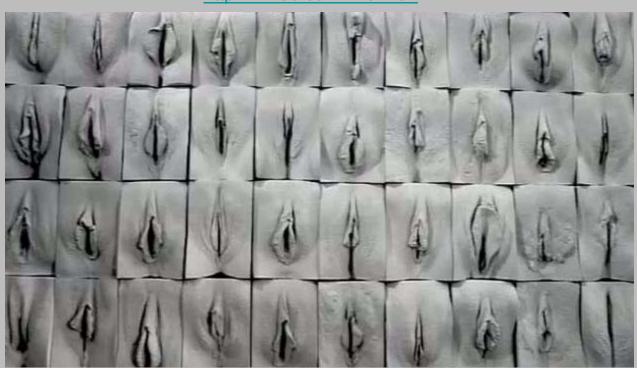


APPLICATIONS THAT SELL Part II





http://vimeo.com/4704237



The perfect vagina



The perfect vagina?



The average heterosexual woman sees just one vagina in her life - her own



The perfect vagina?



What many women are worrying in connection with their vaginas?

External Look: Shape, Hairiness, Color, Smell

Size: Externally (of labias, of mons pubis)

Size: Internally: too loose? too tight?

http://vimeo.com/4704237



The perfect vagina?



CULTURE, HEALTH & SEXUALITY, 2001, VOL. 3, NO. 3, 263-277





home features reviews blog

The perfectible vagina: size matters

VIRGINIA BRAUN and CELIA KITZINGER

With the construction of women's genitals as problematic, the 'private' female body becomes a site for potential improvement. Socio-cultural accounts of vaginal size in the West construct a tight (but not too tight) vagina as desirable, and a 'loose' vagina as undesirable. The importance of size is evident in contexts as diverse as slang, comedy, and surgical practices to tighten the vagina. After identifying the desirability of tightness, we analyse talk collected from women in individual and group interviews, and in undergraduate tutorials on intersex. In women's talk, we found a curious pattern: women identified the cultural desirability of a tight vagina, and noted negative uses to which this is put (such as the positioning of women with 'loose' vaginas as promiscuous). However, when women described their personal concerns about vaginal size, these were couched in terms of anxiety about being too tight. We argue that constructions of vaginal size are problematic because they create another site of bodily concern for women, and are used to control and abuse women. We suggest that they also reflect a disregard of women's sexual pleasure, and a lack of familiarity with the functions of the vagina.

http://www.thefword.org.uk/features/2007/07/vagina institute

'Honey! Your vagina needs a mint'

The Vagina Institute purports to provide a public service to curious women. But Samara Ginsberg detects a rather different agenda

Samara Ginsberg, 7 July 2007

http://www.hawaii.edu/hivandaids/The Perfectible Vagina Size Matters.pdf

How does your vagina compare to those of other women? Have you ever thought about it? Is it too big? Too hairy? Too ugly? Too smelly? Too loose? Well, you





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NATURE OF VAGINAS

ONLINE VAGINAL RESEARCH

THE IDEAL HUMAN VAGINA

HUMAN VAGINA SIZE

THE VISUAL VAGINA

WOMEN'S INSECURITIES 🏖 Print this page. | 🔝 Send this page to a friend



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STATISTIC & DATA



Human Female Evolution

EVOLUTION

changing with the passage of time. It is time to explore the female. gender and what she brings to the world.



GENITAL SIZE. AN ORGAN HIDDEN IN MYSTERY



Does size matter, female genitalia have for too long been shrouded

GENITAL APPEARANCE, THE UGLY VS. PRETTY



In real life we know that some female genitals are gretty and some. are not. A woman's genes that will determine the attractiveness of her genizalia.

WHAT TYPE OF VAGINAS DO MEN PREFER?



towards female genitars due taboo's, so what do they really ware.

VAGINAL ODORS, SCENTS & SMELLS



Worried about the odor that your vagina is emitting? Do you know what women are doing to control their veginal odors? Don't get. chught with something fishy down under!

What Do You Think Of Your Vagina?



FEMALE KNOWLEDGE Surveys for women

The following surveys are for women, to

explore one's body and to understand...

Select a link

What Do You Prefer From Vaginas?



MALE KNOWLEDGE

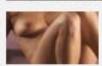
Surveys for men

The following surveys are for men, let women know what men prefer and want....

Select a link



Media Content



Photographic Vaginas

Explore a world of vaginas, and see the variations that female genitals have in size and shape.



Videos of Vaginas

See various stages in female sexuality from orgasm to coltus and how the vaginas functions.







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"Promoting the highest standards of Aesthetic Gynecology through education, information sharing, and approved surgical training."

Welcome to the country's premiere certifying body for Aesthetic Gynecology

Physicians and patients alike are encouraged to review this web site to learn, understand and share best practices in the field of Aesthetic Gynecology. Established in 2008, our organization serves to further the knowledge, understanding and thoughtful practice of this area of surgical specialization.

Why Choose ABAGYN Surgeons? Find a ABAGYN Surgeon Today! Frequently
Asked Questions.







ABAGyn Recognized Nomenclature

American based of Agentsets
GYNECOLOGY

The following is the list of standardized nomenclature recognized by ABAGyn. ABAGyn Fellows should use these terms, as defined, in describing physical findings and procedures related to aesthetic gynecology.

Condition: Symmetric Multiparous Vault (SMV)

Pronunciation: [sim-et-trick mul-tip-are-us-valt]

Description: This is a normal condition. Women who have delivered a child vaginally or undergone the labor process typically have a larger vagina then women who have not delivered vaginally or undergone labor. A vagina (vault) that is larger, but maintains the same shape as the vagina typically found in women whom have not labored or delivered



vaginally, is described as a Symmetric Multipart as vault. The Multiparous vault state is more common than the nulliparous vault state. SMV is often associat d with Vaginal Relaxation Syndrome.

Treatment: This condition is only treated when associated with vaginal Relaxation Syndrome. When associated with Vaginal Relaxation Syndrome, it is treated with a surgical technique known as vaginal rejuvenation or restoration. This surgery is typically performed with a laser and the use of suture material should be kept to a minimum. The goal of the surgery is to decrease the size of the vagina and recreate the normal shape of the vagina often lost with childbirth and aging. It may take as long as three months following completion of the surgery for full reduction and reshaping to occur. This is because, in a successful rejuvenation procedure, new collagen continues to be deposited by the body's cells for months after the surgery.





