

RE-VİRJİNİZASYON: HİMENOPLASTİ

RE-VIRGINIZATION: HYMENOPLASTY

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ÖZET

Amaç: Bu çalışmada bir himenoplasti tekniğinin tariflenmesi ve bu konunun sosyal öneminin tartışılması hedeflenmiştir.

Hastalar ve Yöntem: 2004 ile 2008 yılları arasında 33 hastaya himenoplasti uygulandı. Himen duvarları vajinal mukoza, submukozal doku ve vajinal mukoza olarak 3 kat dikildi. Menstrual sıvının akışına izi vermek için 2 adet delik oluşturuldu.

Sonuçlar: Hastaların hiçbirisinde istenmeyen bir durum gözlenmedi. Bütün hastalar ilk cinsel tecrübeye benzer bir cinsel ilişki yaşadıklarını beyan ettiler.

Tartışma: Himen onarımı bazı çevrelerce meslek ahlakı yönünden eleştiriler olsa da özellikle muhafazakâr toplumlarda bireyin yaşam güvencesi olarak sosyal bir öneme sahip olduğundan, cerrahlar tarafından öğrenilmesi ve bir sağlık hizmeti sunumu olduğunun bilinmesi gerekmektedir. Biz bu çalışmada; uyguladığımız himenoplasti tekniğini tariflerken, uygulanabilecek diğer himenoplasti tekniklerini ve bu konunun sosyal boyutunu tartıştık.

Anahtar sözcükler: Himenoplasti, himenorafi, bekâret

ABSTRACT

Purpose: To describe our surgical hymenoplasty technique and discuss the social impact of this issue.

Patients and Methods: Hymenoplasty was performed on 33 patients between the years of 2004 and 2008. The hymen walls were sutured in three layers including the vaginal mucosa, labial mucosa and the submucosal tissue. Two holes were created to allow drainage of menstrual fluid.

Results: No complications developed in the patients who had undergone hymenoplasty and all patients stated that the sexual intercourse they experienced was similar to the night of the initial experience.

Discussion: Despite ethical controversies over hymen repair, it may have a great social impact on the female's life-including even the preservation of life- particularly in conservative cultures. Therefore, surgeons should be aware that it is a part of healthcare system and so, hence should learn the procedure. In this study, the technique we used in all our patients and other hymenoplasty techniques which may be able to perform in these patients and social importance of this operation have been discussed.

Keywords: Hymenoplasty, hymenorrhaphy, virginity, hymen

INTRODUCTION

The word 'hymen' refers to 'the god of wedding and wedding ceremonies', holding a torch in hand, who was the son of Dionysus and Aphrodite, known as 'Hymenaeus' in ancient Greek mythology. Hymen is a thin and fragile mucosal fold located 1-1.5 cm proximal to the vaginal introitus. Its function is not known. It may prevent the newborn from vaginal infections. Most cultures adopt it as a symbol of virginity. The hymen may be damaged in sexual intercourse as well as by masturbation, hand manipulations by the sexual partner,¹ straddle trauma,²⁻⁵ physical examination,⁴ motor accidents⁶ or by the use of tampons.¹ On the other hand, it has been reported that the hymen may not be injured during biking, riding, gymnastics or other sports activities.⁷ Hymenoplasty is restoration of the hymen and hymenorrhaphy is re-suturation of the hymen. However, these terms are generally used as synonyms. Little information exists in the literature concerning the surgical technique and results of hymenoplasty. In this study, the technique we used in all our patients, as well as the other techniques of hymenoplasty have been described.

MATERIALS AND METHODS

Hymenoplasty was performed on 33 patients aged between 22 and 31 years (mean: 26,84 years), who presented to the Mediplast Plastic Surgery Center in Gaziantep between the years of 2004 and 2008. Hymenoplasty was performed at least 3 weeks prior to the wedding dates. The surgical procedure was performed under local anesthesia with

sedation. The patients were discharged home at the 2nd postoperative hour.

