

MARINA MANTOVANI

# AESTHETIC AND FUNCTIONAL GYNAECOLOGY

COMBINED TREATMENTS FOR  
VULVOVAGINAL REJUVENATION



Officina Editoriale Oltramo

**AESTHETIC AND FUNCTIONAL GYNAECOLOGY**  
Combined treatments for vulvovaginal rejuvenation  
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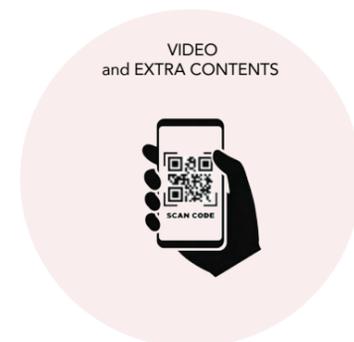
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Officina Editoriale Oltrarno

# AESTHETIC AND FUNCTIONAL GYNAECOLOGY

## COMBINED TREATMENTS FOR VULVOVAGINAL REJUVENATION

# Preface

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*“Being a woman is so fascinating  
It is an adventure that requires courage,  
A never boring challenge”*

Agatha Christie

Whether we are aware of it or not, we are witnessing significant cultural changes in the approach to medicine and self-care.

Starting from the more general aspects, an essential revolution that has increasingly gained hold in the last few decades is the emphasis on prevention. Taking it to the extreme – although in some cultures this concept is deeply rooted – it could be said that the task of doctors is mainly to maintain the state of health, and only in case of failure of this goal or an unpredictable endogenous or exogenous event (infectious, traumatic or other), the therapeutic intervention in the strict sense, either medical or surgical, becomes decisive. In a manner that is closer to reality and the evolution of medical knowledge, the huge advances in the knowledge of the cellular and molecular bases and diagnostic tools, combined with a focus on the physiology and pathophysiology of the various systems of our body can allow the doctor to intervene earlier and more effectively to maintain or restore a proper balance, where possible.

A second, greatly significant cultural approach, closely linked to the first, views the relationship with the doctor as an extension and natural completion of the care each one of us should devote to our own mental-physical well-being. This is, or should be, a constant in our life, very often neglected because we are distracted by the many goals and commitments of our individual, family and social life. In this perspective, the purely technical aspects of medical skills are inextricably linked to the relational aspects and a focus on the psychological components.

A third revolution, more specifically connected to the topic of this introduction, is the acquired awareness of the importance of gender medicine on the one hand, and on the other of the physiological evolution of our mental and emotional approach and of our body according to the different ages of our life. This awareness has focused, since the dawn of medicine, on certain ages and physiological conditions such as childhood and pregnancy, leaving more in the shade other conditions such as menopause and, more generally, the anatomical, physiological and psychological changes linked to the transition from adulthood to a more advanced age. In several cases, this shadow cone has concerned physicians as well as women themselves, reluctant to be fully aware of their right to well-being, including sexual, at any age of life.

The book by Doctor Mantovani has the great merit of presenting in a clear and pleasant manner the aspects specifically linked to the evolution of women’s reproductive organs and sexual sphere, when going from the childbearing age to menopause, with an approach and cultural background clearly anchored to the aspects mentioned above: prevention, relationship, self-awareness and self-care; this serves as the backdrop for an up-to-date and comprehensive analysis of the relevant anatomical, physiological, endocrinological and psychological aspects. It is perhaps not coincidental that the author, in addition to being an excellent gynaecologist, is also a woman, as it is no coincidence that, for several years now, the majority of enrollees in Medicine and Surgery Degree Courses have been young women. Feminine sensitivity is an added value, in all fields. The future is female, also in medicine.

**Carlo Adolfo Porro**  
*Ordinary Professor of Physiology  
Università degli Studi di Modena e Reggio Emilia*

# Author

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**MARINA MANTOVANI**

Surgeon, Specialist in Gynaecology and Obstetrics, Vice-president of A.I.T.A.R. (Italian Regenerative Autologous Therapy Association).

She obtained her degree in Medicine and Surgery in 1979, at the university of Modena and specialised in Obstetrics and Gynaecology from the same university in 1983. From 1980 to 1985 she worked as an intern at the Family Planning Clinic of Modena and as an assistant at the Policlinico of Modena and the Santa Maria Bianca Hospital of Mirandola. In 1985 she quit her hospital work to devote herself completely to her work at the Family Planning Clinic, where she remained until 2016 and where she dealt especially with Health Education in schools and with the pathophysiology of the lower genital tract as a colposcopist.

In the last 10 years she focused especially on the well-being of menopausal women, seeking to improve their quality of life, at a functional as well as aesthetic level.

She uses state-of-the-art therapies, from bioidentical hormones of plant origin (personalised in galenic formulations), to vulvovaginal laser, carboxytherapy and injected hyaluronic acid and finally regenerative medicine with homologous stem cells of mesenchymal origin, the crown jewel of her activities.