Condition: Asymmetric Multiparous Vault (AMV)

Pronunciation: [ae-sim-et-trick mul-tip-are-us-valt]



Description: This is a normal condition. Women who have delivered a child vaginally or undergone the labor process typically have a larger vagina then women who have not delivered vaginally or undergone labor. A vagina (vault) that is larger, but maintains the same shape as the vagina typically found in women whom have not labored or delivered vaginally, is described as a Asymmetric Multiplicates vault. The Multiparous valle state is more common than the nulliparous vault state. AMV is often associated with Vaginal Relaxation Syndrome.

Treatment: This condition is only treated when associated with vaginal Relaxation Syndrome. When associated with Vaginal Relaxation Syndrome, it is treated with a surgical technique known as vaginal rejuvenation or restoration. This surgery is typically performed with a laser and the use of suture material should be kept to a minimum. The goal of the surgery is to decrease the size of the vagina and recreate the normal shape of the vagina often lost with childbirth and aging. It may take as long as three months following completion of the surgery for full reduction and reshaping to occur. This is because, in a successful rejuvenation procedure, new collagen continues to be deposited by the body's cells for months after the surgery.

Condition: Vaginal Relaxation Syndrome (VRS)

Pronunciation: [vaj-un-ni ree-lak-sey-snuh n sin-drome]

Description: A condition defined by patient patient complaints of decreased friction with intercourse, and/or a sensation of vaginal looseness. This is typically associated with both the Symmetric and Asymmetric Multiparous Vault states.

Treatment: This condition is treated with a surgical technique known as vaginal rejuvenation or restoration. This surgery is typically performed with a laser and the use of suture material should be kept to a minimal. The goal of the surgery is to decrease the size of the vaginal and recreate the normal shape of the vaginal often lost with childbirth and aging. It may take as long as three months following completion of the surgery for full reduction and reshaping to occur. This is because, in a successful rejuvenation procedure, new collagen continues to be deposited by the body's cells for months after the surgery.





Condition: Hypoaesthesia Vagina

Pronunciation: [hahy-poh-es-thee-zhuh vuh-jahy-nuh]

Description: A condition defined by the patient complaint of decrease vaginal sensation.

Treatment: This condition may be treated with a combination of local and systemic bioidentical hormone replacement

therapy combined with vaginal rejuvenation surgery.

Condition: Dysaesthetica Genital Hiatus

Pronunciation: [dis-is-thet-ik jen-i-tl hahy-ey-tuh s]

Description: A condition defined by patient dissatisfaction with the size and shape of opening into the vagina.

Treatment: This condition is treated with a surgical technique known as hiatoplasty. Hiatoplasty may be performed with a common scalpel and suture but is best performed with more advanced, less traumatic laser procedures.

Condition: Dysaesthetica Labia Majora

Pronunciation: [dis-is-thet-ik ley-bee-uh muh-jawr-uh]

Description: A condition defined by patient dissatisfaction with the appearance of her labia majora (outer labia).

Treatment: This condition is treated with a surgical technique known as labia majoraplasty. Labiaplasty may be performed with a common scalpel and suture but is best performed with more advanced, less traumatic laser procedures.

Condition: Dysaesthetica Labia Minora

Pronunciation: [dis-is-thet-ik ley-bee-uh mi-nawr-uh]

Description: A condition defined by patient dissatisfaction with the appearance of her labia minora (inner labia).

Treatment: This condition is treated with a surgical technique known as labia minoraplasty. Labiaplasty may be performed with a common scalpel and suture but is best performed with more advanced, less traumatic laser procedures.





Condition: Dysaesthetica Perineum

Pronunciation: [dis-is-thet-ik per-uh-nee-uh m]



Description: A condition defined by patient dissatisfaction with the appearance of her perineum (space between the vagina and anus).

Treatment: This condition is treated with a surgical technique known as tenneoplasty. Perineoplasty may be performed with a common scalpel and suture but is best performed with more advanced, less traumatic laser procedures.

Condition: Dysaesthetica Prepuce

Pronunciation: [dis-is-thet-ik pree-pyoos]

Description: A condition defined by patient dissatisfaction with the appearance of her prepuce (skin covering the clitoris).

Treatment: This condition is treated with a surgical technique known as prepuceplasty. Prepuceplasty may be performed with a common scalpel and suture but is best performed with more advanced, less traumatic laser procedures. This procedure must be performed with the greatest of caution in order to preserve the innervation and normal anatomy of the surrounding tissue. Overcorrection may result in the exposure of the clitoris and subsequent discomfort.

Condition: Dyspareunia

Pronunciation: [dis-puh-roo-nee-uh]

Description: A condition defined by pain during intercourse.

Treatment: This is a complex condition that is only sometimes treatable with surgery. If there is anatomic deformity such as scaring from previous surgery, various surgical techniques such as lysis of constriction rings, mucosal advancement flaps, and Hiatoplasty may be beneficial. In many circumstances the use of bioidentical hormone replacement therapy and vaginal dilators may be helpful.



AMERICAN ACADEMY OF COSMETIC GYNECOLOGISTS

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AESTHETIC VAGINAL SURGERY

36.75 AMA PRA Category1 Credits™

Maximum of 4 attendees per workshop to assure adequate hands-on opportunity for all attendees

Vaginal rejuvenation is a marketing term referring to vaginoplasty. A he surgical tightening of the vaginal canal. Birth trauma, access dictaining, and improper surgical healing are the usual reasons for requesting vaginal rejuvenation. Surgery usually entails a modification of a standard gynecologic procedure called "posterior repair" along with rebuilding of the perineum (the space between the vagina and rectum). This procedure was traditionally performed for a fallen or prolapsed rectum, or rectocele. A rectocele is a bulge of rectum going into the vagina. A similar appearing vaginal bulge is an enterocele. It is a bulge of small bowel going into the vagina. Gynecologists and urogynecologists have the most training performing these types of surgery. Lasers, scissors, cautery units, knives are used in surgery. Excellent results have been achieved by all these methods.

