"4th dimension of esthetic medicine." A benign dissonance with one’s physical features is a ubiquitous trait in human beings. Cosmetic correction lends itself to a new dimension through the practice of medical and surgical aesthetics. Cosmetic gynecology focuses on the restoration of the female genitalia.

In past decade, there is tremendous increase in female genital cosmetic surgical (FGCS) and nonsurgical procedures available to women. Cosmetic gynecology is among the fastest growing sub specialties of cosmetic surgery and is offered by gynecologists, plastic surgeons, urogynecologists, and urologists alike. The focus is two-fold – cosmetic and/or functional improvement. Typically, both go hand in hand. While some procedures primarily treat the vulva, there are others that repair the vaginal anatomy in conjunction with providing better visible cosmesis. A key target and benefactor of functional improvement are the sexual function, often reduced due to childbirth and/or aging.

Cosmetic vulvo-vaginal surgical procedures have carved out their own niche and stepped beyond the realms of conventional medical practice. An impressive portfolio of such procedures offers myriad choices to patients and doctors to improve genital appearance or performance.

Non-surgical techniques have been instrumental in creating awareness and increasing interest amongst the general population. Having said that, surgical modalities are finding increasing acceptance. Many conditions experienced by women, often as a result of childbirth or the menopause, are amenable to treatment. Surgical procedures necessitate practitioners to have a comprehensive knowledge of the anatomy and physiology of the female reproductive system combined with a clear understanding of the aging process to ensure safety and best outcome.

Innovation in technology can have a profound effect on patient care. A powerful surgical tool, correct understanding of its function, blended with the knowledge of anatomy, and a true concern for the patient results in a recipe which can make a difference. A difference which can lead to immense emotional and personal satisfaction for the patient – “a beautiful blend of esthetic and functional and regenerative gynecology.”

A lucky few manage to transition across midlife without much trouble. However, for a fair few, the process of childbirth and aging bring along hitherto unknown challenges with far reaching implications and affects their psychological well-being and leads to a poor quality of life.

**INVISIBILITY**

Women might experience a lower sense of self-esteem as the aging begins to manifest. Aging seldom discriminates between the body and the face.

Aging of the skin is most commonly visible as wrinkling and sagging, both concerning symptoms for most women.

Sexual anxiety--Sexuality is a very important part of a normal life. If women is not comfortable with her sexuality, it leads to low self-esteem.

These issues should be addressed. Rejuvenating treatments can make a difference in their life!
Changing scenario
Globalization–changing social values for women
• Financial independence
• Assertiveness
• Increasing social acceptance of female assertiveness
• More demanding of themselves and people around them
• Heightened media exposure.

Changing scenario–medical advancement
• Advent of non-surgical techniques
• Adjuvant therapy
• Anti-aging medicine.

In present times, cost is less of a deterrent as more and more people embrace what was once deemed affordable to a select few. Cosmetic surgery/gynecology is no more a domain of the rich.

The advent of energy-based devices (EBDs) has revolutionized this field along with the use of adjuvants who has power of regeneration such as platelet-rich plasma (PRP), fat grafting and stem cells, use of fillers, and botox. The new-age woman wants to look her best and the esthetic appeal of the genitalia, is no exception to the rule. Several procedures which are not only restorative but also minimally or even non-invasive are at hand to meet this growing demand.

WE NEVER ACKNOWLEDGED IT AS A PROBLEM
• It was not uncommon to come across a woman or a couple dissatisfied with the appearance of the genitalia
• It was not uncommon to come across a woman with dribbling drops of urine and urgency, frequency, and leak
• It was not uncommon for a woman with vulval pain and dryness and discharge
• It was also not uncommon to come across a woman or a couple dissatisfied with vaginal laxity and sexual dysfunction
• It was also not uncommon to receive requests of giving a few extra stitches at the time of delivery
• Motherhood is greatest joy for all couples. Vaginal birth is a normal physiological phenomenon. During vaginal birth vagina stretched beyond its elastic limit and there are tears in muscular layers and fascia and some wear and tear gone unnoticed too. With time vagina get repaired and muscle get strengthen but some effect is left in form of vaginal looseness. It is a psychological and physical issue both for couple, having negative impact on quality of life. It is termed as “Vaginal relaxation syndrome” if not accompanied with any genital prolapse.

Esthetic gynecology addresses the demand of new age women who wants to look young in external and intimate appearance. From dermatological success technology is spread to rejuvenation of intimate parts of women “Facelift of V” allowing focus on complete female intimate rejuvenation. It is something beyond cosmesis only but also acts as rejuvenation tool of aging intimate area and a new treatment modality of genitourinary syndrome of menopause (GSM).

CONDITIONS ADDRESSED BY ESTHETIC/FUNCTIONAL GYNECOLOGY

Physiological needs
GSM:
1. Postmenopausal vaginal dryness and dyspareunia
2. Recurrent vaginal infections
3. Recurrent urinary tract infection
4. OAB and nocturia.

Anatomical need
Need for reduction/augmentation/smooth appearance:
1. Labia Minora
2. Labia Majora
3. Clitoral hood
4. Mons pubis
5. Vaginal walls – length and laxity.

Vaginal caliber narrowing, widening, Gaping vaginal introitus versus intact hymen.

What is changing the demands and main basis of exponential rise of this subspecialty is.

EVOLUTION OF EBD
• LASERS
• Infrared light
• Radio frequency (RF) energy
• Ultrasound technology.

