THREAD VAGINAL TIGHTENING

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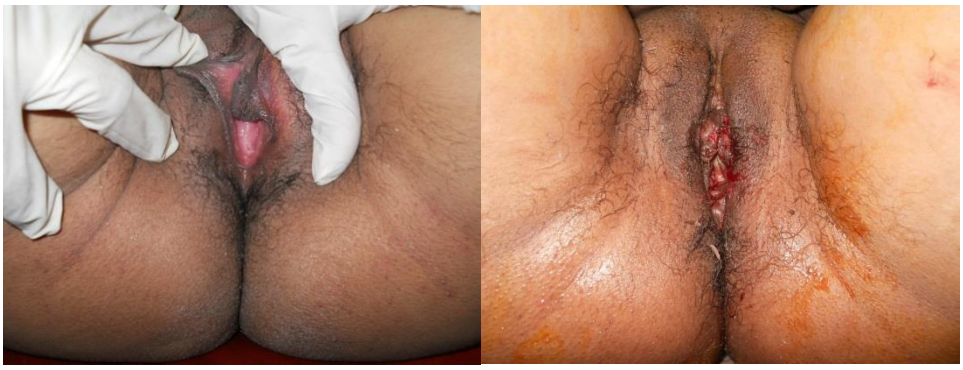
Introduction:

Threads in facial surgery have been used extensively [1,2]. The authors describe a simplified technique of hymenoplasty, vaginal tightening and labiaplasty under local anesthesia using threads. After proper learning of the technique, complications are minimal and results are excellent.

Labiaplasty

Patients are operated in the lithotomy position. Careful antisepsis is done with povidone iodine. 2% chilled xylocaine in normal saline in a ratio of 20cc 2% xylocaine + 60cc of 0.9% normal saline is used as anesthesia using ultra-fine insulin syringe for the initial spurt, and fine lamis syringe for infiltration of the rest of labia portion to be operated. We use fine scissors for trimming edges of the cut / broken / lacerated labia. We repair labia majora using prolene 3/0 interrupted / continuous sutures. However, catgut 3/0 sutures, can also be used. For the labia minora, we use catgut 3/0 sutures either continuous or interrupted (Figs 1 & 2).



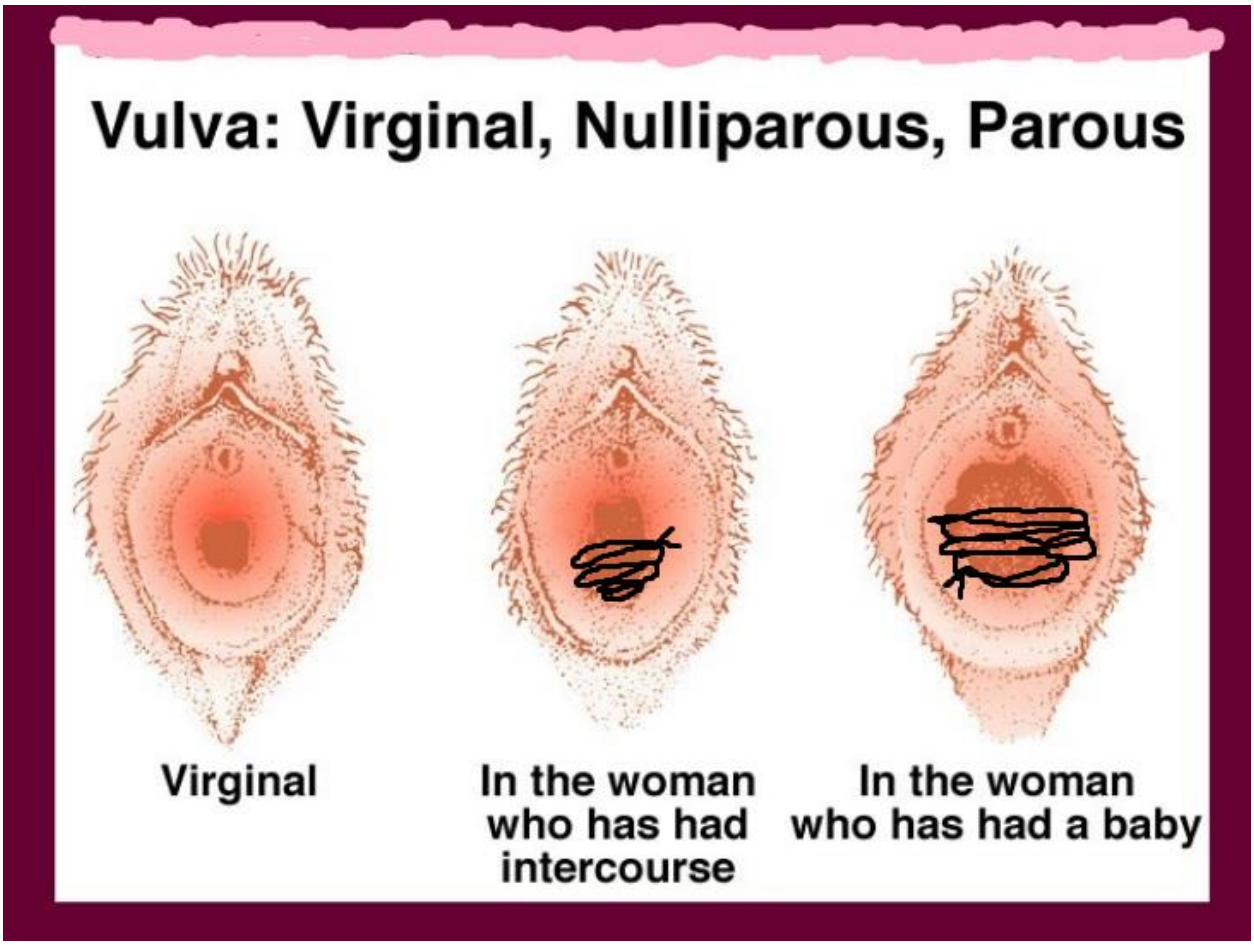
Figs1 & 2: Before and After Labiaplasty.

