

# Fractional CO<sub>2</sub> GynoLaser Delivers Effective Feminine Rejuvenation

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With the addition of the patented GynoLaser applicator, the Fraxis fractional CO<sub>2</sub> laser from Ilooda (Gyeonggi-do, South Korea) provides safe, effective and non-invasive treatment for stress urinary incontinence (SUI), as well as vaginal weakness, laxity and atrophy.

According to Petr Picha, M.D., owner of the GynCentrum Center for Plastic Gynecology in Prague, Czech Republic, “The consequences of childbirth and hormonal changes, accompanied by aging or fluctuations in weight can lead to reduced elasticity of the vaginal tissue, collagen loss and muscle weakness. These anatomical changes often lead to stress urinary incontinence, vaginal dryness

and insufficient or even painful sensation during sexual intercourse. For such problems, the Fraxis GynoLaser provides a comprehensive outpatient treatment that’s pain-free and needs no anesthesia or lengthy recovery period.”

Traditional treatments for SUI and vaginal weakness involve surgery, which requires several weeks of recovery time and carries risks such as bleeding, pain and disturbances of micturition. Use of general anesthesia presents additional risks. For vaginal atrophy, “Topical estrogen therapy impacts only the surface of the vaginal mucosa, providing temporary improvement and potential for estrogen side effects,” Dr. Picha advised.

In treating SUI, the GynoLaser’s fractional CO<sub>2</sub> energy offers the high thermal efficiency and deep tissue penetration required, said Dr. Picha. In a recent study, he used the GynoLaser to treat five patients with Grade 1 SUI and five patients for vaginal rejuvenation. No anesthesia was required. In fractional mode, “The thermal effect is achieved in microscopic columns, thereby reducing thermal damage to the surrounding tissue. This

causes contraction of collagen fibers and stimulates neocollagenesis.”

After the vaginal canal has been cleaned and dried, the GynoLaser slips inside the patented I-Slide applicator – a disposable sleeve which protects the vaginal wall from directly contacting the metal applicator. For SUI, “The urethral region was treated at the 10 o’clock and 2 o’clock positions under the urethra,” Dr. Picha indicated.

For rejuvenation, “The applicator was introduced as far as the uterine cervix, and after performing the rotation of 360° once (at each of eight positions designed to allow complete treatment with sufficient spacing between treated spots) the applicator was withdrawn from the vagina by 1 cm,” Dr. Picha continued. After treating half the vagina in this fashion, Dr. Picha removed the applicator, leaving the I-Slide in place, and checked the applicator for possible secretions.

After inserting the applicator back into the I-Slide inside the vagina, Dr. Picha completed the treatment out to the introitus. To achieve long-term vaginal rejuvenation, these patients underwent a second application at least four weeks after their first. “After the last treatment, more than 90% of patients reported high satisfaction with the outcomes and no adverse effects. The system delivered very promising early results for symptoms of SUI, vaginal laxity and atrophic vaginitis. This procedure is suitable for all post-partum women, especially those who are dissatisfied with the lack of volume in their vagina and its impact on their sex life, as well as those with mild SUI and vaginal atrophy.”

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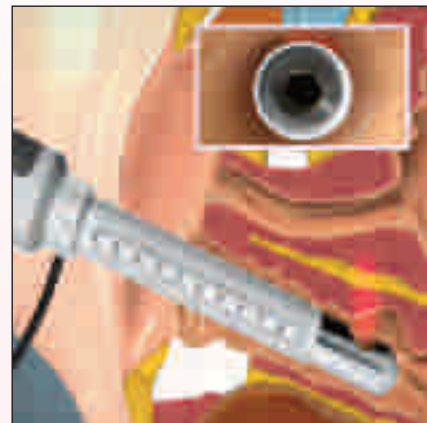


Illustration of GynoLaser treatment  
Photo courtesy of Ilooda

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