Surgical technique: The surgical procedure was performed with all patients in the dorso-lithotomy position. Sedation anesthesia was performed with local anesthetics including 40 mg of lidocaine and 0,025 mg of adrenaline in a dilution of 1/1. The procedure of hymenoplasty was begun 7-10 minutes after administration of local anesthesia. Residues of hymen were found (Fig. 1a). The hymen was splitted as the vaginal and labial mucosa from the positions of 1–5, and 7–11 (o'clock) (Fig. 1b). First, the corresponding vaginal sides of the hymenal mucosa were sutured. (Fig.1c). Then, a submucosal suture was made on both lateral walls of the vagina, leaving the labial and vaginal hymenal flaps at the inner part, using an absorbable 3/0 suture (polyglactin 910) (Fig. 1c). This suture was placed in order to improve the results of the surgical procedure and to prevent a possible injury to the thin hymenal labia prior to the wedding night. Finally, the labial mucosal surfaces of the hymenal residues on both sides were sutured forming a 3 layered hymenal repair. The two holes on the anterior and posterior hymen were left in this procedure for drainage of the menstrual haemorrhage (Fig. 1d). Post-operative wound care with antibiotic ointment for one week was recommended (Fig. 2).

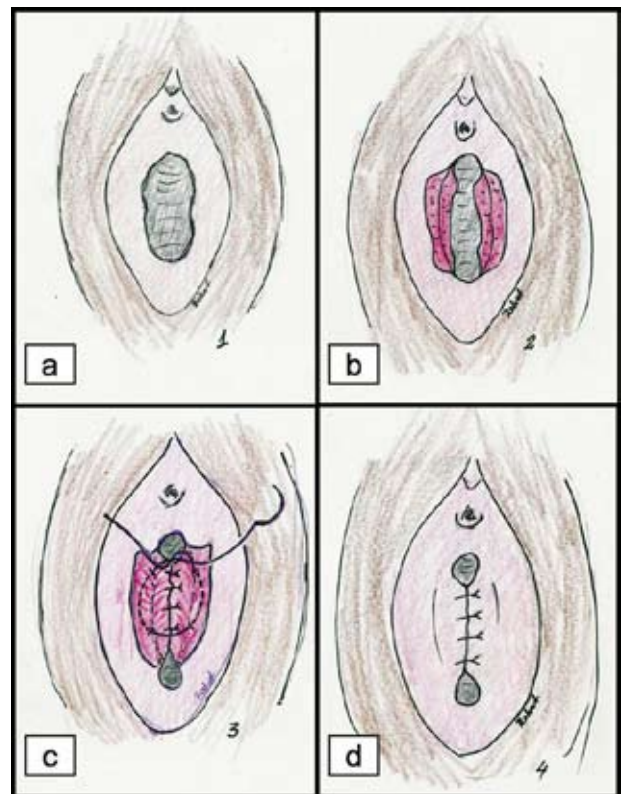


Figure 1. Schematic appearance of this new technique of hymenoplasty a) Preoperative schematic appearance of deformed hymenal residues b) Splitting of hymenal residues on both sides c) First, suturing hymenal residues on the vaginal side and subsequent submucosal suturing between both vaginal walls d) Postoperative appearance.

