IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 24, Issue 4 Ser. 4 (April. 2025), PP 43-54
www.iosrjournals.org

Female Intimate Harmonization – Treatment Of Vulvar Sagging With Endolaser Femme Lift

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Abstract:
The search for minimally invasive procedures for rejuvenation and improvement of flaccidity in the genital region has grown significantly in recent years. Among the emerging technologies, the use of endolaser with a wavelength of 980 nm has stood out as an innovative approach to the treatment of sagging outer lips. This technique uses laser energy to promote collagen contraction, stimulate neocollagenesis, and improve tissue firmness, offering an effective and safe alternative for patients who want natural and long-lasting results.
The region of the outer lips has a complex anatomy, composed of thin skin, connective tissue, adipose tissue and underlying musculature, factors that directly influence the response to laser treatment. The 980 nm endolaser, when applied in a controlled and safe manner, generates a targeted thermal effect that results in tissue remodeling, without compromising adjacent structures.
The safety of the procedure is one of the main aspects to be considered, and detailed anatomical analysis is essential, to ensure the accurate application of the technology. In this study, we present an anatomical evaluation based on cadaveric laboratory images, followed by in vivo photographic documentation of the clinical results. Thus, it seeks to validate the safety and efficacy of the 980 nm endolaser on sagging external lips, contributing to the advancement of intimate rejuvenation techniques.
***Objective**: The current study aims to evaluate the effects of the endolaser technique on dermal sagging in the vulva region, in female intimate regions that cause unsightly damage, discomfort when wearing tighter clothing or even when practicing physical activity, demonstrating the effectiveness of the endolaser at 980 nm.*
*Ma**terials and Methods**: Anatomical study in cadaver laboratory. Anatomical dissection is a fundamental step in the validation of innovative procedures, serving as an essential guide for professionals in the field. In the present study, the anatomical analysis was performed in two complementary stages.*
Initially, the technique was applied to a cadaver on the bench, simulating the in vivo application of the endolaser. This first stage allowed for the controlled observation of the interaction of the photothermal technology with the tissues and the assessment of the safety of the procedure before clinical application.
In the second stage, the treated region was dissected to investigate the physiological reactions resulting from the heating generated by the endolaser. The main focus was to assess possible damage to noble structures, such as vessels and arteries located in the region of the outer lips. This careful analysis, accompanied by anatomists who performed the dissection and referenced it through the photographic records documented in the article, allowed for a deeper understanding of the effects of the procedure.
After this validation on the bench, the technique was applied in vivo, consolidating its safety and efficacy based on the previous anatomical study. This protocol reinforces the importance of anatomical dissection in the scientific basis and in the construction of safer protocols for professionals in the aesthetic field.
***Conclusion:** Vulvar sagging is a natural part of aging, but it can be accelerated by hormonal, genetic and lifestyle factors. Early recognition of the signs allows preventive and therapeutic strategies to be adopted to maintain the health and aesthetics of the intimate region. Advances in aesthetic gynecology allow for innovative approaches, such as endolaser, to restore firmness and tone to the vulva, promoting functional and aesthetic improvements for patients.*
***Key Word:** Endolaser, intimate harmonization, 980 nm, gynecology, vulva sagging, skin sagging*

Date of Submission: 15-04-2025 Date of Acceptance: 25-04-2025

I. Introduction

The search for minimally invasive procedures for rejuvenation and improvement of sagging in the genital region has grown significantly in recent years. Among emerging technologies, the use of endolaser with a

wavelength of 980 nm has stood out as an innovative approach for the treatment of sagging of the outer labia (Moleiro; Leite; Ruiz-Silva, et al, 2025). This technique uses laser energy to promote collagen contraction, stimulate neocollagenesis and improve tissue firmness, offering an effective and safe alternative for patients who want natural and long-lasting results (Dell, Avanzato, 2022; Longo, 2022; Nilforoushzadeh, 2021; 2022; Kalliterna, 2023); Sadoughifar, 2023).

The region of the outer labia has a complex anatomy, composed of thin skin, connective tissue, adipose tissue and underlying musculature, factors that directly influence the response to laser treatment. The 980 nm endolaser, when applied in a controlled and safe manner, generates a targeted thermal effect that results in tissue remodeling, without compromising adjacent structures (Kaluf, 2008; Alter, 2009; Nobrega, 2009).

