

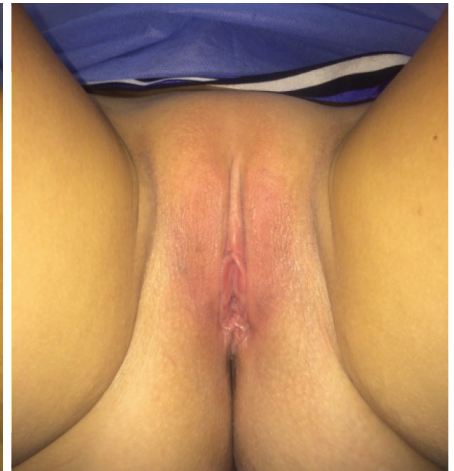
Vaginal rejuvenation - Er:YAG laser therapy



Before



Immediately after treatment



Six days after treatment

I began doing research in 2010 on vaginal laser tissue induction to achieve vaginal tightening and sexual enhancement. I started noticing an improvement of continence in patients who were leaking. I was very excited about the results and more than 60% of my patients have resolved their symptoms of stress urinary incontinence (SUI).

With Fotona SMOOTH® I treat several genitourinary conditions such as SUI, atrophy, vaginal laxity and prolapse. These non-invasive procedures use a patented non-ablative Er:YAG laser technology to send mild heat pulses to the vaginal walls. This results in functional strengthening of connective tissue inside the vaginal wall, and an overall increase in vaginal wall thickness. Some patients wish to avoid the risks of surgery and it is good to be able to offer them an effective, non-invasive solution.

Apart from the minimally-invasive treatments for SUI and vaginal tightening, I can also perform ablative procedures, such as vaginal whitening, condyloma removal, scar treatment, striae removal and other aesthetic procedures such as labiaplasty.

Procedure

One of my main procedures is vulval rejuvenation combined with whitening. The melanic regions like the linea alba and genital region are naturally darker, and with genital hair removal this is noticeable.

EDITOR'S COMMENT

We are delighted to publish both How I Do It articles on the use of lasers in gynaecological rejuvenation. While the FDA in the USA issued a warning regarding these procedures in 2018, they are approved by regulatory authorities in the EU and other regions. As with all treatments and procedures we would encourage our readers to explore further by examining all relevant literature and evidence.

I use a unique combination of different Er:YAG and Nd:YAG pulse durations. The first step of my protocol is labial and vaginal superficial tightening using Er:YAG in Fotona SMOOTH® mode (PS03: 7mm, 3.25-3.50J/cm², 1.4Hz) for non-ablative thermal stimulation and collagen contraction. I use a brushing technique with six passes throughout the contour of the labia.

The second step is a whitening procedure. For cold ablation I use Er:YAG in medium-short pulse (MSP) mode (R11, 7mm spot size, 1.1J/cm², 2-3Hz). Before using higher parameters, I apply anaesthetic cream. When doing more passes for deeper ablation, I always make sure to wipe the ablated tissue between each pass. Instead of one single pulse that will burn the skin, I perform multiple passes and precisely control the depth. I instruct the patients to apply 2% hydroquinone cream twice a week for two months and then once a week.

In the third step, the Frac3 short pulse Nd:YAG modality is used to remove pigmented imperfections (R33 handpiece 9mm, 20J/cm², 3.6Hz). In the last step, the Nd:YAG super-long PIANO pulse for bulk heating and skin tightening is used (with R33, 9mm, 90J/cm², six seconds with a brushing technique doing several passes over the labia).

The results I have seen are excellent, and down-time is minimal; usually just a few days of redness because of the ablative MSP.

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