

# 1. Questions for the Doctor after all my research

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## 1.1. Questions: General Procedure

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Dr Alinsod's performs a full-length vaginoplasty unlike most Plastic Surgeons who perform a perineoplasty - the surgical repair of the Entrance only, which does not tighten the entire depth of the vaginal canal. He also uses the Ellman Surgitron Radiofrequency device which is less destructive than the use of Yag lasers for his labial surgeries. I have more questions I would like answered below.

1. How is the future of vaginoplasty looking and are there any innovations on the horizon that can improve the outcome of the procedure?

There are various technologies that are trying to get FDA approval but are years away. One device made by Viveve tries to use radiowaves to shrink the opening of the vagina and give a tighter feeling. In general, full-length vaginoplasty will take a skilled and experienced surgeon to perform it properly and safely, one who has thousands of vaginal surgeries under his belt over a large span of time.

As for other new technologies out there, the Pelleve Radiofrequency skin tightening device shows a great deal of promise in tightening labia majora tissue so that it is not saggy and looking and feeling deflated. In our studies we have found three treatments of thirty minutes each spread out over three months has given patients outstanding results of more fullness in feeling but tighter in appearance. The price is about one third the cost of a full surgical labia majora plasty.

## 1.2. Questions: Long Term Effects

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### 1. Sizing

1. What is the size of the average vaginal canal?

The average depth of the vagina ranges from 9-11 cm and more. It is a very stretchy tissue and can accommodate more length and width with time. As for diameter, it is about two fingers in width (average person's fingers) for those who have not had babies and then goes to about 4-5 fingers or more in width after childbirth.

2. How is the selection of sizing determined?

You would need to decide how wide you want your canal to be by considering your present or future partner. Measurements will need to be done and surgeon and patient will have to spend time in making sure an agreement has been reached on the size desired.

If it is overcorrected and painful sex results Will this problem subside given time, as the area will gradually stretch?

Yes, that is usually the case with active use of estrogen cream and dilators to get you to just the perfect size you want. It may take several weeks to get you to that specific size. In fact, in some cancer patients and in some women who are born without a vagina, it may take a year of diligent use of progressive dilation to achieve the desired length and width. Patience is needed.

3. There have been feedbacks; that it stretches back to quickly – and they wished that they had gone tighter please comment?

I have had to re-tighten one patient in six years so yes it does happen on occasion. Most want it a little bit tighter so that they can then use dilators to give them the perfect size they want. Requests vary widely. I did have two patients who became pregnant after a vaginoplasty. One had a Caesarean Section and maintained her vaginal tightness and one had a vaginal birth and I repeated a second vaginoplasty six months after her delivery. Both were very happy with their decisions.

4. How resilient will the area be as it has gone under surgery and the tissues will be more or less resilient and easily prone to stretching?

The tissues are strong beneath the vaginal skin after stretching and should not widen greatly unless pregnancy occurs. The vaginal skin itself can stretch with persistent dilator use or with a large partner but it bounces back to its smaller size in most cases. It is patient dependant and also dependant on the menopausal status and the use of estrogen cream to keep the collagen content high in the vagina. Estrogen is key to a vagina's softness, suppleness, and moistness.

5. Vaginoplasty patients report, lack of deep tightening, and recurrence of looseness please add your comments on these results?

I do full-length and deep tightening all the way down to the "ischial spines" or the top of the vagina. The lack of deep tightening usually occurs when the surgeon has done a simple perineoplasty (repair of the space between the vagina and rectum) and has not done any deep work beneath the vaginal mucosa to bring the muscles and tissues back together. Although not always the case, many plastic surgeons only do perineoplasty though they call it "internal vaginoplasty." They are not typically trained to do deep pelvic work with rectums, levator muscles, and pudendal nerves. I have trained my plastic surgeons to do full-length vaginoplasty surgery all the way down to the ischial spines.