The safety of the procedure is one of the main aspects to be considered, and detailed anatomical analysis is essential to ensure the precise application of the technology (Moleiro; Leite; Ruiz-Silva, et al, 2025). In this study, we present an anatomical evaluation based on images obtained in a cadaveric laboratory, followed by in vivo photographic documentation of the clinical results. Thus, we seek to validate the safety and efficacy of the 980 nm endolaser in the sagging of the outer labia, contributing to the advancement of intimate rejuvenation techniques.

Sagging Vulvar Skin: What It Is, Causes, Onset, And Factors That Influence Its Progression

What is Vulvar Sagging?

Sagging vulvar skin refers to the progressive loss of firmness and support of the tissues, in addition to the reduction of the harmonious volumization of the vulvar region, which includes the labia majora and minora or outer and inner labia. This process is related to the decrease in collagen, elastin, and hyaluronic acid in the skin and connective tissue of the region, as well as the decrease in subcutaneous tissue, which provides a protective anatomy to the urethral and vaginal introitus, leaving the aforementioned area more exposed to the environment, facilitating contamination and the migration of microorganisms that can alter the vaginal flora and weaken the immune system of the intimate region. This condition can affect both the aesthetics and functionality of the vulva, and can generate discomfort, irritation, and even dissatisfaction with the intimate appearance (Andre, 2023).

Causes of Vulvar Sagging

Sagging of the vulva can be caused by a number of factors, including natural aging, hormonal changes, and external conditions that affect the integrity of the tissue (Frota, 2023). The main causes include:

Natural Aging

Over time, there is a reduction in the production of collagen and elastin, proteins essential for the firmness and elasticity of the skin and connective tissue.

Decrease in the natural hydration of the skin, making it thinner and less resistant to traction.

In addition, there is a slowdown in cellular metabolism, which compromises tissue renewal and the skin's ability to repair itself. The reduction in hormone levels, especially estrogen, plays a fundamental role in this process, as it directly impacts the vascularization and nutrition of the intimate region. These changes can result in greater sensitivity (discomfort), dryness, and predisposition to irritation, affecting both the health and comfort of women (MCNEIL, 2021).

Hormonal Changes (Menopause and Postpartum)

During menopause, the drop in estrogen levels causes histological and anatomical changes in urogenital tissues, leading to loss of vaginal elasticity, increased pH, changes in vaginal flora, decreased lubrication, and greater vulnerability to irritation and physical trauma.

In the postpartum period, in addition to the stretching of tissues during childbirth, hormonal changes that occur during pregnancy and postpartum can affect muscle tone in the pelvic region, contributing to vulvar flaccidity.

The drop in estrogen levels, especially during menopause, reduces the thickness and elasticity of the vaginal and vulvar epithelium.

In the postpartum period, tissue stretching and possible decreased lubrication can accelerate the loss of tone.

These hormonal changes can affect both the aesthetics and functionality of the vulva, and can cause discomfort, irritation, and even dissatisfaction with intimate appearance. (MCNEIL, 2021).

Excessive Weight Loss and Skin Aging

Sudden weight loss can lead to a reduction in the volume of fat in the labia majora, resulting in a sagging appearance.

The skin also undergoes a process of ptosis (drooping), worsening sagging (dos Anjos, 2024)

Genetic Factors and Personal Predisposition

Some women have a genetic predisposition to less connective tissue support, making them more prone to early sagging.

Mechanical Factors And Lifestyle Habits

Gravity and postural aging

Over time, gravitational force contributes to the descent of tissues.

In addition, the continuous action of gravity associated with biomechanical changes and inadequate posture over the years can contribute to progressive tissue ptosis. The reduction in muscle tone, especially in the pelvic floor muscles, compromises the support of the anatomical structure, favoring the displacement of tissues. Factors such as decreased physical activity, changes in the distribution of body mass and changes in the composition of collagen and elastin intensify this process, impacting both the structural integrity and the functionality of the vulvar region (Rohden, 2024).

Excessive use of tight clothing

Can compromise blood circulation and affect the quality of the skin and tissues, and prolonged use of tight clothing can increase temperature and humidity in the intimate region, favoring an imbalance in the local microbiota and impairing tissue oxygenation. In the long term, this restriction can negatively impact the elasticity and integrity of the vulvar skin.