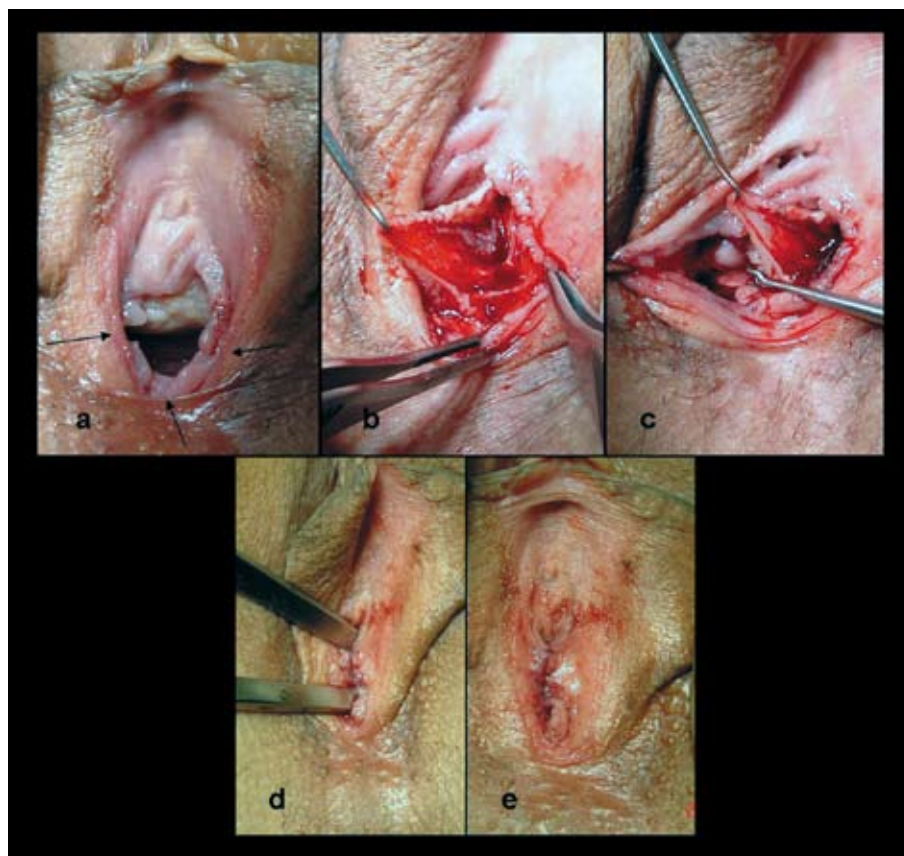


Figure 2. Surgical photos of a patient undergoing hymenoplasty. a) Preoperative image of the hymen. Three clefts are seen at 4, 7 and 9 o'clock, b) Splitting of the right side of the hymen c) Splitting of the left side of the hymen d) Drainage holes left in situ after 3 layers of repair including vaginal, submucosal and labial suturation e) Postoperative appearance.

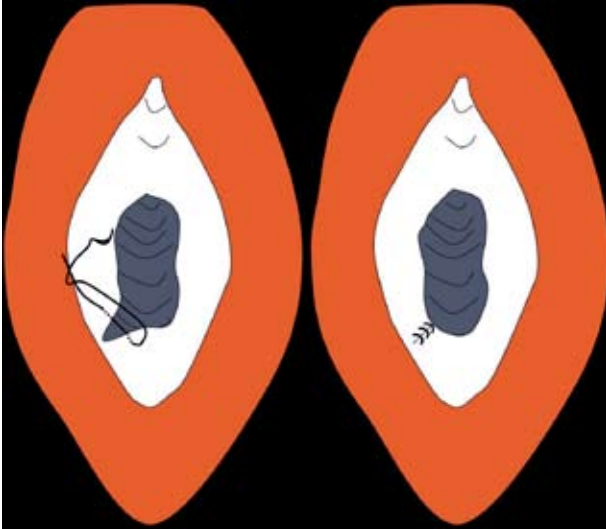


Figure 3. Repair of the injured part of the hymen (schematic appearance of repair of the injured parts located at 7 o'clock).

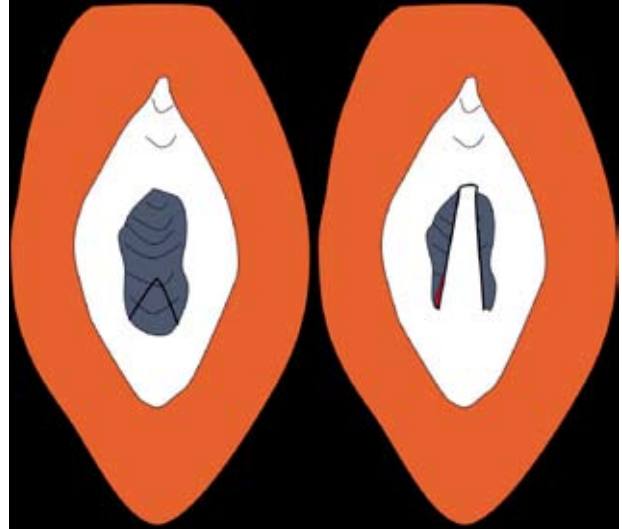


Figure 6. Suturing the triangular flap extracted from the vaginal base to the superior of the hymen.