Thread Introitus Narrowing, Hymenoplasty & Vaginoplasty
(Computer Generated Diagrams A & B ; Figs 3-6):

Threads have been used extensively in facial cosmetic surgery [1,2]. We have devised simpler thread introitus narrowing, hymenplasty and vaginoplasty. First of all inspection is done, and spurs around the introitus opening are examined, in the lithotomy position. Shape of the opening is inspected, and its length and breadth are assessed if elongated. Hymen shape and tears are noted very carefully. Palpation is done using index finger of the right hand. Vaginal examination is also carried out using either the index finger or middle finger of the right hand. In palpation, width, tone, shape, spurs, length and breadth if elongated, and the ease with which index, middle, or more fingers pass through the introitus, into the vaginal canal are noted. In vaginal palpation, length, width, height, type of endometrium, and the prescence of any fistulas are checked. Thorough discussion with the patient is done, as to how much narrowing patient desires of the introitus, and the vagina. Some patients desire extreme narrowing of the introitus, so that only tip of the little finger can pass with difficulty. It is suggested to patients that extreme narrowing of the introitus can lead to problems in intercourse and pregnancy later on. Hymen repair to virgin state, and shape to be restored must be discussed clearly with the patient. Most patients desiring narrowing of the vaginal canal, are actually not concerned with its extreme narrowing.

Thread Introitus Narrowing & Hymenoplasty:

The computer generated diagram (CGD A), shows the hymen shape in a virgin state, in a woman who has had intercourse and after childbirth. It also shows the catgut 3/0 continuous locking sutures for closure. After the chromic catgut sutures dissolve after some 3 weeks, the virgin state of the hymen is restored, admitting tip of the index finger in the non-relaxed state.

