

DESIGNING HER PRIVATES

Pinays are caring more about how it looks and feels down inside the bikini line—and their gynecologists are catching on

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They've always known a thing or two about keeping marriages tight, and reining in things that go flap in the night or outside the scanty confines of a T-back or a G-string.

By circumstance more than by choice, the gynecologist's role as trouble shooter of matters feminine has come to include concerns that used to be the exclusive province of marriage counselors and other professionals of that soft trade.

But no professional turf war is going to be happening anytime soon. Not when the cause of a floundering marriage might be solvable not in a counselor's couch but on the operating table.

"Majority of Pinays who go for vaginoplasty are those who have undergone second or third pregnancies. Some will be asking for it when they feel that their husbands are beginning to have 'side trips,'" says gynecologist Noel Raymundo.

Others are more frank about their pleasures or the lack of it. "I would get questions like 'Doc, *bakit hindi na ako nagkakaroon ng orgasm?*'" the doctor adds. They would tell me that they are not enjoying sex anymore. It's the same partner but different sensation and even their husbands notice the difference. So they'll be asking if it's possible to tighten the vaginal vault a little."

Vaginoplasty, a procedure to tighten the vaginal muscles after childbirth, is by far the most popular among Filipinas of the various cosmetic interventions concerning the female reproductive tract.

Raymundo claims postprocedure results that would perk up interest among ladies in desperate straits with their long-time partners. "There are patients citing the great change in their husbands. Because they feel

that since they are able to satisfy the men, they are now 'the only one.' So they refer the procedure to their friends," he says.

Ringside view

A practitioner since the mid-80s, Raymundo has a ringside view of how far Pinays have shed qualms about remaking themselves in the sexual-attractiveness department. "Women nowadays are more desirous of improving their appearance, health, and sexual activities and they are not shy to tell the world about it either," he says.

And who are these women wishing to defy the law of gravity in the nether region of their bodies? Mostly working ladies in their late 30s or early 40s, with a sprinkling of those in late 20s or early 30s who may have gone the family route quite early. Some may be entering into their second marriages and want to offer a special wedding gift to their betrothed.

Credit (or blame) goes to the amount of sex now on display in the media, Raymundo observes. A woman can now talk and not blush about her need to have extra-sized tis-

sue in her chest, or to sculpt her nose to a more-becoming shape, and then thank her cosmetic surgeon on local TV afterwards.

The cosmetic landscaping of the female from the waist down might be a more recent frontier than nose jobs and breast augmentations but it's hardly new. In fact, if any turf war is imminent at all, it would be between traditional cosmetic surgeons and gynecologists who are regrouping to become subspecialists in cosmetic gynecology.

Raymundo is at the forefront of a new society of Filipino cosmetic gynecologists. Also trained as a cosmetic surgeon, he is among the first to see the opportunity for specializing in the female reproductive tract to reclaim some ground from cosmetic surgeons who are more upfront about doing gynecological procedures for cosmetic reasons.



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anatomy concerned might also lessen possible complications.

Vaginoplasty is recommended for women who have reached the end of their childbearing career either from having borne their desired number of children or from having undergone hysterectomy. Women coming off a traditional childbirth are counseled to wait a few months before having the procedure, to give the vaginal canal time to shrink back to its smallest natural size after the wear and tear.

Given the usual circumstances for vaginoplasty, Raymundo says having a woman's attending OB-GYN on the case as cosmetic surgeon seems to make better sense than having another doctor perform the procedure.

First, the woman would be entrusting her

Dr. Raymundo

Women nowadays are more desirous of improving their appearance, health, and sexual activities and they are not shy to tell the world about it either.

To a certain extent, it is only a matter of drumming up the cosmetic nature of what are existing gynecological practices anyway. Vaginal-reconstruction procedures, for one, are already within the scope of many gynecologists.

Their expertise with that region of female anatomy gives them an edge over non-specialized cosmetic surgeons, says Raymundo.

He explains that while a cosmetic surgeon performing vaginoplasty would probably focus only on narrowing the outer parts of the vagina, a gynecologist's handiwork would be more thorough, tightening even the inner flesh to bring back more of the sensation and make the procedure longer lasting.

"Gynecologists are more knowledgeable in the same way that ophthalmologists are more knowledgeable about the eyes, and the thoracic surgeons about the breast anatomy," he adds, further noting that entrusting procedures to those better versed with the

intimate parts to someone she is already comfortable with. Cost-wise, Raymundo and his colleagues can also bundle cosmetic gynecological services with childbirth or hysterectomy to make the costs more attractive.

He estimates that 70 percent of his patients avail themselves of cosmetic gynecological procedures as add-on to his main services as an OB-GYN. The cost can range from PhP30,000 to PhP50,000.

Cosmeticizing the genitals

There are other cosmetic cum gynecological procedures of the female reproductive tract available to women. A couple of them, hymenoplasty and clitoral reduction, apply to very special circumstances and, in the case of hymenoplasty—the surgical repair of the traditional bastion of female virginity—might even be an anachronism propagated only by the bias of certain segments of society.

Clitoral reduction is undertaken for aesthetic reasons among certain women predis-

posed by hormones or other factors to have a larger than usual clitoris.

Labiaplasty, the surgical trimming of loose flesh in the labia majora and labia minora, is also mostly done for aesthetic reasons in an age of skimpy and skimpier beach fashion. It is undertaken by many women who are also candidates for vaginoplasty. It can in fact be a part of a vaginoplasty.

Of more recent coinage are laser rejuvenation of the vagina and G-spot amplification. The laser procedure has a similar objective to its facial and body skin counterpart, to smoothen the skin in the genital area by laser abrasion of old skin in order to give way to the new. The skin-tightening effect is also supposed to work the same way as in a vaginoplasty and minus the loss of sensation as well.

Farther into the female feel-good territory is the G-spot amplification procedure, a non-surgical and physician-administered treatment involving human-collagen injection that temporarily augments the so-called Grafenburg spot, a portion of skin in the female genitalia that is said to induce sexual pleasure when stimulated.

Aiming low and far

As Pinays awaken to a new mindset about their sexuality, cosmetic gynecologists like Raymundo are not just limiting their surgical aim on the female perineal area but on all the other modifiable parts of the female body between the waist and the knees.

And they aim to forge the same connection with their mainstream gynecological services. After all, women who are candidates for vaginoplasty may also be in need of a good tummy tuck (abdominoplasty) to trim, once and for all, the skin stretched by childbearing.

Gluteoplasty (buttocks augmentation), sclerotherapy (spider-web treatment) of the upper legs and liposuction in the lower body also fall under the milieu of cosmetic gynecology.

In these areas, Raymundo admits that gynecologists may still have a lot of catching up to do with the nonspecialized cosmetic surgeons in terms of training. He himself is one of only ten practitioners in the country trained as both gynecologist and cosmetic surgeon.

He is also willing to grant that cosmetic surgeons focused only on cosmetic surgery may also make up for their lack of specialized knowledge with the sheer number of cases they handle. But as more gynecologists come upon the brave new world of cosmetic-surgery practice allied to their expertise, this gap in smarts earned from experience may soon narrow. **M**