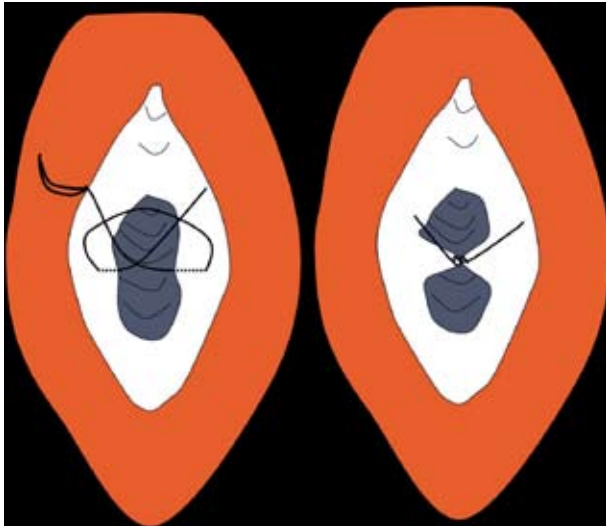


Figure 4. Suturation of both walls of the hymen without any incision (schematic appearance).

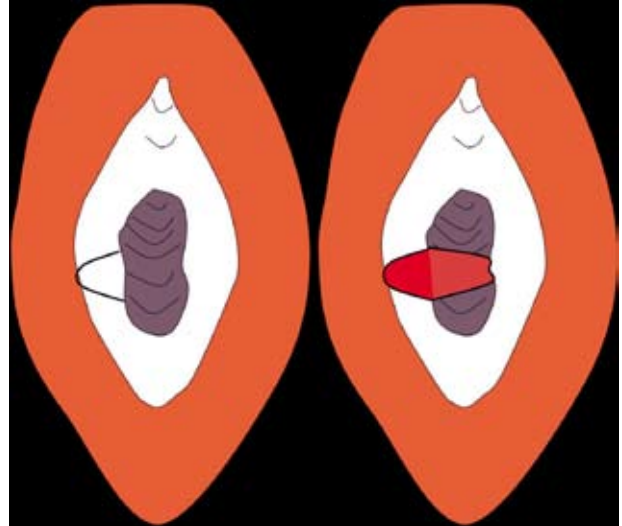


Figure 7. Suturing the flap extracted from one side to the other side of the hymen.

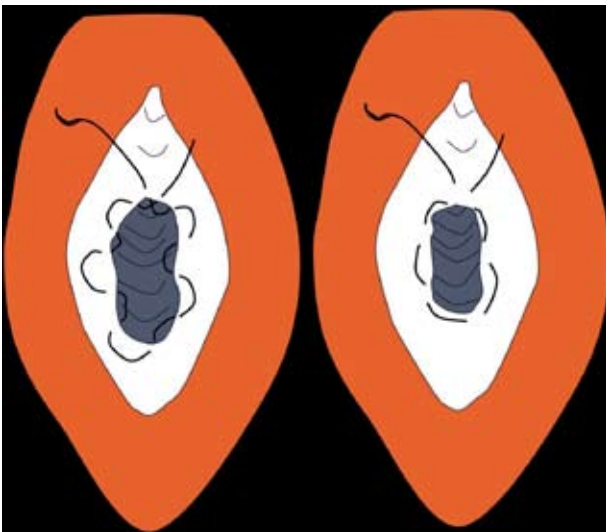


Figure 5. Narrowing of the hymen with a circular incision without any incision on the hymen.

RESULTS

Nine of 33 patients returned for control examinations in the first postoperative 2 months (3-8 weeks). No complications were observed in these patients. Information was obtained from 24 patients through phone conversations during the postoperative period. Eighteen of the 24 patients to whom we spoke stated that they experienced a first night similar to their first sexual intercourse. None of the patients experienced excessive bleeding during sexual intercourse.