Smoking

Reduces skin vascularization and accelerates the process of collagen degradation, compromising tissue oxygenation. Smoking stimulates the release of free radicals, intensifying oxidative stress and accelerating the degradation of collagen and elastin fibers. This results in thinner, less resistant skin that is more prone to sagging.

Sedentary lifestyle

Lack of physical activity compromises not only blood circulation, but also cellular nutrition and the elimination of toxins in the pelvic region. The progressive weakening of the pelvic floor muscles can lead to reduced support of the vulvar tissues, worsening the loss of tone.

Pregnancy and Vaginal Delivery

During pregnancy, the tissues of the vulva and vagina stretch to accommodate fetal growth.

Vaginal delivery can lead to loss of tonicity of the vulvar tissues due to the stretching of the collagen fibers, which can cause lacerations (tears) of the tissue. (Barbosa, 2005)

How Does Vulvar Sagging Begin?

The process of vulvar sagging can begin subtly and progress over the years. The first signs may include:

Loss of volume in the labia majora, making them less full;

Skin that appears less firm, with more evident wrinkles or creases;

Sensation of looseness or less support in the tissues of the intimate region;

Increased sensitivity or discomfort in contact with underwear and during sexual intercourse, due to less skin protection.

Factors that Influence the Progression of Vulvar Sagging

The speed and intensity of the progression of vulvar sagging depend on multiple factors, including:

Age and Hormonal Changes

After the age of 30, collagen production begins to decrease.

After menopause, there is an acceleration of the loss of collagen and hydration in the skin of the vulva.

External Factors and Lifestyle Habits

Unprotected sun exposure can degrade collagen and affect skin elasticity.

Smoking and excessive alcohol consumption affect the vascularization and nutrition of tissues.

Changes in Weight and Body Composition

The yo-yo effect contributes to the degradation of connective tissue and loss of firmness.

L**ack of Stimulation of Collagen Production**

The absence of treatments or habits that stimulate collagen renewal can accelerate the process.

Mechanical Factors
The impact of high-impact physical activity without strengthening the pelvic floor can influence sagging.

Genetic Factors and Family Inheritance

Some women may have a greater genetic predisposition to premature sagging, regardless of their lifestyle (Amaral, 2024).

Anatomy
Anatomy of the vulvar region
Anatomy of the Vulvar Region and Involved Structures

The vulvar region is composed of several anatomical layers that play essential roles in protecting, providing sensitivity and support to the area. Detailed knowledge of these structures is essential for the safe application of aesthetic and therapeutic procedures, especially those involving tissue heating technologies, such as endolaser (Santos, 2025).

Skin and Mucosa: The vulva is covered externally by keratinized skin in the region of the labia majora, with sweat and sebaceous glands. The mucosa, which predominates in the inner part of the labia minora and vaginal vestibule, is composed of non-keratinized squamous epithelium, which is highly vascularized and sensitive (Santos, 2025).

Connective Tissue and Fascia: Beneath the skin and mucosa, there is the underlying connective tissue, rich in elastic fibers and collagen, providing support and flexibility. Among the main fasciae of the region, Colles' fascia (continuation of the superficial perineal fascia) stands out, which contributes to the structural integrity of the vulva (Santos, 2025).

Muscular Support:
The muscular support of the vulvar region is formed by several layers, including:
• Bulbospongiosus muscle: surrounds the vaginal vestibule and contributes to sexual function and urinary continence.
• Ischiocavernosus muscle: assists in the erection of the corpora cavernosa of the clitoris.
• Superficial transverse perineal muscle: provides support to the pelvic floor.
• Levator ani muscle: important in stabilizing the pelvic and perineal region.

Vascularization and Innervation: The vascularization of the vulva is supplied mainly by the internal and external pudendal arteries, with branches directed to the region of the labia and clitoris. Venous return occurs through the pudendal veins, ensuring efficient vascular drainage. Sensory and autonomic innervation comes from the pudendal, ilioinguinal and genitofemoral nerves, and is essential for the sensitivity and physiological response of the area.

