

The Impact of Monsplasty on Sexual Function

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Abstract

The mons pubis is the soft mound of fatty tissue covering the pubic bone above the vulvar area and is considered one of the important aesthetic features of a feminine physique.

With normal aging, this region enlarges and laxity in this region due to obesity or weight loss can cause the mons pubis to excessively sag, affecting functionality and self-confidence during intimacy. It is important to have a good self-esteem and a good body image in order to have a healthy sexual relationship. Therefore, laxity of the mons pubis can be considered an important factor of dissatisfaction in a sexual relationship.

We hypothesize that the addition of monsplasty to the standard abdominoplasty surgery will improve the appearance of the mons pubis as well as enhance the patient's sexual satisfaction. We performed a prospective study to evaluate the sexual satisfaction of 46 patients who underwent abdominoplasty combined with monsplasty. It was found that all participants had a significant improvement in their sexual relationships, compared to, an improvement in only 44% of the 34 patients who had abdominoplasty alone (**Table 1**).

It was concluded that the addition of Monsplasty to a standard abdominoplasty significantly increased the patient's satisfaction in their sexual lives, as well as, increasing their partner's attraction to them.

Table 1. Illustrates the questionnaire that was filled out by the participants in the study, as well as the results for both groups. Group 1 comprised of patients who underwent abdominoplasty combined with Monsplasty; whereas, group 2 patients underwent standard abdominoplasty alone.

Question asked	Group 1 results	Group 2 results	P-Value (2-tails)
Is there a difference in your sexual satisfaction before and after the surgery?	100% answered yes	52.94% answered yes	0.000000197
Do you feel that your sexual relationship is better after surgery?	100% answered yes	44.12% answered yes	<0.0000001
Do you feel that your quality of life has improved after surgery?	95.65% answered yes	94.12% answered yes	0.7556
Would you recommend the monsplasty to a friend who was in need of the surgery in future?	100% answered yes	N/A	N/A
Would you undergo the same surgery again?	100% answered yes	100% answered yes	N/A
Has your partner expressed that he feels more attracted to you after the surgery?	95.65% answered yes	85.29 % answered yes	0.1051

Introduction

Body image is an important factor which aids in building healthy self-esteem and confidence [1]. It is important that a person is comfortable with their appearance in order to have a satisfactory sexual life. The mons pubis is triangular area of feminine fatty tissues located at the level of pubic symphysis and is considered one of the important aesthetic features of the feminine physique. [2]. Laxity and ptosis of the mons pubis is a troubling finding in many females who are obese or have lost a significant amount of weight [3]. The Ptosis of the mons pubis can be considered an important factor of dissatisfaction in a sexual relationship; [4]. Some patients who suffer from ptosis in the pubic region may feel embarrassed and, in some cases, the deformity is so apparent that it cannot even be hidden by clothing.

Ptosis of the mons pubis can easily be corrected during an abdominoplasty procedure [5].

Aside from having a poor cosmetic appearance, pubic functionality can also be

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compromised, with difficulty in maintaining hygiene and altered sexual functions. Neglecting to treat the mons area during abdominal contouring may leave the patient with residual contour irregularities, ultimately affecting the aesthetic or functional result. We investigated whether there were significant improvements in patient satisfaction, functional outcomes, and aesthetic results in women who underwent abdominal contouring surgery with monsplasty.

Methods

Mons ptosis is defined as:

An increase in length of the mons pubis greater than 2 cm when gently stretched compared to its relaxed state length.

This distance is measured from the commissure to the infra-abdominal crease [6], (Figure 1).

We did a prospective study of 80 patients over a period of 32 months. The study group consisted of patients who were admitted to our plastic surgery unit for abdominoplasty between the 1st of March 2015 and the 31st of December 2017. Patients were required to have a stable weight for more than 6 months, and normal laboratory test results, including complete blood count, electrolytes, and coagulation studies.

All patients included in the study had mild to severe laxity of the mons pubis. All female patients with BMI of 27.5 to 35 were included in the study. It was found that most patients with BMI less than 27.5 had a natural appearing, smooth, mons pubis and therefore were excluded from the study.

All patients included in the study were in the age group of 30-50 years and had active sexual life with a BMI of 27.5 to 35 and mons ptosis of greater than 2 cms.

Patients with diabetes or a history of chronic smoking were excluded, due to, possible neuropathy and the increased risk of necrosis of the flaps respectively. Monsplasty was offered to all 80 participants.

Demographic information such as age, parity, weight loss sexual relationship and hormonal status were obtained from the patients.

