



genital surgery

# OVERCOMING OBSTACLES

WOMEN CAN EXPERIENCE AN ARRAY OF FUNCTIONAL AND AESTHETIC ISSUES IN VAGINAL ANATOMY. GYNAECOLOGIST AND PELVIC RECONSTRUCTIVE SURGEON **DR OSEKA ONUMA** EXPLAINS SOME OF THE OBSTACLES WOMEN CAN FACE WHEN SEEKING TREATMENT. GEMMA GARKUT REPORTS.

The question 'am I normal?' can plague women of all ages, particularly when it comes to the appearance and function of the vagina and urinary system. Gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma says one of the most pertinent issues in the field of gynaecology is the lack of open and honest dialogue, both in mainstream society and the medical community, which leads to many obstacles in women seeking treatment.

'When people talk about medical issues it seems the more common the problem is, the more confident people are about talking about it,' he says. 'Gynaecological and urinary problems are very common, and yet as a society we are very behind in talking about these issues.'

In fact, as Dr Onuma quickly notes, the sexual attitudes towards men and women have differed greatly since the 1950s. 'It wasn't until the late 1940s and early 1950s that female sexuality was actually acknowledged and revealed,' says Dr Onuma. 'Obviously a lot of progress has been made since then, but a lot of catch-up is still needed.'

This need to catch up is reflected in the US definition of female sexuality disorders, says Dr Onuma, which was

derived by the American Psychiatric Association. 'The definition categorises issues with female sexuality into that of a psychiatric disorder – so when a woman is close to talking about an aspect of her sexual health she is worried about, she's told it's all in her head!'

Dr Onuma recently attended a round table discussion with the International Urogynaecological Association, addressing the issue of sexuality in female gynaecological problems. 'The International Urogynaecological Association has been at the forefront of female reconstructive surgery for a long time, recognising female sexuality as a complex interplay between function, hormones and psychology,' he says. 'There is a clear need for this complex definition to be expressed more openly in public.'

One of the symptoms of not having a clear, open forum for gynaecological concerns is a widespread misunderstanding of what is classified as 'normal' – both in terms of vaginal anatomy and urogynaecological problems. 'The kinds of problems are as varied as the women who suffer from them,' says Dr Onuma. 'There is a very wide spectrum of what is "normal". I never make assumptions

as the real problem may be more subtle than the one being expressed. I want to know not only the symptoms but also the length of time they have been endured and how her quality of life is being affected. After a thorough examination, the correlation of the clinical findings with the symptoms results in higher success rates – both in terms of the surgery and patient satisfaction.'

Some of these problems commonly experienced by women include protrusions or lumps within the vagina, scar tissue, discomfort or sagging at the entrance to the vagina. Oversized, elongated or asymmetrical labia minora, the inner vaginal lips which surround the entrance to the vagina, can cause irritation and discomfort when wearing certain clothes or doing things such as bicycle and horse riding, or during sexual intercourse.

Loose or weak vaginal muscles caused through the muscles stretching during childbirth is a common problem for some women and their sexual partners during intercourse. 'The body needs to adapt to something growing inside it to allow the baby to be fed properly and grow, but at the end of the day the baby must come out the entrance of the vagina,' says Dr Onuma. 'In order for this to happen, the body's bones get softer, but the joints in between these bones – the ligaments – have increased mobility and become stretched. 'This is a brilliant mechanism and a part of this is the body's ability to return to its post-childbirth state. Of course, no one has complete restitution after childbirth but some women present with more damage than others,' he explains.

Dr Onuma's specialisation lies in the areas of female incontinence, menstrual dysfunction and prolapse. 'Many patients experience bladder issues and prolapse, which is the detachment of the uterus through the vaginal wall. Patients often can't tell these are the problems at hand, but they know that something feels wrong and uncomfortable,' he says. 'A very specific list of questions is essential, otherwise the root of the problem can be misdiagnosed or disregarded by professionals – which is extremely discouraging for patients.'

Another problem may be female stress urinary incontinence, caused predominantly by an improperly functioning urethra. This happens when weakened muscle and pelvic tissue don't support the urethra adequately. As a result, the urethra doesn't maintain a tight seal during exercise or other movement such as coughing or laughing, and urine escapes.

'Since sanitary companies began advertising the use of sanitary pads for incontinence on television and other media, talking about incontinence and urinary issues is not as daunting for many patients,' says Dr Onuma. 'To eliminate the obstacle of feeling embarrassed or uncomfortable about seeking treatment for women, improving this public forum is essential. Obviously the context of advertising is not suited to many other gynaecological issues, but acknowledging these issues within the general arena of female anti-ageing and cosmetic treatments could be the first step.' **acsm**

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