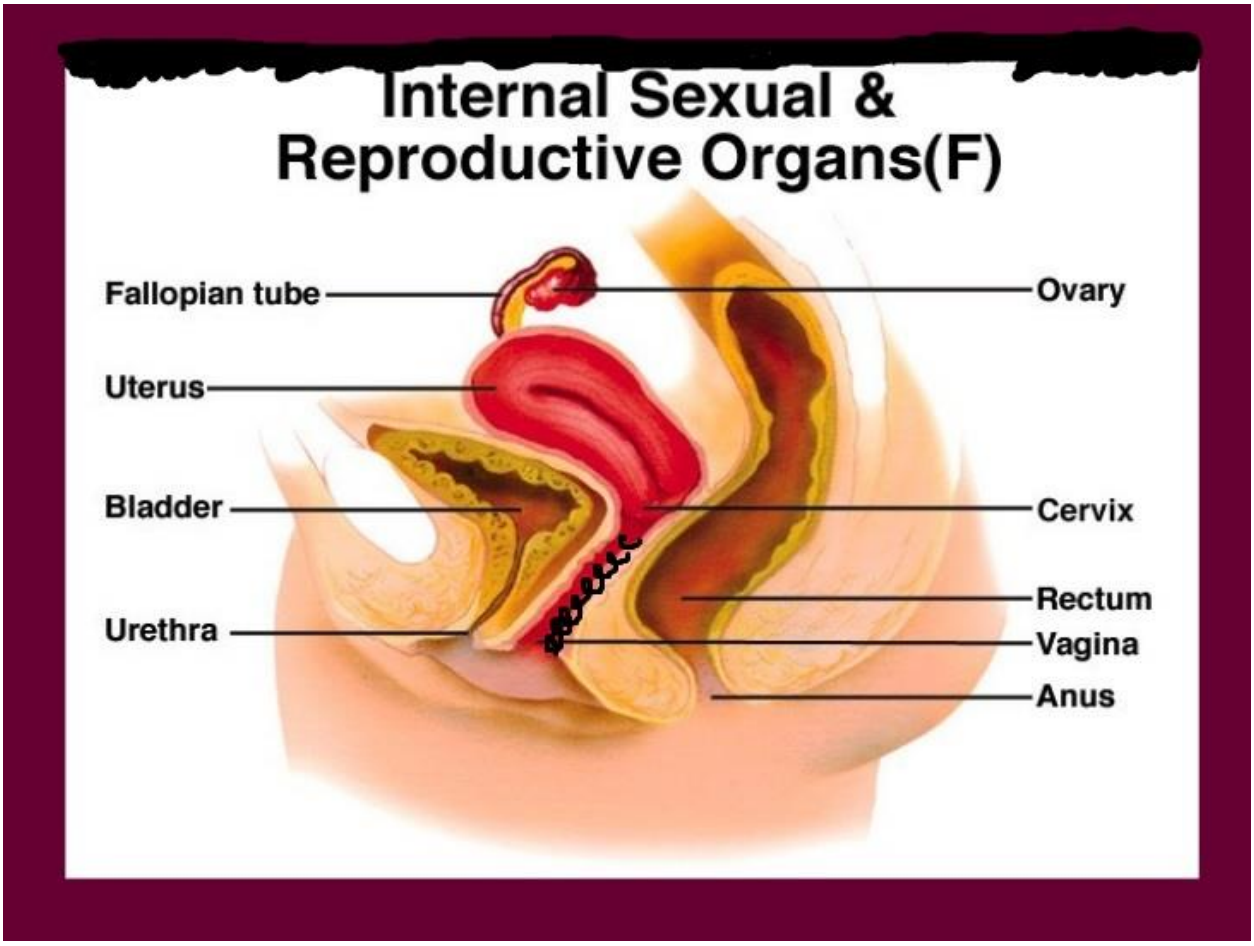


CGD A : Hymen virgin state; with intercourse & after childbirth depicting hymen repair with sutures.

After careful antisepsis with povidone iodine, with the patient in the lithotomy position, the assistant stretches the labia apart, so that the introitus becomes prominent. We use chilled 2% xylocaine for anesthesia using ultra-fine insulin syringe. The anesthesia is administered at the lower part of introitus opening, and gradually advanced along the lower half to two thirds of the introitus opening. Incision is made using a no 11 scalpel blade at the lower part of the opening. Then using fine scissors, the lower half to two thirds of the introitus opening is made raw. Hymen tears must be repaired, and restoration of hymen to as much as possible to the virgin state must be carried out. However, the hymen shape restored, will vary from patient to patient somewhat, and this must be discussed with the patient, prior to the procedure. Closure is

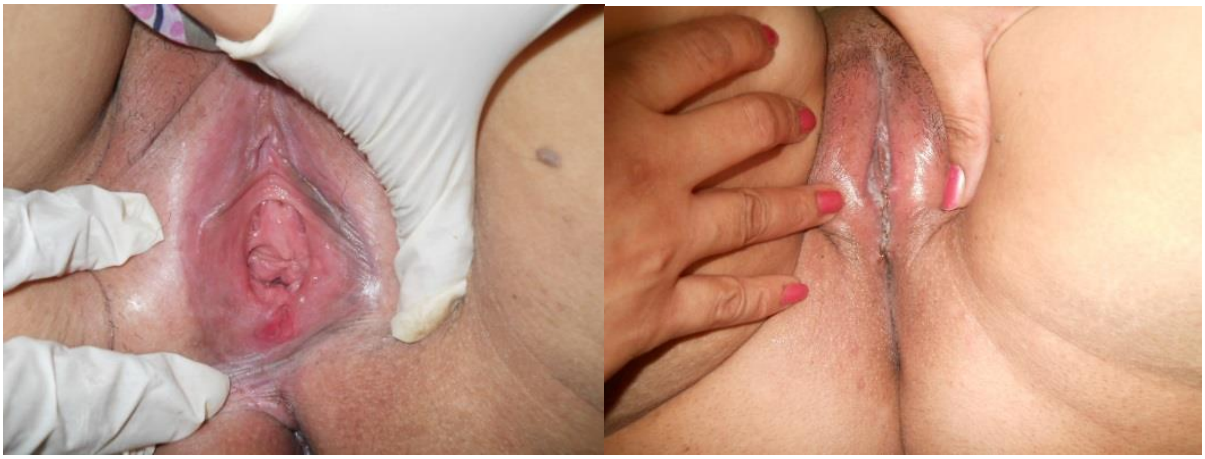
performed using 2/0 or 3/0 continuous catgut stitches, starting from the lower side, and reaching uptil the introitus. Hymen repair must be done via tear repairs, and via utilizing the neighbouring tissues, until it admits only tip of the index finger. After careful check up of the opening, sutures, and knots, antiseptic ointment is applied, a sterile pad is given to the area, over top of which, the patient wears a sterile undergarment.

