**Extended Abstract** 

# Women's Health Meet 2018: Impact of action II Petite Lady Laser Machine in the treatment of urinary incontinence and sexual dysfunction female

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#### **ABSTRACT**

Background and Aims Urinary incontinence and sexual Dysfunction is exceptionally basic among female. It causes social or sterile issue. Urinary incontinence is the uncontrolled spillage of pee. This condition influences about 33% of the female populace and is more typical in ladies than in men5. As of late the Action II Petite Lady laser has stood out for urinary incontinence and sexual brokenness as non-intrusive way that is planned for arousing a lady's arousing quality by straightening out their vaginal channel. The current examination assessed the clinical adequacy of the Action II Petite woman laser on the treatment of sexual brokenness and urinary incontinence in females.

Subjects and Methods Thirty lady with Urinary incontinence and sexual Dysfunction, ages from 25 – multiyear were treated for four meetings fourteen days separated between the initial three meetings and one month separated between the third and fourth meeting with a 2940 nm Er: YAG through 90° and 360 filtering degrees. PFX2 evaluations were performed at benchmark, one – month post treatment and at 2 months' post- treatment for vaginal muscle power. FSFI surveys were addressed pre-post mediation, and bladder journalswere utilized. Abstractfulfillmentwas evaluated about sexual fulfillment.

Results All subjects effectively finished the investigation with no antagonistic occasions. Noteworthy improvement in vaginal muscle power was found in all subjects at 2 months' post-system dependent on the PFX2 esteems, sexual fulfillment as surveyed by the subjects themselves 57.7% fulfilled and 42.3% respectably fulfilled. The examination between the methods for the considered boundaries when the treatment indicated a critical contrast in decreasing the manifestations of stress incontinence.

Conclusions Er: YAG laser treatment for urinary incontinence and sexual brokenness delivered noteworthy improvement. With multicast conveyed in the various small scale beat modes by means of 90 and 360 scanning extensions, nonsurgical Er: YAG laser treatment was sans torment, protected, symptom

Keywords sexual dysfunction, urinary incontinence

## INTRODUCTION

Vaginal relaxation Syndrome (VRS) is characterized as laxity of the vaginal wall. It can bring about loss of rubbing and sexual fulfillment for both a ladies and her accomplice, regularly alluded to as "free vagina". Urinary incontinence is another issue related with VRS, both of the pressure or urge type, and can be somewhat aggravating or absolutely crippling. Various sorts of VRS treatment alternatives exist from noninvasive ways to deal with intrusive surgeries. For the noninvasive methodologies, social strategies (bladder preparing, booked latrine preparing, pelvic floor activities can straighten out loosened up musculature in the pelvic floor, electrical incitement, and

In any case, despite the fact that these are noninvasive choices, the adequacy is fairly restricted and the inertness time frame transitory, requiring constant development. Surgeries, is progressively obtrusive and has a higher danger of complexities, for example, down an ideal opportunity for recoup, dangers related with the scar arrangement or nerve harm than noninvasive treatments, yet it can likewise give a drawn out arrangement in extreme cases. The laser has as of late been added to the treatment of VRS as a protected strategy of treatment, since it is entry point less and practically easy with no cutting draining or heights. Recuperation is incredibly speedy without requirement for the

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utilization of analgesicsoranti-microbials. Studies affirmed that Er: YAG (2940nm) is a viable protected and agreeable treatment alternative for side effects alleviation in persistent with urinary incontinence since it limits harm profundity with specific frequencies having high water retention.

## Identification and description of the investigational device

The Action II is a strong state Er: YAG laser discharging laser vitality at the frequency of a 2940 nm at which water is the primary chromospheres, with this frequency having the most noteworthy retention rate in the water among the typical lasers utilized in medical procedure and medication. Given the high water substance of skin and delicate tissue, this makes the Action II framework perfect for any sign requiring removal or vaporization of skin. The Er: YAG laser can expel skin nearly cell layer by cell

layer with 5-20 um accuracy. What's more, since its retention rate in water limits infiltration of the Er: YAG laser bar into the tissue, the warm harm in the objective tissue is constrained to a couple um. Therefore, the post-treatment fix process is a lot quicker after ER: YAG removal and the likelihood of entanglements (erythematic, pigmentation) is low. Exact Er: YAG laser removal can give incredible feathering between the rewarded and untreated tissue, can exactly shave territories of hyperplasic skin and help with atrophic zones advancing the blend of collagen in the regions around focused skin.

### Methods

In this prospective study, single-focus study, 30 patients experiencing pressure urinary incontinence and sexual brokenness experienced treatment with a 2940 nm Er: YAG Laser (Action II unimposing woman). An examination was endorsed by the morals advisory group of King Faisal Specialist Hospital and Research Center, Saudi Arabia. Treatment procedure: The anterior vaginal divider was treated by Er: YAG laser (2940nm) (Action II modest woman). Preceding the laser treatment the patient's vaginal channel was completely washed and the sterilizing arrangement deliberately got dry and expelled from the mucosa. Next a uniquely structured laser speculum was acquainted into the patient's vagina with fill in as a guide for the laser shaft conveyance framework. Er: YAG90 scope utilized as various miniaturized scale beat mode, three multishot setting, beat width of 250 and 1.7 J/shot. The three passes were conveyed along the whole length of the vaginal waterway in every treatment meeting.

For each arrangement of the shots the dynamic piece of the degree was set at the 12 O'clock the laser is discharged and the extension is pulled back by 2 graduation 5mm the procedure is rehashed, at that point rehash a similar procedure at 2 O'clock, 4 O'clock, 6 O'clock, 8 O'clock, and 10 O'clock, these positions were chosen to treat the whole circuit of the vaginal divider. In meeting 3 and 4 an extra 2 passes/meetingwereconveyedwith 360 degreeins incequite a while ago beat mode beat width of 1000ms (1S), 3.7 J/Shot. Convention called for four treatment meetings fourteen days separated between the initial three meetings and one month separated between the third and fourth session.

#### Results

A sum of 30 patients with stress incontinence and sexual brokenness were enrolled. Every one of the 30 patients experienced the Er: YAG laser treatment. Prior to the treatment, FSFI and the PFX2and bladder journal were performed. At the 1- month development, the PFX2and bladder journal were performed with each of the 30 patients. A sum of 30 patients experienced a 10 weeks development. The normal treatment time was 25 minutes. The impression of agony and uneasiness was checked during the treatment. Not exactly 50% of the patients evaluated the Er: YAG laser treatment as absolutely effortless, while the others announced exceptionally mellow agony or consuming sensation during the treatment. Patients came back to their normal exercises following treatment, and no unfriendly impacts were accounted for. Patients were just mentioned to limit from sexual activities for a time of 48 hours after every one of the treatment sessions.

#### Conclusion

The prospective study about the effect of activity modest woman (Er: YAG laser) treatment demonstrated that a fantastic viability in the improvement of vaginal snugness with insignificant patient distress during the treatment meetings and no antagonistic impacts. Further imminent investigations are in planning, which would incorporate the utilization of extra appraisal devices like a perineometer and some extra approved polls. Additionally, a longer time of subsequent meet-ups as long as 30 months is arranged.

This work is partly presented in 8th World Conference on Women's Health and Breast Cancer on December 17-18, 2018 at Abu Dhabi, UAE