One advice I have for prospective vaginoplasty patients and that is to make sure to rule out any prolapse of bladder, rectum, cervix, uterus, or vagina. Also make sure that incontinence or a leaky bladder is evaluated before surgery. If any prolapse is present or incontinence an issue, choose your surgeon carefully and go to one trained in both reconstructive pelvic surgery and aesthetic vaginal surgery.

6. As the procedures involves the cutting of some of these nerve endings of the vaginal wall can this can result in a semi permanent or sometimes a permanent change in sensation? How can this be avoided?

No, not usually. There may be numbness for a short period of time but I have not had a patient tell me that after a vaginoplasty they had less sensation than before. Anything is possible I guess but it is not seen very often even by the busiest vaginal surgeon. What is typical is that they feel more tightness and friction and intimacy. It does not change the orgasmic platform so orgasms are generally the same in intensity and ability to obtain. Patients and surgeons vary so it is not unreasonable to believe that some patients may have had a “change in sensation” though I do not know what exactly that means.

## 2. Pregnancy

As delivery of babies during pregnancy will damage the LVR (Laser Vaginal Rejuvenation) or vaginoplasty, how safe is it to elect to have a C/S without major complications?

C/S are very safe nowadays though all surgeries have its risks. It depends on surgeon, anesthesiologists, patient health. You risk transfusion, infection, wound healing problems, embolis, aspiration pneumonia, high fever, fetal damage. These are very rare but not impossible. Do not have a vaginoplasty unless you are done having children in my opinion. By the way, I do not do “LVR” and do not use lasers as I see them as a marketing term or tool without significant medical benefits. Just my opinion.

### 1.3. Questions Complications - Anaesthetics

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As noted the procedure can be done via local with some sedation, nerve block, epidural, spinal, IV sedation, general.

What are the advantages of Dr. Alinsod’s refined techniques of the in-office anesthesia of having it done under mild sedation and local anesthesia as opposed to the other methods such as general or spinal anesthesia?

There is no safer way to do your surgery than when you are awake and comfortable and speaking with me the whole case. I have no IVs to place, it is done with numbing cream and local anesthetics and mild anti-anxiety agents and some narcotic effects. General anesthesia requires and IV and multiple drugs and a breathing tube or mask with complete loss of breathing control in most cases. Spinal anesthetic requires a needle in the back and that risks infection, wet taps, spinal headaches and brain damage. No such problem with my in-office technique that I developed in this past decade. The safest techniques without question.

### 1.4. Questions: Complications – Haemorrhage, Infections

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Vaginoplasty/LVR is reported as a safe procedure- less than 1%. However, like with any surgery there are risks.

There have been patients who have had unusual amounts of blood gushing out which happened to be haematoma. What processes or techniques do you have in place to avoid this and if such incident will take place what management plans are available?

Hematomas are very very rare and we make sure it does not happen by being meticulous with our dissections and suturing. We also make sure you have no history of a bleeding disorder or are taking blood thinners. We also have special medications in our office to stop bleeding vessels and clot them immediately. Lastly, our office is just in front of the hospital for any emergencies that may happen needing admission to the hospital. You will bleed like a light period after surgery and it may last a whole month. I have not had to transfuse a single patient as a result of an in-office procedure though know that it can happen to even the best of surgeons. Our staff practice all the contingencies and hope to never institute them. Knock on wood.

## 1.5. Questions: Complications – Internal Scarring

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Naturally the skills and the experience a surgeon possesses will contribute to a successful outcome and the complications such as internal scarring, which where scar tissue can develop into troublesome tissue, causing tenderness, pain or tightness may require much discomfort and further surgery or other forms of treatment in order to allow it the best chance to settle down.

This question has come about after reading feedback from a patient – not your patient. Dr Alinsod, with your extensive experience and additionally training of up and coming surgeons, could you please comment on what has occurred with the patient who has had hardness in the perineum area like there is ball in that area?