The didactic portion along with the clinical hands-on exposure will allow attendees to gain a comprehensive understanding of the procedure. The format used in this activity is an effective method for knowledgeable OB/Gyn physicians to expand their surgical abilities safely.

Learning Objectives:

At the conclusion of the CME activity, participants should be able to:

- 1. Review the history of vaginal rejuvenation.
- 2. Discuss the terminology and anatomy of aesthetic vaginal surgery.
- 3. Describe technologies available for vaginal rejuvenation surgeries.

BASIC COURSES OFFERED

AWAKE Tumescent Liposuction

Laser Liposuction

Botulinum Toxin

Dermal Fillers

Silhouette Lift

Venous Procedures

ADVANCED COURSES OFFERED

Large Volume Fat Grafting

Facial Fat Grafting

AWAKE Breast Augmentation

AWAKE Abdominoplasty

Liposculpture With Abdominoplasty

Aesthetic Vaginal Surgery





Dr. V. Leroy Young, chair of the emerging trends task force of the Arlington Heights, IL., American Society of Plastic Surgeons, believes labiaplasty and vaginal cosmetic surgery are the fastest growing emerging growth trend in cosmetic plastic surgery.





Dr. Pamela Loftus, a plastic surgeon in Boca Raton, Fla., has been performing labiaplasties and vaginal cosmetic surgeries for over 20 years. Since she put up a Web site two and a half years ago, her business has increased and she's been bombarded with queries. Loftus said she does around six labiaplasties a week. "For the past two years we have been avalanched with phone calls from women who have been made aware of the surgery and want it," Dr. Loftus said.





"I've had women who come in and say to me, 'He's small can you tighten me up'" said Matlock, who said he performed between 40 to 60 vaginal cosmetic surgeries a month in his Beverly Hills practice, charging around \$5,000 for a labiaplasty. He said he grosses \$250,000 a month performing these surgeries and noted he has had women come in from all over the world for vaginal cosmetic surgery.

The Laser Vaginal Rejuvenation Institute of Los Angeles David Matlock, MD, MBA, FACOG | Alexander Simopoulos, MD



Services Overview Laser Vaginal Rejuvenation Vaginal Relaxation Designer Laser Vaginoplasty Brazilian Butt Augmentation Vaser High Def Liposculpturing Other Cosmetic Procedure Media Testimonials Facilities Photo Gallery About Dr. Matlock About Dr. Simopoulos

Contact Us





Disclaimer: These photographs represent typical patient results, CLOSEX but not everyone who undergoes cosmetic surgery will achieve the same outcome

Image 5 of 17

Welcome to The Laser Vaginal Rejuvenation Institute of Los Angeles

Dr. Matlock is a board certified gynecologic surgeon and a full fellow of the American Academy of Cosmetic Surgery, Dr. Matlock is the pioneer of the trademarked procedures, Laser Vaginal Rejuvenation® (LVR®), Designer Laser Vaginoplasty® (DLV®) and the G-Shot® or G-Spot Amplification, Dr. Matlock is the founder and medical director of the Laser Vaginal Rejuvenation Institute® of America. He has trained over 125 surgeons (gynecologists, plastic surgeons, and urologists) in over 21 countries. Dr. Matlock is a frequent quest lecturer at national and international medical conferences on LVR® and DLV®.



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Laser Vaginal Rejuvenation, Tightening, Labiaplasty, Cosmetic Surgery



Dr. Berenholz offers Laser Vaginal Rejuvenation in Michigan, Vaginal Cosmetic Surgery, Labia Reduction Surgery, Labiaplasty, Vaginal Tightening Surgery as well as ... www.drberenholz.com

Laser Vaginal Rejuvenation - LVR | OnlineSurgery.com 🏋



What is laser vaginal rejuvenation? Laser vaginal rejuvenation comprises a number of laser-assisted procedures designed to improve the appearance and structure of the ... www.onlinesurgery.com/plasticsurgery/laser-vaginal-rejuvenation.asp

Vaginal Rejuvenation ™ – Vagina tightening surgery 🔀



Vaginal rejuvenation and tightening information: vagina rejuvenation surgery costs, before and after pictures /detailed photos and doctor directory.

lasertreatments.com/vaginal rejuvenation.html

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Reportlinker Adds U.S. Direct-energy Based Medical Devices Market ... 📽

Reportlinker Adds U.S. Direct-energy Based Medical Devices Market - **Aesthetics**; Cardiovascular; **Gynecology**; Orthopedics; Urology Published Wednesday, May. 04, 2011
www.sacbee.com/0011/35/04/v-print/3600466/reportlinker-adds-us-unect-energy html

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Aesthetic Gynecology: Dr. Vitasna Ketglang 📽



Fotona GynoLaser



Aesthetic Gynecology Indications

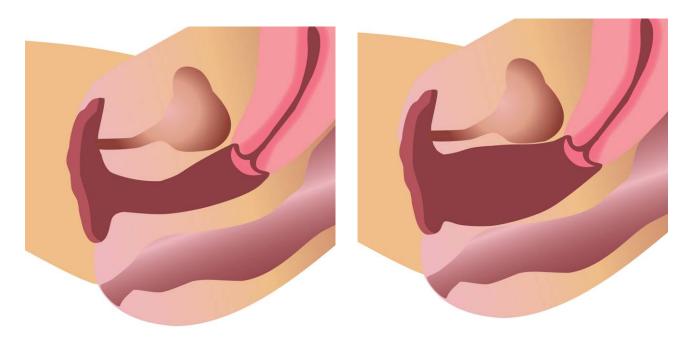
- Laser Vaginal Tightening (ErYAG)
- Laser Labial Trimming (ErYAG)
- Laser Vulvar Melanosis (ErYAG)
- Liposuction of the pubis mound (NdYAG)
- Vulvar Hiar Removal (NdYAG)

•









Tight and expanded / relaxed vaginal channel

(Vaginal Relaxation Syndrom)



LVT Treatment Options



Behavioral Pharmacological

Incisonless
Tissue Remodeling

Surgery

Non-invasive

Minimally-invasive

Invasive

Education

Estrogen

Exercises (Kegel)