Thread Vaginoplasty:

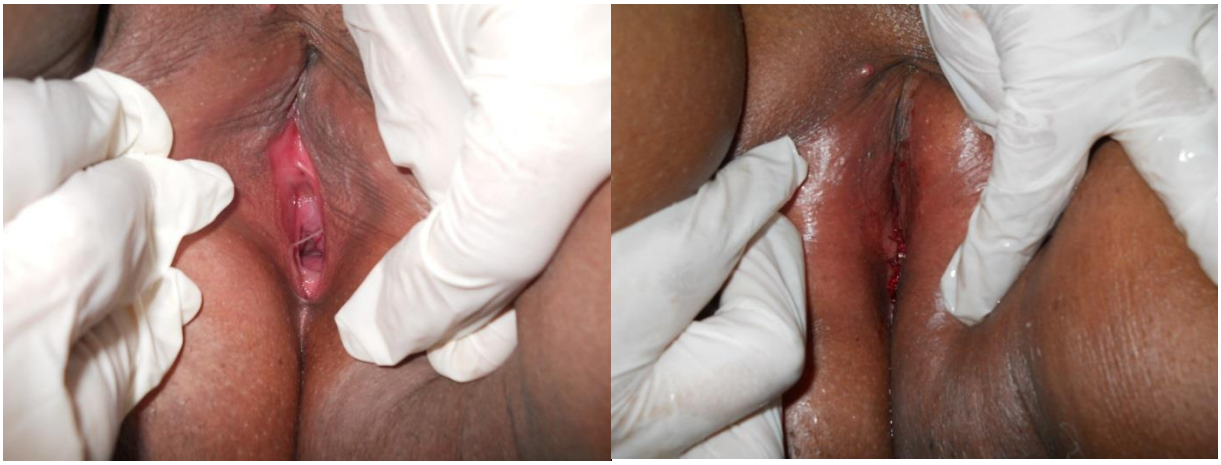


CGD B: Thread Vaginal Tightening showing continuous sutures (black), in the lower floor of vaginal canal.

If vaginoplasty is planned, after administering the anesthesia for introitus, we use chilled klein solution without epinephrine, using a lamis syringe for the lower part of vagina. If difficulty is experienced in administering the anesthesia, we give a cut with no.11 scalpel blade at the lower part of the introitus. The floor, and side walls of the vagina are infiltrated with klein solution as required. Now the floor and side walls of vagina are made raw, using a long thin forceps. The endometrium is made raw up to the myometrium. Now the upper borders of the raw areas are brought together with chromic catgut 2/0 continuous locking stitches, starting at the far end, and coming towards the introitus, leading to narrowing of the vagina. The stitches should be deep upto the upper myometrium, and should take part of the upper myometrium (CGD B). However, extreme care should be taken not to perforate the perimetrium, or go into the deeper myometrium. We can use either a small needle holder or hand suturing technique, using a curved needle. A small straight needle with thread can also be used [3,4]. Antiseptic ointment is applied over the stitches in the vaginal canal. Now introitus is narrowed as described previously. Figs 3-6 show the before and after results of vaginal canal tightening, hymenoplasty and introitus narrowing. In the post-operative period, it is important to keep the area clean with antiseptic solution diluted in water, after every urination, and application of antiseptic ointment along the introitus and carefully into the vagina, using a special plastic long nozzle. It is important to operate the patient immediately after the menstral periods, so that most of the healing takes place until the next menses. We use cefadroxil monohydrate (broad spectrum antibiotic), starting 1 day pre-operatively, and continuing for 7-10 days post-operatively. In addition, we use metronidazole 400mg twice daily, for 7days, after operation, and NSAIDs as pain killers, for 3-4 days only.



Figs 3 & 4: Before & After Thread Introitus Narrowing, Vaginal Tightening & Hymenoplasty.



Figs: 5 & 6: Before & After Thread Vaginal Tightening & Hymenoplasty

Conclusions:

Thread vaginal tightening, thread hymenoplasty and labiaplasty are simplified minimally invasive cosmetic techniques performed under local anesthesia. With proper training and expertise, there are minimal or no complications, with a very high patient satisfaction rate.

References:

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