This happens immediately after surgery and for the first six weeks then is softened up with vaginal softening exercises, estrogen cream, and dilator use. We have developed a protocol used over the past decade to prevent internal scarring and it works wonders. We have no patient with a persistent internal scar or tenderness that stuck with our tried and true program of scar reduction. We also have a line of skin care products specifically for the vulvovaginal area that helps with healing and reduces scarring. We offer this to all our trainees and it is not available anywhere else. We work actively with the skin care company to develop original and unique products to even lighten the vulvovaginal skin if the patient desires. The healing cream and scar reduction cream contains pure medical grade collagen and hyaluronic acid similar to what the body makes to look youthful and young. A secondary cream we have created also gently and safely lightens the vulvar skin without carcinogenic Kojic Acid or Hydroxyquinones. We are the only practice in the world that approaches the vulvar region with the same care as the face when it comes to the “aftercare” and long term appearance.

Is this a relatively safe procedure, as it is noted that if one requires work on both the upper and lower vagina then there is risk of injury to the bladder and the rectum?

If all you need is a vaginoplasty and perinoeplasty then the only the lower compartment, the posterior compartment, will have surgery. The upper compartment, or anterior compartment is left alone unless you have a fallen

bladder needing fixing. There is not risk of injury to the bladder unless you work on the anterior compartment. There is risk to the rectum and a resultant vesicovaginal fistula (hole connecting the rectum with the vagina) can occur though this is very rare and easily fixed when found at the time of surgery or after surgery. I have had only one of these complications in the past 15 years. Rare but not impossible. Now if you need a bladder repair, rectal repair, incontinence repair, or even a uterine suspension or vault suspension, it is a different animal and the risks of surgery do go up. The area of the pelvis is a very bloody place and it is imperative that you find the most qualified surgeon to do those repairs first before you even consider cosmetics such as vaginoplasty and/or labial surgery. I would personally advice not going to surgeons who do less than five pelvic reconstructions a month. We average 12-15 a month of pure pelvic reconstruction with and without aesthetics.

## 1.6. Questions: – Post Operative Care management

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### **Pain Level Control- Adequate medication dispensed**

- ◆ A lady has reported that she ran out of pain medication because the pharmacy in the USA did not offer the full refills x2. What can be done to ensure adequate pain medication is dispensed at the first purchase ?

We can make sure you have more than 30 days of medications. I can write for two months worth to take home with you. You will have no pain when you leave the office and you will be numb for up to 8 hours before you will need to take pain meds. I can even use a pain pump for you to give you pain relief for up to a week. We can also give you more numbing cream specially compounded for our office so that you are completely comfortable when you travel home after labial surgery. With vaginoplasty surgery, we often combine a medication such as Ibuprofen or Naproxen along with the oral narcotics plus an anti-anxiety medication.

- ◆ Is there any customs – Airport regulations for declaring medication? No, assuming it was with a legal prescription with your name on it.

### **Check Up After procedure/ After Care**

- ◆ How long before and after the procedure is it recommended to consult Doctor Alinsod?
- ◆ I need to see you before the surgery, explain all the procedure, what to expect, how I do the procedure, the post-op experience, the softening exercises, etc. You should come two hours before the surgery and get fully educated by my staff and I. You then go home or to your hotel after surgery via driver or cab. We can arrange for a nurse to visit and check up on you at your hotel if you wish. We have a concierge service available to completely care for your needs. After surgery, I would like to see you the next day before you leave for home. For those who have a complete pelvic reconstruction I advice staying one to two weeks. For those for only a labiaplasty or vaginoplasty, only one day to two days is needed for you to be in town. I like to see all patients at two and six weeks post-op. For those from overseas, I advice a follow-up with their

gynecologist at two and six weeks also. Many send me weekly photos so that I can keep track of their healing. My staff keeps constant contact with my out-of-state and overseas patients with multiple phone calls and emails.