Understanding these anatomical layers is essential for the safe performance of minimally invasive interventions, such as the application of endolaser, allowing a precise approach and reducing the risk of damage to important structures (Santos, 2025).

• **Physiology of vulvar aging**
Histological and biochemical changes associated with aging.
Changes in the extracellular matrix, collagen and elastin.

Photo Documentation
• The importance of photo documentation

In a field where visual perception is crucial, photo documentation emerges as an indispensable tool for the success of endolaser treatments. In addition to tracking progress, it establishes a bridge of trust between the professional and the patient.

The Power of Photo Documentation in Endolaser:
- Objective Measurement: Comparing "before and after" photos offers a tangible assessment of the results at each stage of the treatment, showing the patient their progress.
- Legal Safeguard: Photo documentation constitutes a formal record, protecting both parties from potential legal disputes.

- Source of Expertise: The photographic collection becomes a valuable resource for learning and improving the professional's techniques.
- Transparent Communication: By viewing the results, the patient better understands the effectiveness of the treatment, strengthening the relationship of trust.
- Building Reputation: Presenting documented results increases the professional's credibility and reputation in the market.

Implementing Photodocumentation Effectively:
- Establishing Standards: Define consistent methods for capturing images, ensuring comparability, maintaining the same angle, distance and lighting, to show a reliable result.
- Respecting Privacy: Obtain formal and written consent for the collection and use of patient images.
- Complete Recording: Capture images from multiple angles and focusing on the characteristics relevant to the evaluation.

Endolaser

The Evolution of Endolaser in Aesthetics: From Vascular Surgery to Minimally Invasive Procedures (Dornellas, 2013)

The use of the endoluminal laser, known as endolaser, had its first applications in vascular medicine, being widely used in the treatment of varicose veins through endovenous thermal ablation. This technique revolutionized the surgical approach, allowing the replacement of more invasive methods, such as saphenectomy, by a minimally invasive, safe and effective procedure for occluding diseased vessels (Dornellas, 2013).

With the advancement of research and the adaptation of technology to other areas, the endolaser began to be used in laser lipolysis, a procedure that combines the thermal action of the laser with liposuction. This method brought significant benefits, such as greater skin retraction, less tissue trauma and reduced postoperative recovery time. Its application in liposuction has contributed to more precise results, with fewer bruises and a more comfortable postoperative period for the patient (Moleiro; Ruiz-Silva; et al 2025).

Currently, technological advances have allowed the endolaser to be incorporated into small aesthetic procedures performed in the office, expanding its applicability to smaller areas and providing highly safe results within the category of minimally invasive procedures. The diode laser with a wavelength of 980nm has been widely used in aesthetic and medical procedures due to its high affinity with water and hemoglobin, which allows for precise and controlled action on target tissues. The technology promotes selective photothermolysis, a principle that consists of the selective absorption of light energy by specific chromophores — in this case, intracellular water and hemoglobin — resulting in a localized increase in temperature and consequent tissue denaturation, without compromising adjacent structures. Its controlled action promotes contraction of subcutaneous tissue, stimulation of neocollagenesis and remodeling of the skin, making it a valuable tool in protocols for toning and defining areas such as the abdomen, arms, chin and buttocks (Goldman, 2017; Wolfeson, 2023; Moleiro; Ruiz-Silva; et al, 2025).

The adaptation of the endolaser for aesthetics reflects a milestone in the evolution of minimally invasive techniques, allowing procedures previously restricted to the surgical environment to be performed safely in offices, ensuring efficacy and comfort for the patient.

The use of the 980 nm endolaser for the treatment of sagging female outer labia presents several benefits, both from a clinical and scientific point of view.

Some authors demonstrate that there is no thermal difference between 980 nm and 1470 nm in a comparative study. Mordon, 2008; uses 980 nm and reports that what matters is the thermal energy.
Diode laser devices (980 nm) appeared as smaller devices, with cheaper maintenance (Dornellas, 2013)
Efficacy of 924 nm and 975 nm, lipolysis and dermal sagging (Wolfenson, 2011, 216; 2021; 2023)

This selective action allows the use of the 980nm endolaser in procedures such as laser lipolysis, localized fat treatment, skin retraction and tissue remodeling. The energy emitted by the laser is converted into heat, promoting the rupture of adipocyte membranes, coagulation of small blood vessels and stimulation of neocollagenesis, contributing to visible contouring and firming results (Goldman, 2017; Wolfeson, 2023; Moleiro; Ruiz-Silva; et al, 2025).

