

Vaginal tightening (Vaginoplasty)

Vaginoplasty is a procedure designed to reconstruct the vaginal muscle and lining, resulting in a tighter vagina.

Vaginoplasty, also known as 'vaginal rejuvenation' or vaginal tightening, is a procedure that can correct the problem of stretched vaginal muscles resulting from childbirth. By tightening and narrowing the vaginal canal, it can restore the intensity of sexual sensation and increase sexual satisfaction.

For women who've experienced multiple childbirths, the vagina may become stretched and can lose its tone and strength. The result can often be loose, weak, vaginal muscles. If the pelvic muscles become too loose, exercise may not assist this problem. An oversized and overstretched vagina reduces sexual sensation for both partners and Vaginoplasty can bring about an improvement.

The consultation

During the first consultation the surgeon discusses any urological and sexual problems. The vagina and the pelvic floor muscles are examined: we need to determine that you are a suitable candidate for the procedure.

The Surgery

Vaginal tightening is performed either under general anaesthetic or local anaesthetic with sedation, and may require an overnight stay. The operation takes around an hour to perform.

In this procedure, which is normally performed as a day case, a section of vaginal lining is removed and the underlying muscles are repositioned and tightened in such a way that the vagina is noticeably tighter. The surgeon will remove a section of tissue from the wall of the vagina, the elastic tissue that is stretched and sometimes cut or torn during childbirth. Perineal muscles are then reconstructed and repaired. Finally Mucosa (lining of the vagina) are then rejoined with stitches.

The incision is mostly inside the vagina and there are therefore minimal visible scars from this procedure. The result is an immediate decrease in the diameter of the vagina, and an increase in the tightness of vaginal muscles.

Any post-operative discomfort is generally similar to that of an episiotomy. This area usually heals well and the wound should settle within about 10 days. The repair is done with dissolving stitches which take approximately 6 weeks to dissolve.

After Surgery

A sanitary dressing and a perineal pad may be applied immediately after surgery, and all wounds are sutured with dissolvable stitches. In the first week after surgery the area is likely to be swollen, and bruised, and urinating may be very uncomfortable. This burning and stinging sensation can be eased, either by urinating whilst showering, or pouring lukewarm water from a jug over the area whilst urinating. An ice pack (or bag of frozen peas) can be used to alleviate the discomfort and reduce the swelling.

You will be sore and possibly a little swollen after surgery. Patients are usually able to walk comfortably within a few days and may return to sexual activities within 8 weeks.

What are the risks?

Fortunately complications with these procedures are uncommon. They include: bleeding which usually stops spontaneously within 24 hours, infection which can normally be treated with antibiotics and finally, opening of parts of the wound, which if it happens, will normally heal spontaneously.

Getting you back to work and normal activities

We recommend that patients observe as much rest (but not bedrest) as possible during the first week after surgery. Personal hygiene is extremely important for rapid healing and twice-daily showering is essential. Loose underwear should be worn for the first two weeks. Tampons should not be used during the first six weeks.

You would expect to be back to work in about a week and back to normal activities, including penetrative intercourse in 8 weeks.

Smoking and Surgery

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none">• More coughing• Developing lung collapse• Developing pneumonia• More risk of postoperative and longterm pain	<ul style="list-style-type: none">• Increased infection• Increased risk of bleeding• Poor healing• Wound splitting apart• Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 4 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 4 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix
Iscover

Non-steroidal anti-inflammatory medications

Aclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)
Eazydayz (naproxen)	Tri-Profen (ibuprofen)
Feldene (piroxicam)	Viclofen (diclofenac)
Fenac (diclofenac)	Voltaren (diclofenac)
Indocid (indomethacin)	Voltfast (diclofenac)
Inza (naproxen)	

Herbal and natural preparations

Garlic tablets
Ginger
Gingko
Ginseng
St. John's Wort
Fish Oil