Intimacy Program: A Novel Approach in Intimate Rejuvenation

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Received: December 31 10, 2018; Published: January 24, 2019

Intimate rejuvenation is getting a high demand worldwide since the last five years which leads to a 20% growth per year. Expansion of indications comes together with more effective and medico-surgical techniques reinforcing the trend towards natural aspect. Combined treatments provide also better and less invasive results.

The key point is that quality of life is well regarded because of increase of life expectancy in developed countries. Then quality of life in gynecology means to deal with changes during life because of ageing, childbirths, changes of skin conditions. The main issues are hormonal disorders (and more frequently lack of estrogens), sexual dysfunctions and aesthetic conditions.

These issues could involve metabolic disorders, evolution of scars in the intimate area or modifications in its shape in a more aesthetic point of view.

That is the reason why a multidisciplinary approach seems crucial.

Several questionnaires have been created to assess the impact of sexual dysfunctions on sexual women’s quality of life. We have built an instrument that we called “Intimacy Program” with the will to standardize the first check-up consultation for intimate rejuvenation, with an easy-to-use questionnaire and integrative analysis with visual diagrams.

We used a 4 points severity scale from 0 (no symptom) to 3 (severe symptoms) in 4 topics involved in intimate quality of life:

1. Sexual dysfunctions: They will be evaluated by 4 questions:
   - Dyspareunia
   - Anorgasmia
   - Vaginismus
   - Libido disorders.

2. Vulvo-vaginal atrophy: It will be evaluated by 3 questions:
   - Vaginal dryness
   - Vulvar itching
   - Vulvar burning.

3. Laxity syndrome: It will be evaluated by 3 questions:
   - Vaginal laxity
   - Opening of introit
   - Urinary incontinence.

4. **Aesthetics of intimate zone:** It will be evaluated by 3 questions:

- Labia minora hypertrophy
- Labia majora atrophy
- Vulvar hyper coloration.
Then we create a radar diagram with all these scores. It will give a holistic approach of intimate care the patients is willing to have and also will point to us the possible collaborations we may need with sexologist, endocrinologist, gynecologist, aesthetic doctor depending on our own skills and capabilities.

This first check-up gives us a clear overall view of instant intimate quality of life of our patient. Then we will have to reiterate the same questionnaire after each treatment and analyze the evolution or improvements that would occur. We then are easily able to compare before/after treatment results and point in which topic improvements are still to be done [1-10].

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Bibliography