The penetration depth of the 980nm laser also favors action in subdermal layers, making it effective in the treatment of areas with moderate sagging, such as the submental region, abdomen, buttocks and now vulvar sagging. In addition, the procedure is minimally invasive and can be performed in an outpatient setting, with rapid recovery and minimal interruption of the individual's daily routine (Goldman, 2017; Wolfeson, 2023; Moleiro; Ruiz-Silva; et al, 2025).

Clinical Benefits

The stimulation of neocollagenesis with the 980 nm wavelength promotes a controlled thermal effect, stimulating the production of collagen and elastin, essential for the firmness and elasticity of the skin.

Tissue contraction is also observed with the use of laser energy, as it induces an immediate retraction of the collagen fibers (giving an immediate beautifying result) with the progression of the results obtained with the healing of the tissue, improving the appearance of the treated region, progressively and gradually over the next 90 days and with satisfactory results over the next 24 months, after which maintenance of the procedure will be initiated (Goldman, 2017; Wolfeson, 2023; Moleiro; Ruiz-Silva; et al, 2025).

The procedure is classified as minimally invasive, performed in the clinic with sterile IPI devices and single-use fiber. Unlike surgical techniques, aesthetic endolaser offers a safe and less aggressive treatment, with a shorter recovery time and minimal time away from daily activities.

We also observed an improvement in skin quality, in addition to firmness, there is tissue regeneration, leaving the skin more hydrated, uniform and with better tone. This perception was often reported in the improvement of patients who underwent the procedure.

The safety and precision of the procedure of choice, with laserlipolysis, means that the 980 nm laser transferred by optical fiber into subdermal tissue is selective for hemoglobin and water, allowing effective thermal control without causing damage to adjacent structures. In addition, there is less eczema due to the action of microcauterization of microvessels with edema control, which is one of the factors in the benefits of rapid regeneration and return to activities. The procedure causes less discomfort and requires less recovery time compared to surgical approaches (Nilforoushzadeh, 2023; Moleiro; Ruiz-Silva et al, 2025; Ruiz-Esparza, 2014).

• Available treatments for vulvar sagging

The treatment of female vulvar sagging can be performed using different technologies and techniques, each with specific objectives. Compared to endolaser, which promotes collagen contraction and stimulation of neocollagenesis through application to the external region of the vulva, other options include:

1. Technologies for Vulvar Sagging

Endolaser (INNLaser - DNA Med do Brasil): Acts internally on the vulvovaginal mucosa, stimulating intense collagen contraction and a tensor effect. Indication for collagen remodeling and treatment of localized fat. When associated with biostimulators, it can enhance the effects. Microneedling Fractional Radiofrequency (Ex: Dermabooster): Controlled penetration to stimulate collagen and elastin, improving tissue support. Can be used in the external region (external and internal lips) to improve turgor.

Microfocused Ultrasound: Acts at different depths of the dermis, promoting neocollagenesis. Using more superficial microfocused tips, it prioritizes the stimulation of adhesion in the tissue dermis.

Fractional CO_2 Laser (with external intimate tips): Can be used internally and externally to improve skin texture and tone. The choice for external treatment is dermatological tips.
Stimulates collagen and cell renewal, and is indicated for mild and moderate cases.

2. Biostimulators and Fillers

Injectable biostimulators that increase collagen production in the mucosa and external vulvar region.

Progressive results with improved skin firmness. Moderately Cross-Linked Hyaluronic Acid: Indicated for hydration and support of the outer lips of the vulva, promoting a "filling" effect against sagging.
It can be associated with the endolaser technique, enhancing the results.

3. Complementary Techniques

Support Threads: Can be used to provide mechanical support to sagging tissue. Generally associated with biostimulants.

Injectable Blends: Combination of firming and dermal regenerating active ingredients for nutrition and stimulation of collagen in the region.