Patients giving consent for surgery after consultation, were

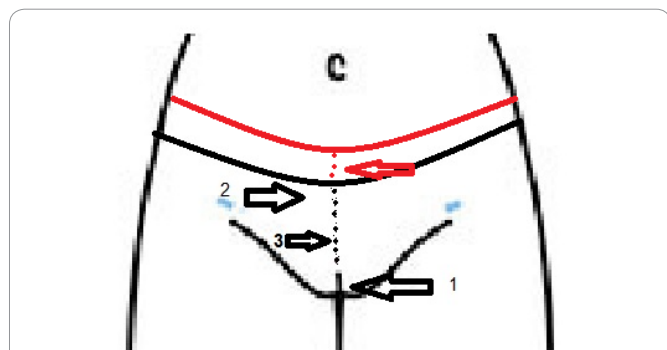


Figure 1: Preop marking showing: 1 stands for commissure, 2 stands for infra-abdominal crease, 3 the black dotted line stands for distance from commissure to infra-abdominal crease at relaxed state, the red dotted line stands for distance from commissure to infra-abdominal crease at relaxed state after gentle stretching to redrape the area to its optimal appearance



Figure 2: Preop picture showing 8.5 cm distance at relaxed state compared to 12.5 cm distance after stretching

separated into two groups to undergo abdominal contouring procedures with monsplasty or without monsplasty.

Out of 80 patients, 46 accepted to undergo Monsplasty and were categorized as group 1. The other 34 patients preferred abdominoplasty alone and were categorized as group 2. The patients refusing to undergo monsplasty were scared to add another procedure and not able to take the decision.

Patients in both the groups completed a preoperative and follow-up questionnaire six months after surgery. The questions on the survey assessed patients' preoperative and postoperative satisfaction with the aesthetic appearance of their mons region. At the 6-month post-operative follow up, a questionnaire about sexual satisfaction postoperatively was filled out by the patients in both groups (Figure 2).

Procedure

Standard Abdominoplasty was performed for all patients followed by Monsplasty in the group 1 alone. For the Monsplasty; an inferior abdominal wall marking of 5 to 7 cm above the commissure was done. The pubis was then raised 2-3 cm above its original position, and fixed to the aponeurosis of the rectus abdominis muscles. The thickness of the mons pubis fat was then measured. If it was found to be more than 2.5 cm, de-bulking was done from the lower portion to achieve a subcutaneous thickness of 2.5 cm. Deep sutures were taken in the tissue of the pubis, and it was fixed to the abdominal fascia in order to sustain a smooth, natural looking mons pubis. The aim was to elevate the pubis, correct the shape, and to resect the excess adipocutaneous tissues. This was achieved in all 46 patients. Meticulous hemostasis was done to ensure the results were not compromised by a hematoma or bleeding. All other significant complications, which might have compromised the final result, were also avoided. The patients from group 1 and 2 followed up in an outpatient setting at 1 week, 3 weeks, 3 months, and 6 months after discharge (Figure 3).

Results

At the 6 months follow up, a final questionnaire targeting the patient's postoperative sexual satisfaction was filled out by the patients in both groups. The results for the 2 groups, patients who had undergone Monsplasty with abdominoplasty (group 1), and patients who opted for standard abdominoplasty without Monsplasty (group 2), were as follows:

All patients in group 1 were extremely satisfied with the

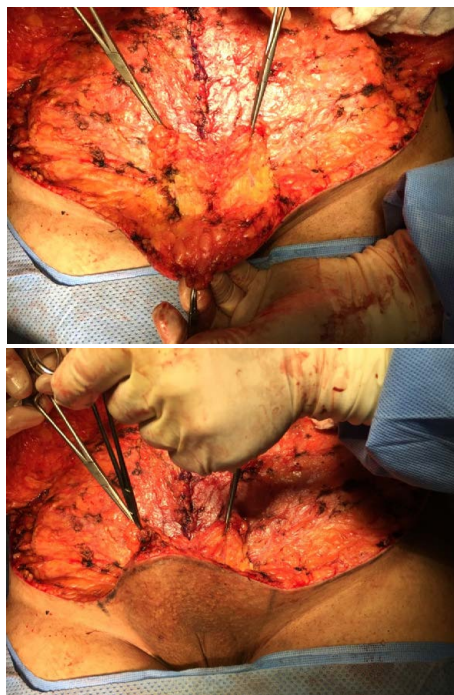


Figure 3: The excess fat was debulked to get 2.5 cm only thickness.

results of their surgery. There was no residual or recurrent deformity at the 6 months follow up, and the results of the surgery seemed to be long-lasting (Table 1).

