Featured

The doctor is in: Dr. Brady answers your questions

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On September 6, o8sis.com profiled Dr. Wesley Brady and shed light on a new specialty called cosmetogynecology. That article solicited questions from readers which Dr. Brady answers here. We have chosen not to reveal the names of the people who sent in the questions for privacy purposes.

Question: Can you tell me where exactly the injections are given for the LVR procedure? And is there any down time after this surgery?

Dr. Brady: I presume you are referring to post-operative pain control, which is a routine aspect of any major surgery, including LVR and or DLV. In the case of these more specific surgeries, the physician injects a derivative of lidocain into the pudendal nerve, located four inches inside the vagina, on each side. This happens in the OR, once the patient is under anesthesia, and just prior to surgery. The injection typically lasts about 18 to 24 hours. Once the patient is recovering at home, pain control is managed with oral medications or additional injections administered in the office.

As far as down time, each patient is different and recuperates from surgery at a different pace. But generally, patients can drive as soon as they are off their prescription pain medications, which can vary from a few days to a week. I would prefer that patients plan to be away from work, school or strenuous housework for a week. No aerobic exercise for 4 to 6 weeks. And pelvic rest (or sex) is not advised for six weeks, as well. However, when sexual activity resumes, the difference is usually dramatic.

Question: I have had extensive facial hair removal but stubborn areas seem to return. At age 63 do I have more treatment or just live with it? Does it ever all go away?

Dr. Brady: I assume you are referring to laser hair removal. If so, the answer can vary. LHR can be considered more appropriately "laser hair reduction" because most people experience some re-growth over time. There are several reasons, including hormonal changes, dormant hair follicles becoming active, or inadequate initial treatments to kill each follicle. Unfortunately, we sometimes have to deal with those stubborn follicles as best we can. LHR has come a long way so there is still hope. Just ensure that if you are still considering LHR, you have the treatment while the hair retains enough pigment to attract the laser. LHR is relatively ineffective on gray or white hair.

Question: Dr. Brady said her procedures are effective for incontinence in older women. How effective is
I have some problem when I sneeze or cough if my bladder is fairly full. Would that be effective, or is there a more traditional surgery which would do the job?

Dr. Brady: Laser Vaginal Rejuvenation is a procedure that was developed primarily to increase sexual gratification. While the surgery has also proven to be effective in reducing stress incontinence, this should not be the primary reason for a patient to seek out LVR. If a woman's only concern is incontinence, she needs to see a urologist or uro-gynecologist to discuss more traditional procedures, such as urethral slings.

Do you have a women's health question for Dr. Brady?

E-mail us at o8sis.com and watch for her responses.

Please note: Dr Brady's responses are those of a practicing gynecologist but are to be used for informational purposes only. They in NO WAY represent sufficient or comprehensive medical advice or recommendations that replace a patient's direct relationship with a personal physician.

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