Treatment			Main Indication	Depth of Action	Expected Results
Endolaser			Intense collagen contraction and internal tightening effect	Deep (mucosa and submucosa)	High degree of firmness, structural improvement
Microneedling radiofrequency			Collagen stimulation and tissue compaction	Medium (deep dermis)	Gradual support, improvement in texture
Microfocused Ultrasound			Compaction and support of external sagging skin	Medium to deep	Compaction of sagging tissue
Fractional CO_2 Laser			Cell renewal and improved skin firmness	Shallow to medium	Improved texture and tone
Biostimulators			Progressive collagen stimulation	Medium to deep	Improves long-term sustainment

Filling with HA			Support of the labia majora	Shallow to medium	Immediate volumizing and hydration effect

Mechanisms of laser action on tissue.

The endolaser acts through the controlled emission of laser within the tissues, promoting thermal and biostimulatory effects that result in improved firmness and collagen and elastin production. Its mechanisms of action include:

1. Selective Photothermolysis

The laser applied internally generates controlled heating of the submucosal and dermal tissue, reaching collagen and elastin fibers.

The heat causes an immediate contraction of the existing collagen fibers, resulting in an immediate tensor effect.

2. Stimulation of Neocollagenesis and Neoelastogenesis

The temperature induced by the laser activates beneficial inflammatory cascades, which recruit fibroblasts for the production of new type I and III collagen and elastin fibers.

This process occurs gradually, with maximum effects noticeable between 30 and 90 days after the procedure.

3. Remodeling of the Extracellular Matrix

Heating the tissues activates enzymes such as matrix metalloproteinases (MMPs), which degrade aged collagen and stimulate the reorganization of the collagen network.

The extracellular matrix becomes denser and more structured, improving the support and firmness of the vulvar mucosa and skin.

4. Increased Vascularization and Tissue Oxygenation

The thermal action promotes angiogenesis, increasing the formation of new blood capillaries.

This improves the supply of oxygen and nutrients to the tissue, accelerating cell regeneration.

5. Biophotonic and Regenerative Effect

The interaction of the laser with the mitochondria stimulates the production of ATP (cellular energy), favoring cell metabolism and accelerating tissue repair.

This effect enhances cell renewal and improves the quality of the treated skin and mucosa.

II. Material And Methods

• Anatomical study on cadavers in a laboratory

Anatomical dissection is a fundamental step in the validation of innovative procedures, serving as an essential guide for professionals in the field. In the present study, the anatomical analysis was performed in two complementary stages.

Initially, the technique was applied to a cadaver on the bench, simulating the in vivo application of the endolaser. This first stage allowed for the controlled observation of the interaction of the photothermal technology with the tissues and the assessment of the safety of the procedure before clinical application.

In the second stage, the treated region was dissected to investigate the physiological reactions resulting from the heating generated by the endolaser. The main focus was to assess possible damage to important structures, such as vessels and arteries located in the region of the outer lips. This careful analysis, accompanied by anatomists who performed the dissection and referenced it through the photographic records documented in the article, allowed for a deeper understanding of the effects of the procedure.

After this validation on the bench, the technique was applied in vivo, consolidating its safety and efficacy based on the previous anatomical study. This protocol reinforces the importance of anatomical dissection in the scientific basis and in the construction of safer protocols for professionals in the aesthetic area.

• Clinical protocol for endolaser treatment

Equipment used (technical parameters: wavelength, power, firing mode).

Application technique (insertion points, depth, energy direction).

Patient selection criteria.

Pre-treatment assessment and post-treatment follow-up.

Clinical image collection and analysis of results

Photographic record before, during and after treatment.

Local anesthesia of the vulvar region

Local anesthesia plays a key role in intimate aesthetic procedures, providing effective analgesia and reducing patient discomfort during the procedure. Among the available techniques, the infiltration of local anesthetic stands out for its direct application to the tissue to be treated, which can be intradermal, with almost immediate action, or subcutaneous, which has a delayed effect and shorter duration. However, intradermal injection tends to be more painful, which can compromise the patient experience. To reduce this pain, it is recommended to add freshly prepared sodium bicarbonate solution (8.4%) to the local anesthetic at a dilution of 1:10, in addition to the slow administration of the injection associated with the distraction technique by pinching the adjacent skin. Another important strategy to minimize the distortion of the operative site is to perform a gentle massage after infiltration, favoring the dispersion of the drug and the homogeneity of the anesthesia. In addition, techniques such as nerve blocks have been widely used to ensure greater patient comfort and satisfaction, essential factors for the safety and success of intimate aesthetic procedures (DHEPE, 2012).