Tightening sprays and creams

Laser therapies:

LVT (Fotona) V2LR

GynoPulse

Classical

Lasers:

LVR (diode) CO2 surgery







Erfindernennung Designation of inventor Désignation de l'inventeur

(falls Anmelder nicht oder nicht allein der Erfinder ist) / (where the applicant is not the inventor or is not the sole inventor) / (si le demandeur n'est pas l'inventeur ou l'unique inventeur)

Anmeldenummer oder, falls noch nicht bekannt, Bezeichnung der Erfindung: Application No, or, if not vet known, title of the invention:

as la demande ou, s'il n'est pas encore connu, une de l'evention :

Laser System For Treatment Of Body Cavities

Zeichen des Anmelders oder Vertres. Applicant's or representative's reference. Référence du demandeur ou du mandataire (max. 15 Positionen / max. 15 spaces / 15 caractères au maximum)

A 1-93 820/ktz

In Sachen der obenbezeichneten europäischen Patentanmeldung nennt (nennen) der (die) Unterzeichnete(n)¹ In respect of the above European patent application I (we), the undersigned¹ En ce qui concerne la demande de brevet européen susmentionnée, le(s) soussigné(s)¹

Fotona d.d. Stegne 7 1210 Ljubljana Slovenia

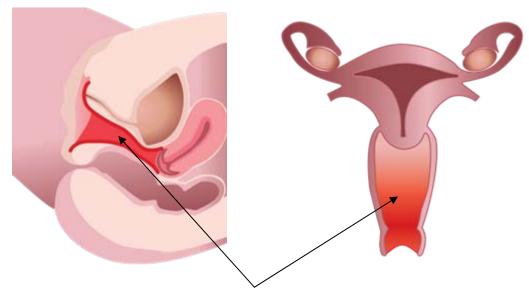




Minimally invasive treatment method



Laser beam is applied along the vaginal channel until full tissue coverage is achieved



Thermally processed vaginal wall





LVT Advantages:

- Ambulatory procedure
- Minimally invasive (no cutting, no bleeding, no ablation)
- Virtually painless, no anesthesia needed
- No special pre or post-op preparation
- No consumables
- Quick and easy procedure
- High success rate





LVT Results

- Subjective evaluation by patients high satisfacion after single tretament
 (Dr. Rivera and Dr. Fistonić patients' testimonials)
- Objectively mesured tissue shrinkage (Dr. Rivera)
- Objectively measured increase in pelvic muscle pressure (Dr. Rivera and Dr. Fistonić)

Several clinical studies are currently running





August 2010



The first therapy presentation in media in Latin America





May 2011

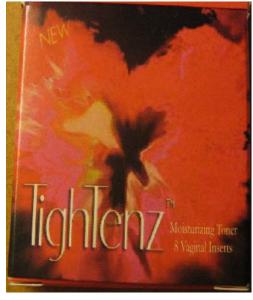


The first therapy presentation in media in Europe



Competition? Tightening sprays and creams











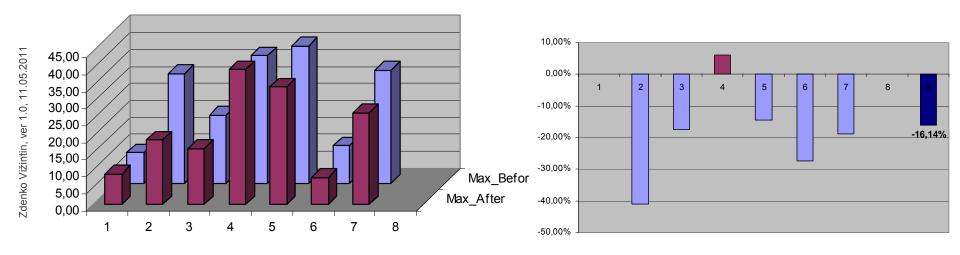
Competition?

Tightening sprays and creams



LAHA did a pilot study with Tightenz:

7 volunteers, age: 40-57, parous status > 0



Objective measurements of pressure with perineometer



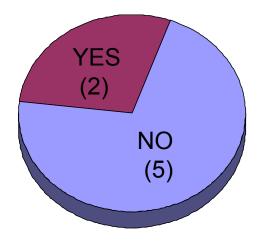




Competition? Tightening sprays and creams

Subjective assessment with questionnaire

What was your general feeling?
Did you feel it tighter?
Did it improve your satisfaction?
Would you go for it, if yes at which price?
Would you recommend it to the friend?







Competition - other Lasers

Laser Surgery: mostly CO₂

Matlock: LVR

InnoGyn (13W 980 diode)







Competition - other Lasers

Deka: Fractional CO₂ Vaginal Scanner, fractional ablative







Fotona GynoLaser



Aesthetic Gynecology Indications

- Laser Vaginal Tightening (ErYAG)
- Laser Labial Trimming (ErYAG)
- Laser Vulvar Melanosis (ErYAG)
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- Vulvar Hiar Removal (NdYAG)

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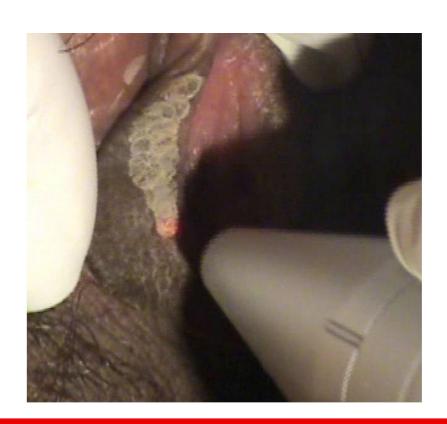


Fotona Aesthetic Gynecology Indications



Laser Treatment of Vulvar Melanosis

Courtesy of Dr. Rivera









Medical Gynecology Applications



Fotona GynoLaser



Medical Gynecology Indications

- Stress Urinary Incontinence (ErYAG)
- Genital Warts (Condylomas) (ErYAG)
- Cervical dysplasia (HVP) (ErYAG)
- Zoon's disease (ErYAG)
- Myomectomy (NdYAG)
- Polycistic Ovarian Syndrom (NdYAG)
- Cervical and Intrauterine Polyps (NdYAG)
- Epiploic Adhesions (NdYAG)
- Fibrous Synechiae (NdYAG)







Stress Urinary Incontinence



Stress Urinary Incontinence (SUI)



Urinary incontinence (UI) is any involuntary leakage of urine.