- ◆ Is a 7 days recovery period prior to flying home sufficient?
- ◆ Yes indeed. You should have a gynecologist in your hometown to see you as a backup in case you have problems such as excess bleeding, broken sutures, infection, etc. We give you ten days of antibiotics and anti-inflammatory supplements so infections are very rare.
- ◆ If the pain level is unbearable – during the immediate post-op period, can there be an assistant nurse for aftercare?
- ◆ Yes, we can have a home health nurse visit you in your hotel.
- ◆ A patient has described an internal wound after 5 weeks. Is this a normal part of the healing process she has described which is a vertical wound inside the vagina on the left side? Will this subside gradually and will this wound cause general discomfort?
- ◆ No, it is not the usual to have this internal wound on the left side. There may have been a tear during surgery. The incision is generally in the middle of the floor of the vagina going all the way up and also going down the perineum to end above the anal opening. This scar stays around for a couple of months and the softening exercises along with the estrogen cream use will resolve this scar tissue and the scar softens. It is actually undetectable within 3-6 months when done properly. In fact, I pride myself in my repairs by trying to make sure that no scar is detectable by any patient's gynecologist down the line.

## 1.7. Questions: Effective management to avoid Bladder Shutting down/ – Painful Bowel movement & avoid tearing in the region soon after the surgery

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### **Management of Painful Bowel Movement/ Haemorrhoids**

It appears that a majority of the patients experience severe constipation, being so backed up, which results in excruciating pain. What are some recommendations in managing this besides having plenty of exercise and having high fibre in your diet?

First, before vaginoplasty surgery, we do a complete bowel prep. This gives us the chance to prevent constipation and start from scratch. We recommend these: Milk of Magnesia, Colace, Fibercon or Metamucil or Citrucel, Prunes, Prune juice, Dulcolax suppositories and Fleets enemas as needed. We have also changed our protocols to reduce our dependence on narcotics post-op and have found newer medications that give the relief of narcotics without the constipation seen. As stated earlier, we rely on a combination of non-steroidal anti-inflammatory agents

such as Ibuprofen and Naprosyn, along with the new non-narcotic pain meds. Together they are quite effective.

- ◆ Is starting Colace 3 days prior to the surgery in addition to Senna & Miralax more effective management to avoiding excruciating pain & experiencing bowel and bladder shutting down?

Yes, these are very helpful. We stress the use of stool softeners. Remember, we will recommend a complete bowel prep before surgery also. By the way, any stool softener mentioned really does not have any effect on the bladder. I have never heard of the bladder shutting down due to the Colace/Senna/Miralax. What you may mean is that the bladder does not function well and that the patient has a hard time urinating. When that happens, it is usually because of the pain of surgery making the patient guard and afraid to void. The patient is unable to relax enough to release the muscles that allow the urine to flow. Another reason the bladder “shuts down” may be from the bladder repair or the sling that may have been placed for fallen bladders and leaky bladders.

- ◆ Why do some patients have chosen to take laxatives such as Senna despite advise from Dr. not to take such?

I do not know why. Fiber really is a good thing to take post-op. We have our own special techniques and formulas for you. We even have you do bowel prep so that you do not have to worry about bowel movements for several days. We clean you out before surgery. This also reduces the risk of rectal injury and infection.

- ◆ What can be done to ensure to avoid problems with voiding? In the event that patients experience problems of voiding/ Bladder is this a manageable process?

Pain management and the use of anti-anxiety agents such as Ativan or Valium are quite useful in making sure you are able to urinate on your own and not need a catheter long term. Very very few of my labiaplasty or vaginoplasty or perineoplasty patients ever need a catheter. I can count them on half a hand.

### **Avoid tearing in the region soon after the surgery**

Being so backed up there can result in tearing the region and stitches becoming open which may defeat the purpose of the procedure. What can you recommend prior to and after to ensure this does not happen?

