

Science and Technology

Genitourinary Symptoms of Menopause (GSM)

As women approach menopause, periods become irregular, eventually stopping completely. The subsequent loss of estrogen results in changes to the reproductive system generally known as “atrophy” (see figure 1).

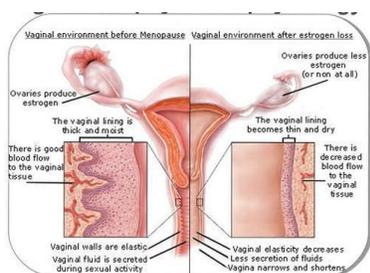


Figure 1

The North America Menopause Society defines GSM as symptoms that include vaginal dryness, burning, dyspareunia (painful intercourse), poor vaginal lubrication and impaired sexual function. GSM may also cause urinary symptoms such as urgency, urge incontinence, nocturia (getting up at night to urinate) and dysuria (painful urination). More than 50% of women in menopause require some kind of treatment for these bothersome symptoms. Women who have been treated for breast cancer or ovarian cancer also have many of these symptoms.

There are other causes that lead to symptoms of GSM so it is important that your health care provider conduct an examination to be sure that there are no other causes for your symptoms. The treatment of GSM is determined by the specific symptoms and the degree to which those symptoms bother you. Until MonaLisa Touch was approved by the FDA, most patients relied on estrogen replacement and lubricants for vaginal symptoms. Before MonaLisa Touch was available, urinary symptoms usually required drugs designed to control bladder urgency and irritability.

MonaLisa Touch Technology

MonaLisa Touch medical carbon dioxide (CO₂) laser has been used for decades in various medical disciplines in the fields of plastic surgery and dermatology. Because the laser beam is delivered in pulses through a specially designed vaginal probe (see figure 2) rather than a continuous stream, stimulation of the tissue quickly improves the quality of the vaginal wall. Each pinpoint stimulation is spaced from the adjacent one by a distance of 1 mm. This spacing is created by the rapid pulsation of the laser as the probe is moved over the treatment area. Rapid-fire pulsation, known as “fractionalization”, allows the

tissue to quickly regenerate. On a microscopic level the tissue changes in the vaginal wall can be seen in figure 3

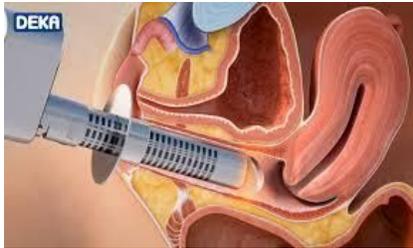
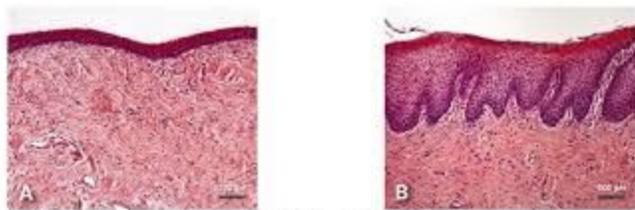


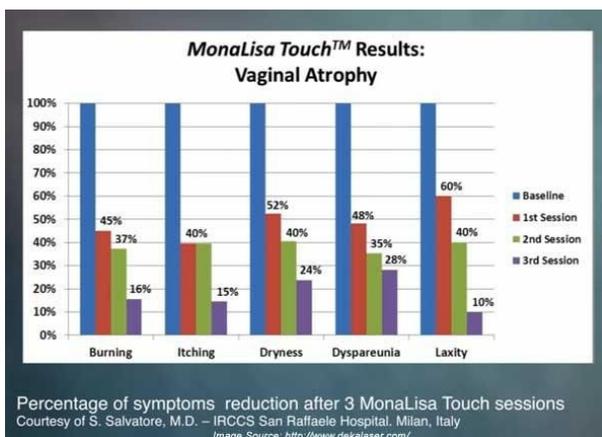
Figure 2



(A) Vaginal wall with a thinner epithelium typical of atrophic vaginitis.
 (B) Same magnification two months after one MonaLisa Touch® session showing significantly thicker epithelium of the vaginal wall.

Figure 3

After three treatments the vaginal wall is restored to the appearance and function of a premenopausal woman with significant relief of GSM.



Over time, sexual health and GSM should improve significantly