

Vaginal carbon dioxide laser therapy and tropocollagen injections – combination therapy of the genitourinary syndrome of menopause

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Key words: injectable collagen therapy, minimal invasive therapy, collagen type I

The genitourinary syndrome of menopause (GSM) affects 50–70% of postmenopausal women, necessitating effective treatments. Declining estrogen levels during menopause lead to significant changes in the genitourinary system, including vaginal atrophy.

Vaginal carbon dioxide laser (CO₂) laser therapy involves the application of laser energy to the vaginal mucosa, creating controlled micro-injuries. This stimulates the production of new collagen and elastin fibers. The therapy results in the thickening and tightening of the vaginal epithelium, restoring its elasticity and moisture, consequently treating symptoms of GSM. Patients typically undergo a series of treatments, spaced several weeks apart, to achieve optimal results. The benefits include improved vaginal health, enhanced sexual function, and a reduction in urinary incontinence symptoms.

Vaginal collagen injections are a complementary treatment that involves injecting collagen directly into the vaginal tissue. This minimally invasive procedure aims to provide immediate support and structure to the vaginal walls. Collagen is a vital protein that contributes to the strength and elasticity of connective tissues. By injecting collagen, the treatment can enhance vaginal tightness, improve moisture levels, and provide relief from symptoms of GSM. The procedure is usually quick,

with minimal downtime, allowing patients to resume their daily activities shortly after treatment.

Combining vaginal CO₂ laser therapy with collagen injections offers a synergistic approach, enhancing the overall effectiveness of treatment. While the CO₂ laser stimulates long-term collagen production and tissue remodeling, the collagen injections provide immediate structural support and symptom relief. This combination can significantly improve the quality of life for women suffering from GSM and related conditions.

References

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