Bowel prep and cleanout and the use of the above mentioned regimen to keep the stools soft are key. The area is sutured in four layers so it is unusual for the wound to open up all the way. Superficial opening of the wound may occur but it usually closes up on its own without anyone ever knowing it had opened up. The healing occurs from the bottom up. The key to proper healing is to not soak in tubs due to its weakening effects on sutures, not to do much physical activity to prevent tension on the edges, not placing anything inside the vagina except for the estrogen cream,

to keep the legs closed to remove any tension on the labial or vaginal edges, and to allow mother nature to heal the wound. It is also important to keep your health and immunity at its peak with a proper diet and nutritional supplements. We believe in a very holistic approach to your health in which diet, attitude, outlook, and knowledge all work together for optimum healing.

## 2. Checklist

**Please leave blank if items are needed & indicate where Items are not essential**

<b>Things To avoid Prior &amp; During</b>	
No tylenol 2 weeks prior surgery, taking for menstrual cramps ok? Tylenol is safe but avoid heparin, Coumadin, aspirin, Ibuprofen/Motrin, Alleve/Naprosyn, Celebrex, or any herbal products that may thin the blood. Even high doses of Vitamin E and certain anti-depressants affect the way the blood clots. Avoid all of these for a week before surgery.	<input type="checkbox"/>
<b>Pain Relievers</b>	
Ibuprofen 800mg X 3 daily – In Australia only 400mg. Or Panadeine Forte ok? This is acceptable and good to use in moderate doses of 400-800mg every six to eight hours. I do not know what Panadeine Forte is.	<input type="checkbox"/> Use
Percocet as needed by the Doctor Issued after Surgery	Use
Medication for Nausea from Pain Medication- Please list names Nausea medications range from Zofran, Compazine, Phenergan, Reglan. We can provide prescriptions for all of these. We give you one of these before surgery to make sure you do not feel nauseated during the case. We can give them as pills or injections. Remember, there is no IV placed.	Compazine or Phenergan
Sun burn spray (containing lidocaine to numb the area – Similar to Dermoplast from the USA, used by women after child birth) & antiseptic pain relief cream We do recommend these to help you deal with pain in the first few days. We recommend Dermoplast or Hurricane spray. We have compounded 30% BLT numbing cream also.	Dermoplast is good
For Itching - antihistamines (Telfast, Benadryl, for itching) We have Benadryl and Atarax available in the United States. The topical Benadryl works well when the itching starts at two weeks post-op when the sutures start absorbing. Sutures start dissolving into a watery and jelly-like substance and it can cause itching until it is all gone. It can take up to six to eight weeks for all the sutures to vanish.	Benadryl or Atarax is good
<b>Sleeping – As Pain medication can keep you awake</b>	
Calming medicine (Klonopin, Ativan, Seroquel etc) to sleep and relax, and keep you still. We have a large variety to choose from. We typically use Ativan, Valium, or Xanax. We stay away from antidepressants since they take too long to work. We avoid Versed because of its risk of altered breathing and the need	Dalmane or Xanax or Ristoril

