

# Getting relief from sexual dysfunction and incontinence caused by menopause

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Microablative fractional CO2 lasers are energy-based devices designed to help manage troublesome menopause symptoms such as painful sex, dryness, itching/burning, urinary frequency, and incontinence. Although there is ongoing debate regarding the safety and effectiveness of vaginal laser surgery, a new study suggests that it may be effective, especially after multiple treatments. Study results are published online in *Menopause*, the journal of The North American Menopause Society (NAMS).

Collectively known as the genitourinary syndrome of [menopause](#) (GSM), the various genital and urinary problems associated with menopause have created a market for new therapies and treatments to help women regain sexual function and bladder control. Vaginal [laser](#) surgery represents one of the newer and more hotly contested approaches.

In the case of microablative fractional CO2 laser surgery, a series of microscopic laser beams using fractionated energy penetrate the skin to remove old and damaged skin cells, intended to rebuild the vaginal pathway. In this new study, GSM symptoms were evaluated up to 12 months after the last laser [surgery](#) and compared based on the number of total therapies applied (up to a total of five).

The results of this small, retrospective, non-sham-controlled study demonstrated that this type of [laser surgery](#) was particularly effective in reducing the intensity of dyspareunia (painful sex) and dryness. It further demonstrated that four or five laser therapies may be superior in

lowering the intensity of GSM symptoms compared with three laser therapies in both short- and long-term follow-up. Study results are published in the article "Microablative fractional CO2 laser for the genitourinary syndrome of menopause: up to 12-month results."

"This study adds to the literature on vaginal laser [therapy](#) for GSM. However, more robust randomized, sham-controlled data are needed, with larger numbers of women, to evaluate long-term safety, benefits, and risks," says Dr. JoAnn Pinkerton, NAMS executive director. "Until more data are available, all treatment options, including lubricants, vaginal moisturizers, and FDA-approved vaginal and systemic hormone therapies, should be discussed with women who suffer from GSM to determine the best [treatment](#) option for them."

Provided by The North American Menopause Society

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