She registered as intellectual property a protocol for the prevention and therapy of vulvovaginal ageing and genitourinary syndrome called L.A.S.C. from the initials of the treatments used (Laser, hyaluronic Acid, homologous mesenchymal Stem cells, Carboxytherapy).

In August 2021 she published, jointly with professor Alessandro Gennai and Doctor Paola Rosalba Russo an article, the title of which was "A new approach to regenerative medicine in gynaecology", on the International Journal of Gynaecology and Obstetrics.

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## INTRODUCTION

Marina Mantovani

The increase in the average life expectancy compared to last century, which in women has gone from 50 to 83/87 years, has resulted in an increase in the focus on all women's disease, and anything that may improve quality of life.

This is because if we do not succeed in having health expectancy match life expectancy, ageing becomes truly unsustainable from a physical point of view as well as from a psychological point of view.

Women in the 21st century are new women, who have experienced the sexual

revolution and saw the birth of the new family law, contraception (and with it motherhood as a choice), abortion – they are independent women who work and often have roles that until a few years ago were the exclusive purview of men. These new women

experience the changes of their body in a different way compared to the past, and pay more attention to the changes in their genitals, which used to be seen merely as reproductive organs. The vagina and vulva regain their identity as essential organs for

sexual health, and their integrity is fundamental to prevent the genitourinary syndrome so frequent in post-menopause.

However, for many women it is still extremely difficult to deal with these topics, owing to embarrassment, to modesty, because of the commonplace assumption that menopause embodies the unavoidable progression of life and that it should be endured as a "natural event". Indeed, only 25% of women report these issues to their gynaecologist, when at least 50% of menopausal women suffer from them, and at least 70% of doctors do not investigate this type of symptoms.

There are still many taboos on sexuality today, especially when the procreation part is no longer relevant and there remains only the playful and relational aspect, and when the role of mother gives way to that of "partner".

Our work is essential because we must ensure women become aware of their changes and accept them, but above all they must know that nowadays, we have all the tools we need to tackle any problem.

It is important to read between the lines what the patients do not say and what we can assume from the medical history and clinical examination, and to deal with issues that we know to be "thorny" with great sensitivity, trying to instil in our patients that self-confidence that tends to decrease over the years.

Genital rejuvenation is above all a functional tool, as well as aesthetic, that turns the clock back and helps women and couples regain their balance. Furthermore, if we start treating women when ageing sets in, around 40 years of age, we can really carry out significant prevention in addition to therapy.

As a gynaecologist, I feel privileged because I am able to support my patients on this path from the childbearing age to menopause and I can help them precisely in terms of quality of life.

## PREVENTION AND LIFESTYLE

The task of doctors has always been “to treat diseases” and to intervene when the diseases had already become manifest. Fortunately, nowadays one deals ever more with prevention, in order to ward off the risks of illness and to keep us in good health. And prevention is essential, since life expectancy has increased so considerably, and it is indispensable to improve the quality of life itself, in order to slow down the clock.

That is why the prevention of vulvovaginal ageing must start well before menopause, when the first, often asymptomatic signs, appear.

A healthy lifestyle is the winning weapon to counteract the effects of ageing. And here, multiple factors come into play:

- **PROHIBITION TO SMOKE** = we know that cigarette smoke causes damage to micro-circulation and, just as it damages the skin of the face, it contributes to genital atrophy.
- **WEIGHT CONTROL** = trying to reach the ideal body weight and keeping it constant over time, without fluctuations.
- **A PROPER DIET** = from the type of food we eat, to how we cook it, to the time we devote to our meals. Therefore, natural foods, balanced in proteins, carbohydrates, minerals and vitamins, avoiding as much as possible simple sugars, fats and salt. Limit the use of alcoholic drinks, coffee and spicy foods.
- **HYDRATION** = drinking lots of water, always and anyway, is extremely important, also to support renal function.
- **PHYSICAL ACTIVITY** = it is important not only for the prevention of osteoporosis and cardiovascular diseases, but also to improve mood (thanks to the endorphins produced in the brain) and to help maintain body weight. Brisk walking and a few toning exercises are enough to help muscle mass, which is difficult to replenish in menopause.
- **SLEEP** = restful sleep is essential to get out of bed on the right side. To rest well you must try to go to bed more or less at the same time every day, you must avoid having a large evening meal or fasting, it is important to try and relax with a good book or with some music.

There is also a wealth of very important advice for our patients’ daily life. This advice is set to change their habits, but on its own, it can significantly improve vulvovaginal well-being:

- wear cotton underwear, possibly white and not too tight,
- avoid using tight-fitting and synthetic clothes,
- use intimate wash as sparingly as possible,
- do not wear any underwear in bed,
- do not use panty liners.

These “trivial” habits are extremely important to counteract vulvovaginal ageing and pre-school girls must already be taught these life-long habits.