DISCUSSION

Although sexual intercourse prior to marriage is not a widely-accepted behaviour in many cultures, some people may prefer to lose their virginity prior to getting married. Having an intact and imperforated

hymen is the symbol of virginity. However, hymenal injury may not always develop following sexual intercourse. Trauma may also cause a hymenal injury. In a meta-analysis by Boss in 1999 it was reported that hymenal injury was encountered in 3.7% of genital traumas.⁶

Laura Carpenter⁸ argues that loss of virginity in adult females is thought as one of the following 4 metaphors: First, it is considered a gift; second, it is thought of as a disgrace; third, it is a rite of passage; or fourth, as an act of worship showing chastity for women planning to save their virginity until marriage. Sexual intercourse before marriage is forbidden in the three most common religions (Christianity, Islam, Jewish). Although loss of virginity before marriage is very common in many western cultures, prevention of virginity until the first night of marriage is adopted as an act of worship showing chastity -as reported by Laura Carpenter- in Eastern and Islamic cultures. Single adult women who have lost their virginity are strongly condemned in these cultures. These women are believed to humiliate and insult both themselves and their families. This belief may sometimes unfortunately lead to violent behaviours including murders committed against the woman who has lost her virginity. Women who have lost their virginity due to sexual assault are assimilated with prostitutes and -particularly in eastern cultures- traditions actually support the murder of these women. In Egypt, where hymenoplasty is performed, an 80% decrease in the commitment of murders of these women has been observed in the last decade.⁹

Hymenoplasty can be performed using numerous techniques other than the one we have described in here. Other techniques which may be used during hymenoplasty include:

1) Repair of the injured part of the hymen: The injured part of the hymen is found on physical examination and the two ends of the injured area are splitted and sutured correspondingly (Fig. 3).

This technique is suitable for the slightly injured hymen occurring due to a limited number of sexual intercourses or unintentional blunt trauma such as tampon use. When the repair is performed anatomically, it is difficult to realize on gentila examination that hymenorrhaphy has previously been performed.

2) Saturation of the corresponding walls of the hymen: This may also be performed without anesthesia. No incision is made; the walls of the hymen are closed up with only one or two sutures passing across both walls (Fig. 4). This operation should be performed a few days prior to first wedding night. During intercourse, the suture will tear the soft tissue

and bleeding will occur. The suture material may be seen during the sexual intercourse in this technique of vaginoplasty.

3) Circular saturation of perihymenal tissue: No incision is made. A circular suture surrounding the hymen is made (Fig. 5). In this technique of vaginoplasty, the circumference of the hymen will be torn during sexual intercourse. Compared to other techniques, more bleeding may develop. This technique should be performed in the last week prior to first wedding night. Postcoital, suture material may also be observed in this technique.

4) Suturing the flap obtained from the vaginal base to the posterior of hymen: In this technique, a triangular flap with an anterior pedicle is extracted from the vaginal base. The donor site is primarily closed. The flap is sutured to the small incision made on the superior part of the hymen (Fig. 6). The tissue behind the flap is expected to be mucosalized. This technique should be performed at least 3-4 weeks prior to the first night. Little bleeding may develop during sexual intercourse. The torn parts of the flap may appear relatively irregular after sexual intercourse.

5) Saturation of the flap obtained from one side to the corresponding side of the hymen: In this technique, the flap extracted from the lateral side of vagina is sutured to the incision made on the corresponding wall (Fig. 7). The tissue behind the flap is expected to be mucosalized. This technique should be performed at least 3-4 weeks prior to the first night. Little bleeding may occur during coitus.

The submucosal suture in our technique allows better close up of the hymenal labia and prevents possible separation of the mucosal surface prior to sexual intercourse. We believe that this saturation improves the results of the procedure. We think that at least 3 weeks of healing is required for optimal bleeding to occur similar to that occurring during the first sexual intercourse. The tension of the submucosal suture will in part diminish during this period and the first stages of wound healing will occur.

Nine of our hymenoplasty patients were re-examined during the follow-up period and the rest of the patients with whom telephone conversations were made stated that they had experienced a similar sexual intercourse to the first night. These women may have been embarrassed to re-visit during the follow-up period.

Murders due to loss of virginity are unfortunately not very rare in Turkey and similar developing countries. Indeed, these murders are approved by tribes and clans. Hymenoplasty remains as an unmentio-

ned and under-estimated issue, although being relatively commonly performed among these cultures. Therefore, we conclude that healthcare providers should reconsider their opinions about this surgical procedure and presentation of this procedure as healthcare with optimum privacy and intimacy.

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