It is a common and distressing problem, which may have a profound impact on quality of life.

Urinary incontinence is almost always treatable but is under-reported to medical practitioners.

http://en.wikipedia.org/wiki/Urinary_incontinence



Urethra overactivity

Urethra underactivity

Stress Urinary Incontinence (SUI)



Turice or an order of order of order of order	
Abnormality	Type of Clinical Incontinence
Bladder overactivity	Urge
Bladder underactivity	Overflow

Overflow

Stress

Functional Classification of Urinary Incontinence [1]

1) Rovner ES, Alan JW: "Treatement Options for Stress Urinary Incontinence", Reviews in Urology, Vol.6 Suppl.3 2004



Stress Urinary Incontinence (SUI)



Basic Urinary Incontinence Types:

Urge Urinary Incontinence (UUI)
Stress Urinary Incontinence (SUI)
Mixed Urinary Incontinence



Stress Urinary Incontinence (SUI)



Basic Urinary Incontinence Types:

Urge Urinary Incontinence (UUI)
Stress Urinary Incontinence (SUI)
Mixed Urinary Incontinence





Stress Urinary Incontinence (SUI)



SUI Ethiology

- pregnancy
- childbirth
- menopause
- cognitive impairment
- obesity
- advanced age



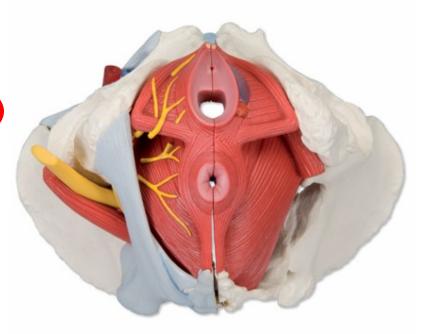


Stress Urinary Incontinence (SUI)



SUI Ethiology

- pregnancy
- childbirth (vaginal delivery)
- menopause
- cognitive impairment
- obesity
- advanced age



Relaxation of the pelvic floor muscles (PFM)



Stress Urinary Incontinence (SUI)



Prevalence

the prevalence and type of incontinence vary with age, sex, parity, and the presence of underlying medical conditions.

28% of women younger than 60 years and **35%** of women of 60 years and older suffer of any type of urinary incontinence [2]

Among women younger than 60 years who reported incontinence, about **50% had stress incontinence** while for women 60 years and older, the rate of stress incontinence is lower approx. **25%**

2) Thom: "..



Stress Urinary Incontinence (SUI)



Prevalence

- 25 million Americans suffer from urinary incontinence
- 1 in 4 women experience incontinence in their lifetime
- 80% of those affected are women
- 2/3 of women with incontinence fail to tell their doctors about urine loss



Stress Urinary Incontinence (SUI)





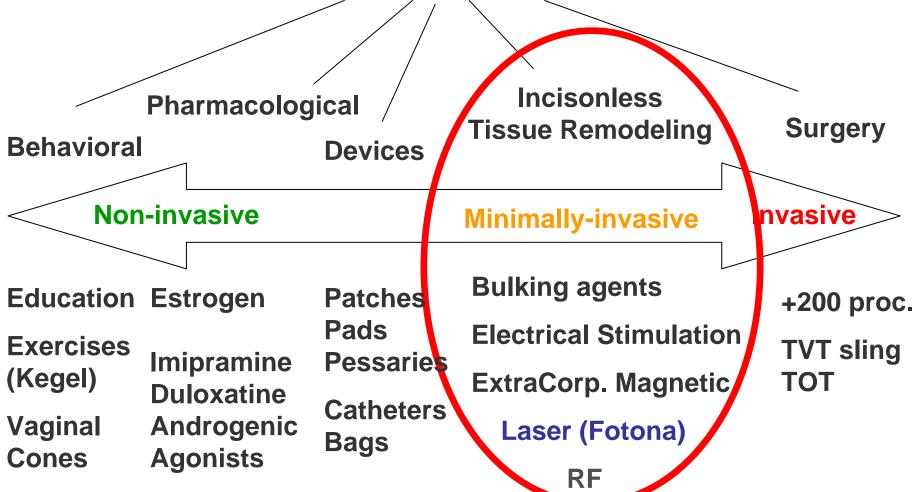
Urinary Incontinence is a huge (and costly) health problem

but is also

Large and very attractive market











Protective Underware, Absorbents







Sure Care™ Protective Underwear

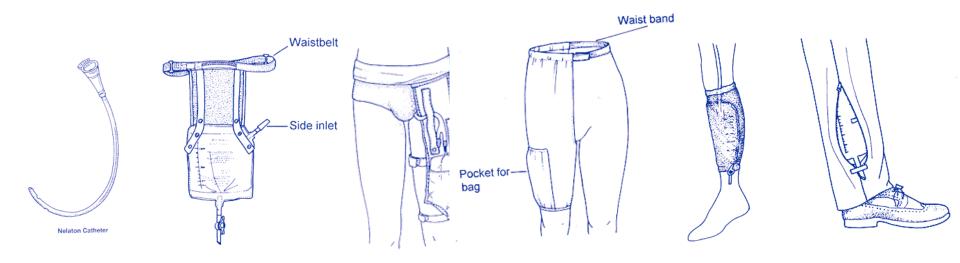
Underwear-like for better quality of life, tear away sides, cloth-like moisture barrier and super-absorbent polymer for added protection and odor control.

Not solving the problem





Catheters, collection devices (bags)



Helping people to normalize their lives





Devices - intraurethral













Hold the external retainer, relax and slowly withdraw the device. Do not reuse.