for an IV.	
<b>Management of Constipation/ Haemorrhoids</b>	
Plenty of exercise before & High Fibre Foods, Prunes, Almonds, Cereals, MetumucilHaemmorids - fleet enema to solve the problem. Yes, high fiber diets are key. Exercise does little to reduce hemorrhoids. Fleets enemas do not get rid of them either. Preparation H and Anusol with steroids are quite relieving and helpful in many cases. By the way, I do many hemorrhoidectomies for both function and appearance. Nothing worse than a very beautiful vulvovaginal area then seeing an anal opening surrounded by large and multiple hemorrhoids. One more thing, hemorrhoidal surgery is probably more painful than both vaginal and labial surgery.	
<ul style="list-style-type: none"> <li>◆ 3 days prior 100mg 3x Colace daily to commence before surgery and don't let 2 days go by without using it.</li> </ul> <p>Generally not needed before surgery unless you have a problem with constipation. Our bowel prep will clear you out well.</p>	
<ul style="list-style-type: none"> <li>◆ A bowel prep before surgery, Milk of Magnesia, Sennakot, Miralax, glycerin suppositories.</li> </ul> <p>We have three different bowel preps for you to choose from. We have pill based preps for those who can swallow pills and hate liquids. We have liquid based preps for those who hate pills and can swallow liquids. We have one day preps and three day preps depending on your desires for aggressiveness. It is good to have Milk of Magnesia, Fiber Supplements, Glycerin, and perhaps enemas to be available in case it is needed.</p>	
<b>Aids to accelerate Healing &amp; relieve of Swelling &amp; Bruising</b>	
Medical Compression Garment & Loose clothing / Skirts There is no need for compression garments. Wear loose clothing. Men's boxers, sweats, loose panties are popular. Avoid tight jeans and thongs.	
<ul style="list-style-type: none"> <li>◆ Ice-packs immediately ( 20 mins on 40 mins off) for 2 days. a paper towel or thin, soft cloth on the swollen area to apply compress donut pillow to sit. Bring snacks.</li> </ul> <p>Ice packs are quite useful and we recommend their use. Swelling is worst in the first week then goes down. A soft pillow to sit on, even the ones shaped like a doughnut, are useful. A neck pillow is even better for dual use. We provide snacks in the office post-op but you are certainly welcome to bring your own.</p>	
<ul style="list-style-type: none"> <li>◆ Petroleum jelly (for the wound, after antiseptic, to minimise scarring.</li> </ul> <p>We have special creams as part of our wound healing protocol. We have estrogen creams, collagen cream, and hyaluronic acid creams for outstanding healing. We even have Vitamin C creams for skin lightening. The petrolatum jelly, or Vaseline, is useful to prevent the burning of the wound during urination. It really does not help in minimizing scarring.</p>	
<ul style="list-style-type: none"> <li>◆ Arnica Montana For Swelling and Bruising- Pill /Gel</li> </ul> <p>This is touted to work well. I have used it and do not see much change. Probably because I see so little bruising in general.</p>	
<ul style="list-style-type: none"> <li>◆ Bromelain – Swelling and Bruising &amp; acceleration of healing</li> </ul> <p>Probably helps but I have no direct experience with this.</p>	

<b>cleaning &amp; Infection/ hygiene / Draining</b>	
<ul style="list-style-type: none"> <li>◆ Dermoplast, -cotton tips (for cleaning) saline (for flushing anything gross out of the wound, like dried blood) <b>All excellent stuff to use as you heal.</b></li> </ul>	
<ul style="list-style-type: none"> <li>◆ Tea tree oil vaginal suppositories in case of infection <b>I have no experience using tea tree oil.</b></li> </ul>	
<ul style="list-style-type: none"> <li>◆ An ear syringe bottle for washing the area after toileting or a peri bottle) <b>This works well. So does a spray head that can be attached to a bathtub water spout or a shower head attached to a long flexible connector.</b></li> </ul>	
<ul style="list-style-type: none"> <li>◆ Antibiotic script issued such as Cipro, Rulide Levagquin, Keflex. <b>Yes. A broad spectrum antibiotics is used. Examples are Cipro, Levaquin, Keflex, Septra, Augmentin.</b></li> </ul>	
<p>Neosporin to avoid sticking to the pads / S Napkins sprayed with witch hazel and put in the freezer (to keep cool, clean minimise swelling/bruising) <b>This works. Basic Vaseline is also useful if there is burning of the surgical site during urination.</b></p>	
<p>betadine to add to the wash bottle at 2% concentration (3% hydrogen peroxide not recommended by publications unless you are trying to deteriorate the absorbable sutures because in longer than 2 weeks and aren't breaking down on their own) <b>Betadine is used for cleaning before surgery but not really needed afterwards. Hydrogen peroxide with burn and hurt if too concentrated. Just use soap and water and gentle dabbing dry.</b></p>	

Written and answered by Red Alinsod, MD, in response to a patient's set of questions sent from overseas.

March 17, 2011