Conclusion

It can be inferred from the results of the study that there is a significant benefit to adding Monsplasty to the standard abdominoplasty procedure, if indicated by ptosis of the mons pubis. Improving the appearance of the mons pubis plays a role in raising the self-confidence of patients, which in turn, significantly improves their sexual life and performance [3-5].

Our study is limited by the subjective nature of the responses from our surveyed patients. However, the opinions expressed by our patients in this study consistently displayed improvements in both aesthetic and functional properties after monsplasty. Another limitation is that we were unable to identify which factors influenced satisfaction scores. The analysis assessing the influence of body mass indices, pannus resection weight, and change in BMI, on satisfaction scores were not considered. Perhaps by increasing our patient population and other influencing factors we could have achieved a more robust statistical analysis, which might have helped us to determine the factors influencing satisfaction or dissatisfaction. Future long-term follow-up is warranted to examine the durability of the monsplasty technique.

We have developed simple modifications during the surgical planning of abdominoplasty, which may help achieve better patient satisfaction in regards to their appearance. The main changes to the procedure include: anchoring of the abdominal flap, fixation of the pubis at a higher position in the rectus abdominis sheath, and de-bulking of the mons pubis flap.

With proper incisional design, monsplasty can be performed safely during abdominal contouring with a high rate of patient

satisfaction to improve both form and function of the pubic region. With regards to pubic deformity after massive weight loss, the results obtained in this study are proof that the adaptations to the well-known procedure are safe, easily reproducible, offer a high level of cosmetic and functional outcome, and have long lasting results (Table 2).

Table 2

age	BMI	MONSPLASTY PERFORMED	SATISFIED OR NOT
37	27.5	NO	SATISFIED
34	29.5	NO	NOT SATISFIED
39	32	YES	SATISFIED
43	33.5	YES	SATISFIED
40	34	NO	NOT SATISFIED
41	27.5	NO	SATISFIED
41	34	YES	SATISFIED
30	32	YES	SATISFIED
32	31	NO	SATISFIED
35	29.5	YES	SATISFIED
38	33.5	NO	NOT SATISFIED
48	32	NO	NOT SATISFIED
36	31	YES	SATISFIED
37	27.5	NO	SATISFIED
43	27.5	YES	SATISFIED
32	31	NO	SATISFIED
45	33.5	YES	SATISFIED
50	33.5	NO	NOT SATISFIED
49	29.5	YES	SATISFIED
40	27.5	YES	SATISFIED
40	32	YES	SATISFIED
40	31.5	NO	SATISFIED
36	27.5	NO	SATISFIED
36	31	NO	SATISFIED
41	31	YES	SATISFIED
32	29.5	YES	SATISFIED
38	35	YES	SATISFIED
39	32	NO	NOT SATISFIED
33	29.5	YES	SATISFIED
32	31.5	NO	NOT SATISFIED
37	27.5	YES	SATISFIED
41	32	NO	NOT SATISFIED
37	34	YES	SATISFIED
38	29.5	YES	SATISFIED
44	31	NO	SATISFIED
447	32	YES	SATISFIED
34	35	YES	SATISFIED
43	34	YES	SATISFIED
46	27.5	YES	SATISFIED
48	33.5	YES	SATISFIED
48	27.5	NO	SATISFIED
44	33	NO	NOT SATISFIED
37	32	YES	SATISFIED
39	31.5	YES	SATISFIED
38	28	NO	SATISFIED
38	27.5	NO	SATISFIED
36	28	YES	SATISFIED
39	34	NO	NOT SATISFIED
38	35	YES	SATISFIED

388	28.5	NO	SATISFIED
35	32	YES	SATISFIED
43	27.5	YES	SATISFIED
46	29	NO	SATISFIED
45	33.5	YES	SATISFIED
50	29.5	NO	SATISFIED
50	34	YES	SATISFIED
35	33.5	YES	SATISFIED
41	28	NO	NOT SATISFIED
41	31	YES	SATISFIED
45	33.5	YES	SATISFIED
44	29.5	NO	SATISFIED
47	35	YES	SATISFIED
38	34	NO	NOT SATISFIED
39	29.5	YES	SATISFIED
39	34	YES	SATISFIED
36	35	NO	NOT SATISFIED
38	33.5	YES	SATISFIED
46	34	YES	SATISFIED
47	33.5	NO	NOT SATISFIED
47	31	YES	SATISFIED
36	34	YES	SATISFIED
44	35	NO	NOT SATISFIED
48	34	YES	SATISFIED
45	34	YES	SATISFIED
35	29	YES	SATISFIED
37	30.5	NO	NOT SATISFIED
38	32	YES	SATISFIED
37	28.5	NO	SATISFIED
35	30	YES	SATISFIED
48	34	YES	SATISFIED

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