ESTHETIC TREATMENTS WITH INJECTABLE
• Botox
• Dermal fillers
• Fat
• PRP
• Stem Cell.

This specialized area of practice includes cosmetic procedures aimed at enhancing the visible appearance of the vulvo-vaginal area, functional repairs to the vaginal anatomy, and improved sexual function and fulfillment.
Non-invasive intimate rejuvenation procedures such as PRP, specialized peels, carboxy therapy, and custom blended filler treatments along with use of energy sources like Q Switched Lasers prove to be a much better choice than surgery to address the aesthetic, functional, and sexual concerns of women.

DIRECT EFFECTS OF ESTHETIC GYNECOLOGY

• Great improvement in women’s confidence following treatment of her genital skin problem
• An esthetic uplift can lead to a psychological uplift
• Increased body awareness among women has resulted in hesitation and shame take a back seat as more and more women are now seeking cosmetic gynecology consultations
• Improved access to trained experts has only helped the cause of these women.

Factors impacting the appearance of the female genitalia
1. Traumatic/multiple child-births
2. History of gynecologic surgery
3. Body weight fluctuations
4. Strenuous/competitive sporting activities
5. Age.

FGCS

It includes cosmetic surgical procedures that are non-medically indicated. These procedures change externally the anatomy/structure and appearance of the healthy genitalia or internally in the case of vaginal tightening.

Common surgical procedures involved in the field of aesthetic gynecology:
• Vaginoplasty – is under taken for Lax Vagina. This procedure differs from that of a conventional vaginal repair (colporrhaphy) wherein often a muscular defect repair is not desired and involves approximation of excised redundant vaginal mucosa
• Perineoplasty – Genital pain/discomfort especially after a procedure such as episiotomy/trauma to perineal body
• Monsplasty – Excessive fat padding resulting in protrusion of mons especially while wearing tight clothing or conversely if one desires filling of mons area due to sagging especially after massive weight loss
• Clitoral hood elevation – Excess clitoral skin that results in poor clitoral stimulation during intercourse
• Labia majora plasty – Excessive labia majora skin laxity/sagging due to ageing/massive weight loss where one desires puffing of the area
• Labia minora plasty – Correction of either asymmetrical labial minora or reduction of excessive labia minora skin that may interfere in comfortable clothing, cause involution of labial skin during intercourse, chaffing, or even sitting down comfortably.

NON-INVASIVE PROCEDURES CAN BE USED FOR ESTHETIC REASONS OR FOR FUNCTIONAL INDICATIONS

Use of EBD:
• Lasers (CO2 or Erbium, Diode, and Hybrid)
• RF
• HIFU
• Photo-biomodulation devices

Essentially introduced to address vaginal laxity and for enhancing the skin tissue quality by stimulating neocollagenesis, neovascularization and improved lubrication at the level of the extracellular matrix resulting in tissue rejuvenation.

Lasers are also used for skin lightening, also called skin bleaching/whitening, scar tissue resurfacing. Other clinical applications are:
• GSM
• stress urinary incontinence (SUI)
• Sexual dysfunction
• Recurrent Vaginal infections
• Vulvo-vaginal atrophy (dryness and loss of elasticity/tone)
• Vulvodynia/vulva vestibulitis syndrome
• Lichen sclerosus.

The added advantage of using EBD in post-cancer treated patients following radiotherapy, or for breast cancer survivors wherein hormone therapy is contraindicated cannot be undermined. EBD are also increasingly being used as an adjunct to procedures done for addressing sexual dysfunction such as the G- or O-spot enhancement. Other procedures that involve the use of cell-based therapy have also been using EBD as an adjunct to procedures undertaken.

The perimenopausal period is a phase of decreasing estrogen activity along with reducing fibroblast function leading to a wrinkled, atrophied appearance of the skin. The aging process is most telling on the shape and volume of the vulvo-vaginal area which adopts a saggy appearance. Another common concern is
vulvo-vaginal dryness on account of the lower estrogen activity and especially in those who cannot be offered or have refused HRT. Labial atrophy is further compounded by loss of subcutaneous adipose tissue.

PROCEDURE

Despite its minimally-invasive nature, the procedure should be preceded by a
- Thorough medical history
- Consultation
- Coagulopathies
- Psychosomatic disorders
- Hypersensitivity to Hyaluronic Acid
- Untreated Psychiatric disorder
- Expecting mothers
- Lactating mothers
- Vulvo-vaginal malignancy
- Autoimmune disorder affecting the vulvo-vaginal region
- Locally Active inflammation.

FRACTIONAL LASER

- Delivers many narrow columns of laser light to the tissue
- Causes microscopic thermal zones
- Surrounding tissue acts as reservoir for rapid re-epithelization. Fractionated CO2 laser beam has proven to be a first line treatment option in those with SUI. It is a safe and minimally-invasive option to the surgical procedures. The CO2 laser works in three key ways. It stimulates new protein synthesis, improves tissue repair while reducing lichenification leading to significant cosmetic and functional improvement. In addition, in cases of vulval pruritus and burning, it is an effective choice for reducing inflammation.

RF function

It induces tissue tightening and contour changes by collagen remodeling as a non-invasive procedure with short recovery and small risk of adverse effects, it produces different levels of heat deep due to tissue electrical resistance. Heat increases collagen denaturation.

Aesthetic gynecology

A revolution that will mark the change!!!!!! The evolving branch of aesthetic and regenerative gynecology caters to the fundamental needs of the feminine health, thus changing the management of common gynecological issues to a new frontier.

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