Descrição do Protocolo Femme Lift com Endolaser

Hygiene	Non-alcoholic 2% chlorhexidine solution throughout the premises
Trichotomy	Perform trichotomy in the fiber insertion areas
Anesthetic button	Infusion of 10iu of anesthesia without vasoconstrictor in the upper area of the outer lips of the vulva
Insertion port	Hole with 30mm needle for entry of 22g x 70mm cannula
Local anesthesia	Application of hyper-diluted lidocaine 1:10 throughout the treatment area
Fiber for endolaser	Using a 600 micron fiber and universal connector
Wavelength	980nm with 3j of energy and thermal accumulation of 200mj per region
Equipment used	Innlaser DNA Med do Brasil
Blood stop	Closing the hole
Tapping	Application of 'octopus' tapping to control edema
Post procedure	Refrain from physical activity for 7 days and release of lymphatic drainage in the area.
Reassessment	Return for follow-up photo documentation in 30 days

Use of aesthetic endolaser in the Femme Lift protocol (Moleiro; Ruiz-Silva et al, 2025)

Photo A: Application of the endolaser/endolift technique on an anatomical specimen in the female vulva region in the epidermis and dermis, applying the technique with 980nm and energy deposit of 200mJ in the subcutaneous tissue, accurately demonstrating the differences in the treatment tissues. Anatomical dissection was performed later.

Photo B: Dissection and separation for anatomical study of the tissue that separates into epidermis and dermis away from the subcutaneous tissue, precisely demonstrating the differences in the treatment tissues. It is clear that the region of the outer lips has a thick and safe subcutaneous region for the application of the endolaser/endolift technique.

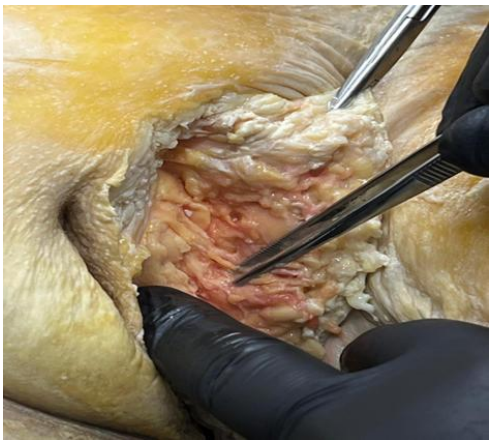

Photo C: Dissection and separation for anatomical study of the tissue that separates into epidermis and dermis away from the subcutaneous tissue, precisely demonstrating the differences in the treatment tissues. It is clear that the region of the outer lips has a thick and safe subcutaneous region for the application of the endolaser/endolift technique.

Photo: Dissection and separation for anatomical study of the tissue that separates into epidermis and dermis away from the subcutaneous, accurately demonstrating the differences in the treatment tissues. Identification of safe areas for endolaser application. Collection and dissection performed by Prof. João Neto anatomist.

Photodocumentation And Positioning For The Procedure
The importance of photo documentation

In a field where visual perception is crucial, photo documentation emerges as an indispensable tool for the success of endolaser treatments. In addition to tracking progress, it establishes a bridge of trust between the professional and the patient. Photo documentation is an essential tool in intimate aesthetics

Objective Measurement: The comparison of "before and after" photos offers a tangible assessment of the results at each stage of the treatment, showing the patient their progress. Recording the Progress of the Treatment Photo documentation allows visual monitoring of the patient's progress, from the first session to the final results. This is essential to highlight improvements in the color, texture, tone and symmetry of the intimate region.

Legal Safeguard: Photo documentation constitutes a formal record, protecting both parties from potential legal disputes. Photo documentation, together with the informed consent form, offers legal support to the professional, showing the patient's initial conditions and the limits of the treatment.

Source of Expertise: The photographic collection becomes a valuable resource for learning and improving the professional's techniques. Well-taken photos, with standardized techniques, reinforce the professional's credibility and can be used in presentations, case studies, scientific publications and medical marketing, as long as the patient's authorization is obtained.

Transparent Communication: By viewing the results, the patient better understands the effectiveness of the treatment, strengthening the relationship of trust.