Quite unpleasent, multiple daily insertions, consumables

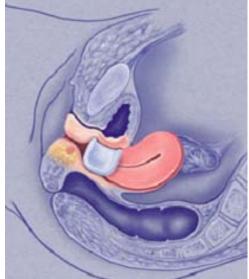




Devices – intravaginal supportive





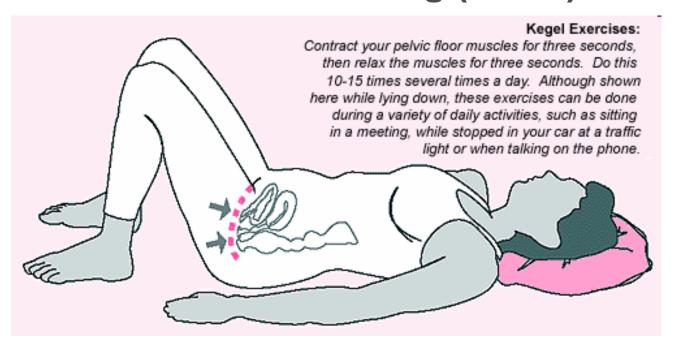


Requires manual dexterity





Pelvic Floor Muscle Training (PFMT)



Effective but requires motivation and discipline

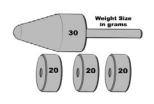


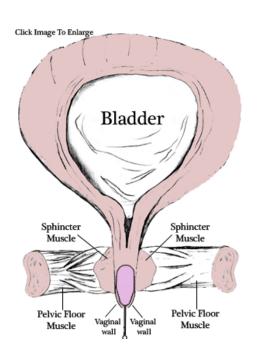


Devices – Vaginal Cones









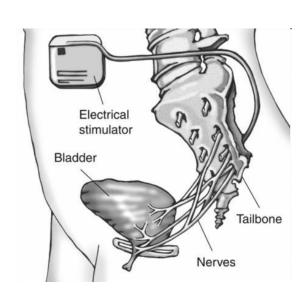
Additional - forced exercising





Pelvic Floor Electrical Stimulation





No agreement about method:

- anal probe vs. vaginal probe
- electrical current parameters (amplitude, frequency,..)
- duration of sessions, number of sessions,...







Pelvic Floor Electrical Stimulation

ELECTRICAL STIMULATION FOR THE TREATMENT

OF URINARY INCONTINENCE IN WOMEN

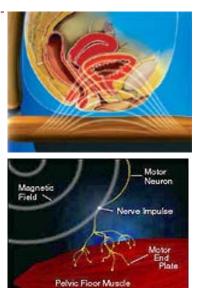
Of the nine trials comparing PFES to placebo, only three (Barroso *et al.*, 2004; Yamanishi *et al.*, 2000; Sand *et al.*, 1995) found statistically significant results in favor of electrical stimulation. However, because of variation in the type of stimulation used, the parameters of the stimulation and other methodological considerations discussed above, it is not possible to conclude that PFES is superior to placebo/sham for stress, urge or mixed incontinence. A recent review lamented: "The ideal electrical parameters for pelvic stimulation have not yet been well established." (Barroso *et al.*, 2004) Similarly, trials comparing electrical stimulation to PFME, or combined with these behavioral treatments, have generally yielded negative findings.

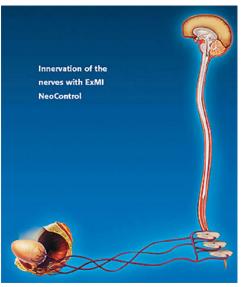




Extracorporeal Magnetic Innervation (ExMI™)







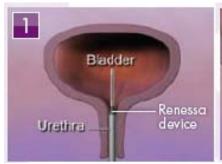
Passive exercising: 20 half-hour sessions



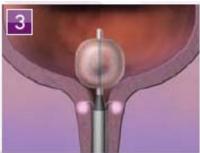


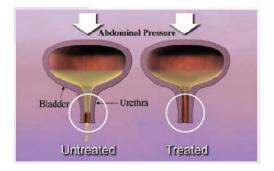
Thermal Intraurethral RF











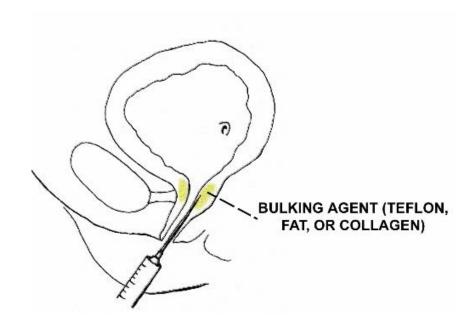
Seems effective, recurrences?





Injectables: Bulking Agents and Botox



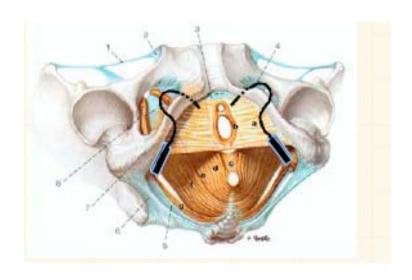


Seems effective, but not free of adverse effects





Surgery (TOT sling)





The final solution for many severe cases







Erfindernennung Designation of inventor Désignation de l'inventeur

(falls Anmelder nicht oder nicht allein der Erfinder ist) / (where the applicant is not the inventor or is not the sole inventor) / (si le demandeur n'est pas l'inventeur ou l'unique inventeur)

Anmeldenummer oder, falls noch nicht bekannt, Bezeichnung der Erfindung: Application No. or, if not vet known, title of the invention:

as la demande ou, s'il n'est pas encore connu, dire as l'avention

Laser System For Treatment Of Body Cavities

Zeichen des Anmelders oder Vertres. Applicant's or representative's reference. Référence du demandeur ou du mandataire (max. 15 Positionen / max. 15 spaces / 15 caractères au maximum)

A 1-93 820/ktz

In Sachen der obenbezeichneten europäischen Patentanmeldung nennt (nennen) der (die) Unterzeichnete(n)¹ In respect of the above European patent application I (we), the undersigned¹ En ce qui concerne la demande de brevet européen susmentionnée, le(s) soussigné(s)¹

Fotona d.d. Stegne 7 1210 Ljubljana Slovenia





Minimally invasive treatment method



Courtesy of Dr. Fistonić



Non-ablative thermally processed mucosa - collagen remodeling and neocollagenesis





Fotona Laser Therapy advantages:

- Minimally invasive (no cutting, no bleeding, no ablation)
- Ambulatory procedure
- Virtually painless, no anesthesia needed
- No special pre or post-op preparation
- No consumables
- Quick and easy procedure
- Single visit
- The first year follow-up indicates high success rate





Application current status:

- Subjective evaluation by patients high satisfacion after tretament (Dr. Rivera and Dr. Fistonić patients' testimonials)
- Objectively mesured Q-tip angle reduction (Dr. Fistonić)
- Objectively measured increase in pelvic muscle pressure (Dr. Rivera and Dr. Fistonić)

Several clinical studies are currently running





Medical Gynecology Applications



Fotona GynoLaser



Medical Gynecology Indications

- Stress Urinary Incontinence (ErYAG)
- Genital Warts (Condylomas) (ErYAG)
- Cervical dysplasia (HVP) (ErYAG)
- Zoon's disease (ErYAG)
- Myomectomy (NdYAG)
- Polycistic Ovarian Syndrom (NdYAG)
- Cervical and Intrauterine Polyps (NdYAG)
- Epiploic Adhesions (NdYAG)
- Fibrous Synechiae (NdYAG)







Lesions (HVP) on Cervix



Courtesy of Dr. Rivera



Light (cold) ablation of cervix





ErYAG Ablative Procedures Benefits

- Broad spectrum of applications. Cervix \ vagina \anal \ perianal \ vulvar \ urethra \ penus
- Solves cases with multifocal / multicentric lesions that other traditional methods cannot solve
- Unlimited number of re-treatments
- Ideal when other methods fail (cul-de-sac, vagina)
- No limitation in the extension of the treated lesion
- No anesthesia (cervix and vagina), in some cases topical
- No intraoperative or post-op pain
- No alterations in fertility no sinequia
- Prompt return to sexual activity







ErYAG Ablative Procedures Benefits (cont.)

- Fast wound healing 2 weeks versus 2 months
- Great surgical control of depth and extension
- Minimal thermal residual effect
- Simultaneous desinfection of the treated area
- Minimal bleeding
- Can be used alone or combined with traditional methods
- Ambulatory
- Short learning curve



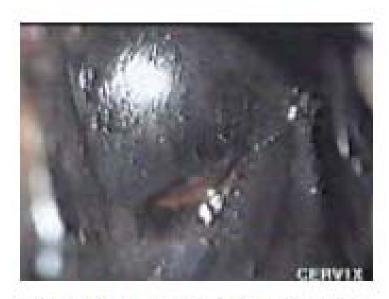




Lesions (HVP) on Cervix



Courtesy of Dr. Pidal M.D., Dr. Mansilla MD Before



Courtesy of Dr. Pidal M.D, Dr. Mansilla MD 60 Days After





Genital Warts (Condyloma)



Courtesy of Dr. Kozarev M.D. Before



Courtesy of Dr. Kozarev M.D. Immediately After



Courtesy of Dr. Kozarev M.D. Before



Courtesy of Dr. Kozarev M.D.
Immediately After



Genital Warts (Condyloma)





Courtesy of Dr. Pidal



Gynecology Indications



Genital Warts (Condyloma)





Gynecology Indications



Zoon's Disease

Lasers in Surgery and Medicine 30:123-126 (2002) DOI 10.1002/lsm.10037

Zoon's Balanitis Treated With Erbium: YAG Laser Ablation

John G. Albertini, Md. Mc. USAF, ^{1*} David E.E. Holck, Md. Mc. USAF, ² and Mary F. Farley, Md. Mc. USA¹

Department of Dermatology, Brooke Army Medical Center, Fort Sam Houston, Texas 78234

Department of Ophthalmology, Wilford Hall USAF Medical Center, Lackland AFB, Texas 78236

CONCLUSIONS

As an alternative to definitive circumcision, we propose a trial of Er:YAG laser ablation as a low risk, first line treatment of ZB, replacing the far more thermally destructive CO₂ laser. The Er:YAG laser is ideally suited to selectively remove the diseased epithelium of the glans



Gynecology Indications



Zoon's Disease

UWE WOLLINA

Journal of Cosmetic and Laser Therapy, 2010; 12: 120-123

Ablative erbium: YAG laser treatment of idiopathic chronic inflammatory non-cicatricial balanoposthitis (Zoon's disease) - A series of 20 patients with long-term outcome





Figure 1. (A) Zoon's disease of the glans in a 62-year-old male.

(B) One year later after erbium-YAG laser ablation: no recurrence, no residues.





Nd:YAG Gynecology Applications



Fotona GynoLaser



Medical Gynecology Indications

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- Fibrous Synechiae (NdYAG)



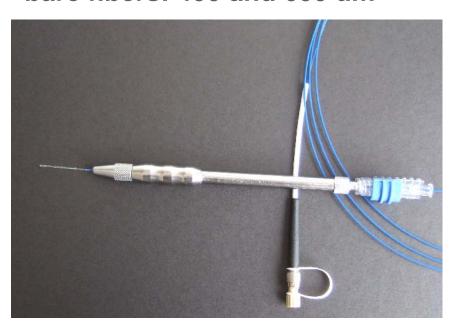


NdYAG Gynecology



R27C new surgical handpiece

Compatible with bare fibers: 400 and 600 um



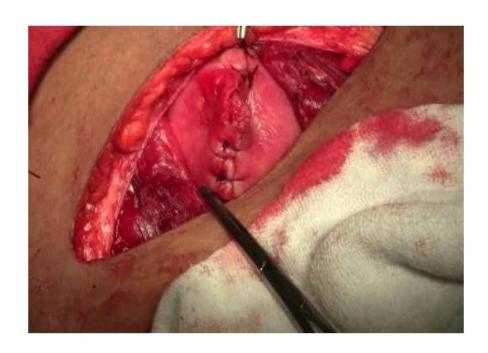






Laparotomy procedures – benefits of NdYAG laser:

- Clean dissection of muscle tissue without charring
- Better cauterization in comparison to monopolar and bipolar systems
- Fast recovery
- Less inflammation and less painful post-op
- Great control in depth of penetration





