



# Distension versus traction in laparoscopically assisted balloon vaginoplasty for management of vaginal aplasia

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## Abstract:

**Objective:** The aim of the present prospective study was to compare the effects of postoperative predominant traction and predominant distension on penetration and sexual satisfaction among women undergoing LAB-V and their partners. **Methods:** Eighteen women with vaginal aplasia were included in the study. Sexual satisfaction was measured using a visual analogue scale from zero to 100 and divided into 10 compartments, with 100 representing maximum satisfaction and 0 representing no satisfaction. The patients were randomly allocated to either the predominant distension group (PD) or the predominant traction group (PT) **Results:** The operative procedure was the same for both groups Postoperative care consisted of preventing infection and controlled traction and distension in each group but at different levels. In the PD group, the balloon was distended at 5 mL/day to a maximum of 40 mL reached on the seventh postoperative day. The catheter was then removed the following day. Traction was performed at a rate of 1 cm per day. In the PT group, traction was done daily using the catheter to the level of patient tolerance (maximum 3 cm) and controlled distension at a rate of 3 mL every other day. Counter traction was applied in both groups every 20-30 minutes during the first 6 hours after the daily increase in traction force. Upward massage of the upper thigh and inward massage of perineal skin were also done to relieve the pressure exerted by the distension and traction. The length and width of the vagina were measured by a specially designed measurement piece, graded in centimeters (0-20) with two ball ends, the smaller being 2 cm and the larger being 4 cm. **Conclusion:** increasing traction or distension is effective and safe, although increasing distension can lead to rupture of the Foley catheter balloon. Women in the PD group experienced less postoperative pain and less dyspareunia than women in the PT group.

## Keywords:

vaginal aplasia traction and distension

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