



Vaginal tightening (perineoraphy)

The most common cause of an enlarged vagina is childbirth. Some women suffer stretched pelvic floor muscles and vaginas after one or several births. This can lead to incontinence and some women also feel that they have changed and become so stretched that it has a negative impact on their sex lives. Post-menopausal women and those who have been treated for cervical cancer can find their vaginas have enlarged, and may seek help.

This procedure is designed to reconstruct the vaginal muscle producing tight vagina .

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

In this procedure, which is normally performed under local anesthesia with sedation as a day case, a section of vaginal lining is removed and the underlying muscles are repositioned in such a way that the outer third of the vagina is noticeably tighter. The surgeon will remove a wedge-shaped 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. Any post-operative discomfort is similar to that of an episiotomy, where the perineum is cut during childbirth. This area usually heals well and the wound should settle within about 10 days.

After Surgery

A sanitary dressing 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.

What are the risks?

Fortunately complications with these procedures are very rare. 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. Fortunately these complications are very rare.

Getting you back to work and normal activities

We recommend that patients observe as much bed rest 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.

Back to normal activities including penetrative sex in 6 weeks.