NdYAG Laparotomy procedures



Example of utilization of new surgical handpiece

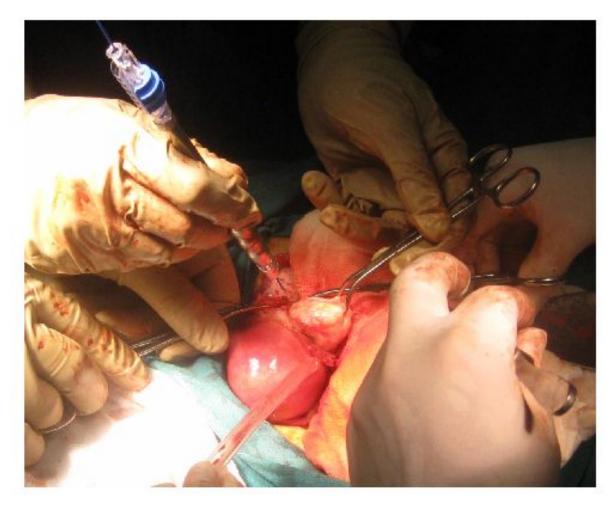




NdYAG Laparotomy procedures



Example of utilization of new surgical handpiece

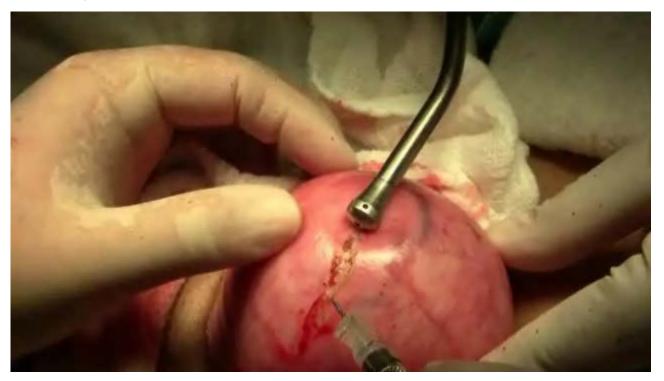






NdYAG Laparotomy procedures (Myomectomy)

Courtesy of Dr. Montalvo

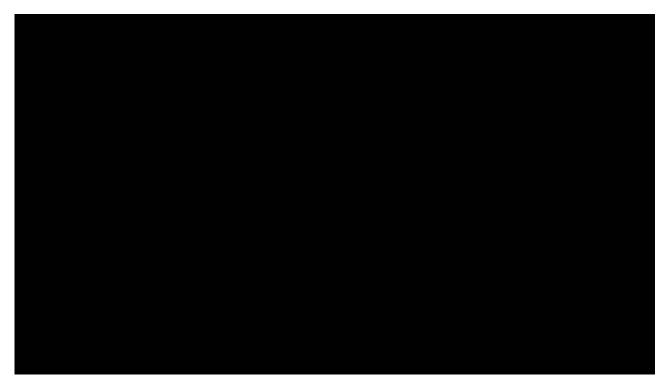






NdYAG Laparotomy procedures (Polycistic Ovarian Syndrom)

Courtesy of Dr. Montalvo







Laparoscopic procedures – benefits of NdYAG laser:

- Can cut and coagulate while submerged under fluid
- Minimizes post-op adhesions
- No tissue charring
- Fast patient recovery with less pain and inflammation
- Neighboring tissue is preserved (opposite to monopolar)







NdYAG Laparoscopic procedures (Myomectomy)

Courtesy of Dr. Montalvo







Hysteroscopic procedures – benefits of NdYAG laser:

- Easy access and visualization
- Coagulates using any type of liquid irrigants (glycine, physiological solution or Ringer's lactate)
- Simple handling when compared to other techniques
- Great access to distant and cumbersome locations which are difficult to reach with other instruments (scissors, graspers or cautery)
- Controlled depth of activity, non piercing, not dangerous.







NdYAG Hysteroscopic procedures (Intrauterine Myomectomy)

Courtesy of Dr. Montalvo

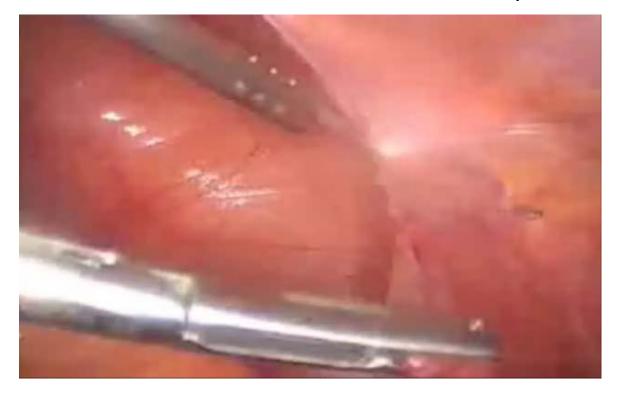






NdYAG Hysteroscopic procedures (Epiploic Adhesions)

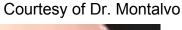
Courtesy of Dr. Montalvo







NdYAG Hysteroscopic procedures (Intrauterine Polyps)









NdYAG Hysteroscopic procedures (Intrauterine Polyps)

Courtesy of Dr. Montalvo





Overview of Gynecology Applications







- Thermal non-ablative procedures
- Ablative surgical procedures

- Laparotomy procedures
- Laparoscopic procedures
- Hysteroscopic procedures



Fotona GynoLaser



Aesthetic Gynecology Indications

- Laser Vaginal Tightening (ErYAG)
- Laser Labial Trimming (ErYAG)
- Laser Vulvar Melanosis (ErYAG)
- Liposuction of the pubis mound (NdYAG)
- Vulvar Hiar Removal (NdYAG)

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Fotona GynoLaser



Medical Gynecology Indications

- Stress Urinary Incontinence (ErYAG)
- Genital Warts (Condylomas) (ErYAG)
- Cervical dysplasia (HVP) (ErYAG)
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- Cervical and Intrauterine Polyps (NdYAG)
- Epiploic Adhesions (NdYAG)
- Fibrous Synechiae (NdYAG)







Laser Gynecology:

great program in new and very attractive market segment





Applications that sell:

Laser Vaginal Tightening Stress Urinary Incontinence





Thank you for your attention!