Building Reputation: The presentation of documented results increases the professional's credibility and reputation in the market.

Implementing Photodocumentation Efficiently:

Establishing Standards: Define consistent methods for capturing images, ensuring comparability, maintaining the same angle, distance and lighting, to show a reliable result.

Respect for Privacy: Obtain formal and written consent for the collection and use of patient images.

Complete Recording: Capture images from multiple angles and focusing on the characteristics relevant to the evaluation. Before and After: What to Record
Clinical image collection and analysis of results
Photographic records before, during and after treatment.
When documenting results, focus on:
Skin color (evaluation of lightening)
Volume and contour of the outer labia (improved firmness and symmetry)
Skin texture (smoother, more hydrated skin)
Vaginal opening and tone (in cases of functional rejuvenation)

Positioning the patient on the stretcher

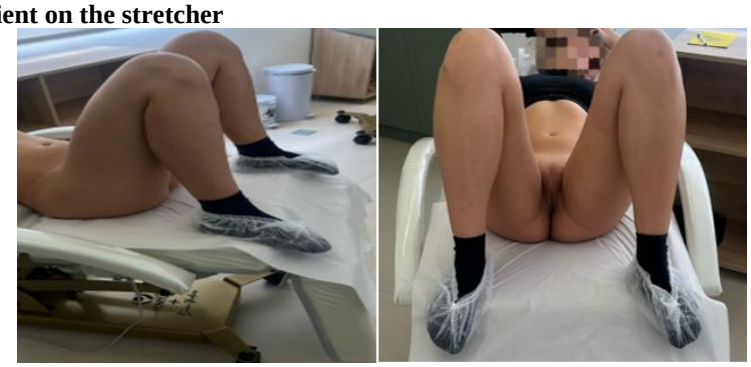

Photo E: documentation of the position for performing the technique, with preference for reclining stretchers at the top and bottom for patient comfort and an adequate position for the professional. Reference Pontual Estética Ind.

Contraindication of endolaser

1. History of allergy to laser or thermal action above 42 degrees Celsius
2. Women who are pregnant or breastfeeding
3. Skin infection in the area to be treated
4. Patients using anticoagulants or with coagulation disorders
5. Immunocompromised states
6. Diabetes
7. Areas of skin with vitiligo and psoriasis (Koebner phenomenon)

III. Result And Considerations On The Procedure

Scientific evidence on the effectiveness of laser in tissue regeneration

Photo F: before endolaser application in the correct application position

Photo G: Planning and marking with the Femme Lift Protocol for the application of Endolaser Technology through the Energy Guide, choice of fiber and wavelength.

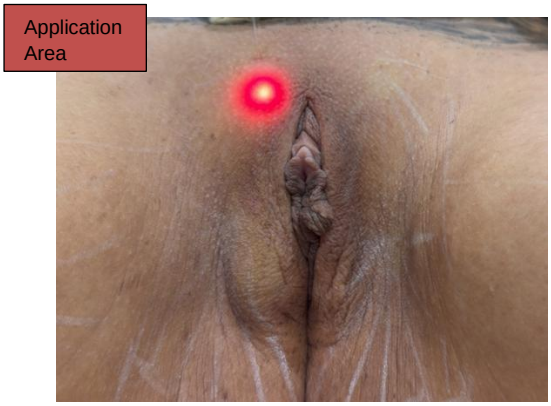

Photo H: Photodocumentation of the side performed compared to the side not performed with the introduction of the 600mm optical fiber and the described protocol of the Femme Lift technique

Photo I: Photodocumentation showing the area done and the area not done, with the Femme Lift technique, with the observation of immediate tissue retraction due to the heating of the elastic fibers.

Clinical results

Photos J and L: Clinical results before and after a session of the method

Photos M and N: Clinical results before and after a session of the method

IV. Conclusion

Vulvar flaccidity is a natural aging process, but it can be accelerated by hormonal and genetic factors, and lifestyle habits. Early recognition of the signs allows preventive and therapeutic strategies to be adopted to maintain the health and aesthetics of the intimate region.

Advances in aesthetic gynecology enable innovative approaches, such as **endolaser**, to restore firmness and tone to the vulva, promoting functional and aesthetic improvement for patients.

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