverse side effects after the treatment. Significant improvement was seen in vaginal tightness evaluation and in patients' own sexual satisfaction up to 92% and in all perineum scores up to 86%

The use of CO2 laser applications has a significant short-term (up to 6 months) positive impact in the treatment of stage 1-2 vaginal relaxation syndrome or sexual dissatisfaction.”

## REFERENCES

- American College of Obstetricians and Gynecologists (ACOG). Vaginal “Rejuvenation” and Cosmetic Vaginal Procedures 2007
- Khatri KA. 1999. Comparison of erbium: YAG and carbon dioxide lasers in resurfacing of facial rhytides. *Arch Dermatol* Apr.
- Min Seok Lee, 2014. Treatment of Vaginal Relaxation Syndrome with an Erbium: YAG Laser Using 90 and 360 Scanning Scopes: A Pilot Study & Short-term Results, *Laser Therapy* Jul 1: 23(2)
- Newman JB, Lord JL. 2000. Variable pulse erbium: YAG laser skin resurfacing of perioral rhytides and side-by-side comparison with carbon dioxide laser. *Lasers Surg Med*.
- Price CR, Carniol PJ. 2001. Skin resurfacing with the erbium: YAG laser. *Facial Plast Surg Clin North Am*. 9: 291-302
- Trelles MA, Mordon S, Benítez V, Levy JL. 2001. Er: YAG laser resurfacing using combined ablation and coagulation modes. *Dermatol Surg*.

\*\*\*\*\*

## RESULTS