



# ANATOMY G-SPOT: MYTH OR REALITY !?!?!?!?

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# G SPOT

**WHAT is the G-Spot???**

*and especially..*

**Does it exist?**

# G Spot

## Spot of E. Grafenberg

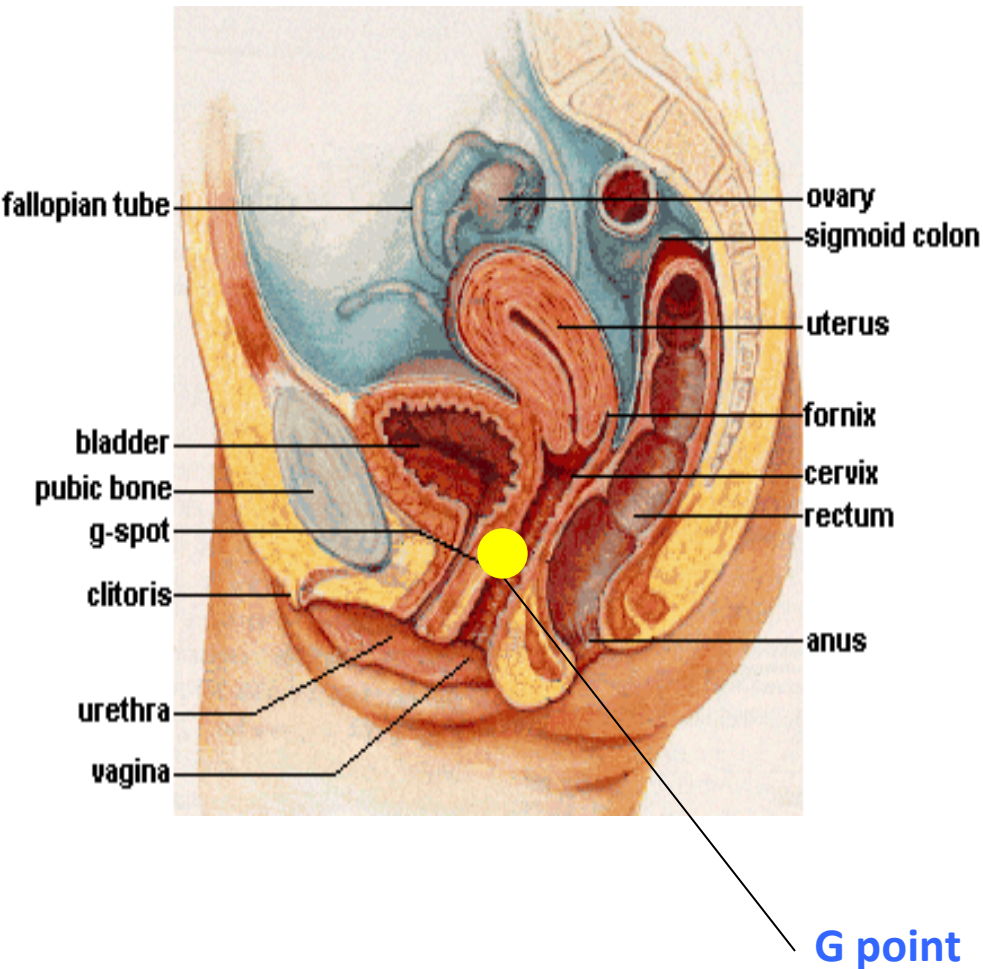


"The role of the urethra in female orgasm" (1950)

**Grafenberg describes the female ejaculation  
and an erogenous zone in which the urethra is close to the  
vaginal wall**

In 1981 two sexologists, John D. Perry and Beverly Whipple named this area  
the Grafenberg spot, or **G-Spot** in his honor

# IT Exists!!!



The G-spot is a small portion of the vaginal mucosa particularly rich in nerve endings, located in the anterior wall of the vaginal canal

It is palpable by vagina exploration, approximately 6-7 cm from vaginal introit

**Amplifying this mucosal portion (crosslinked HA or collagen infiltration) seems to boost sexual pleasure (especially in parous pts).**

The adjacent urinary structures has allowed this technique to be proposed experimentally even in cases of urinary incontinence.

# Or Maybe Not.....

## “ THE G-POINT DOESN'T EXIST: It is CUV- Complex”

**in 2010:** Scientists at of King's College London believe that it is just a figment of human imagination



Rome, January 4th 2010 – **The G-Point doesn't exists**. In an interview with 1,800 women, the scientists came, to many, a disappointing conclusion  
As they write in the 'Journal of Sexual Medicine', the focus of female pleasure was simply the result of human imagination, a myth propagated by magazines and some therapists.

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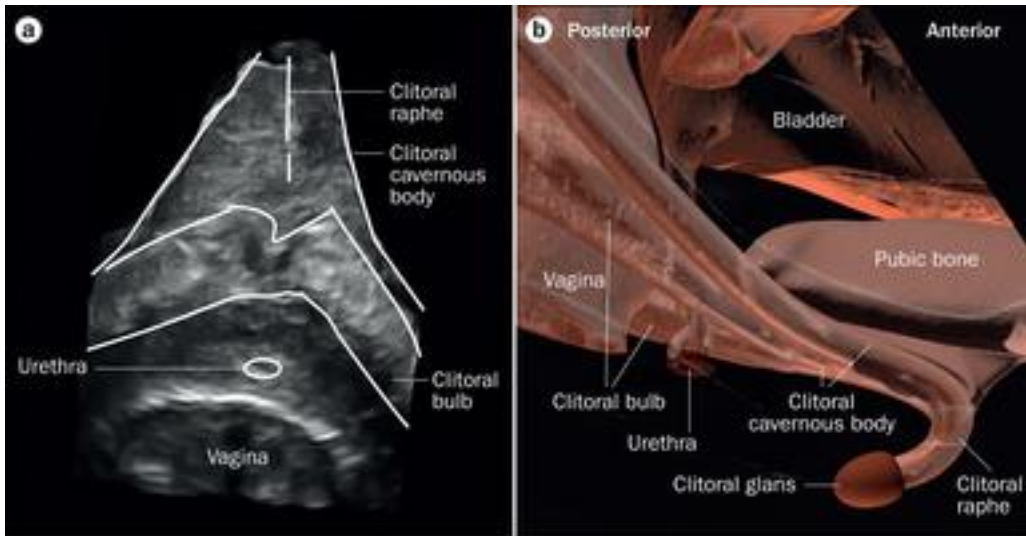
# Emanuele Jannini

Italian professor of Endocrinology and Sexology  
at the University Tor Vergata in Rome and his

## CUV

ClitoUrethroVaginal Complex

2014



a ) Representative echographic image of the CUV complex in a healthy nulliparous woman, showing the double arch made of the two cavernous bodies and two bulbs. Between the vagina and the double arch, the urethra is visualized

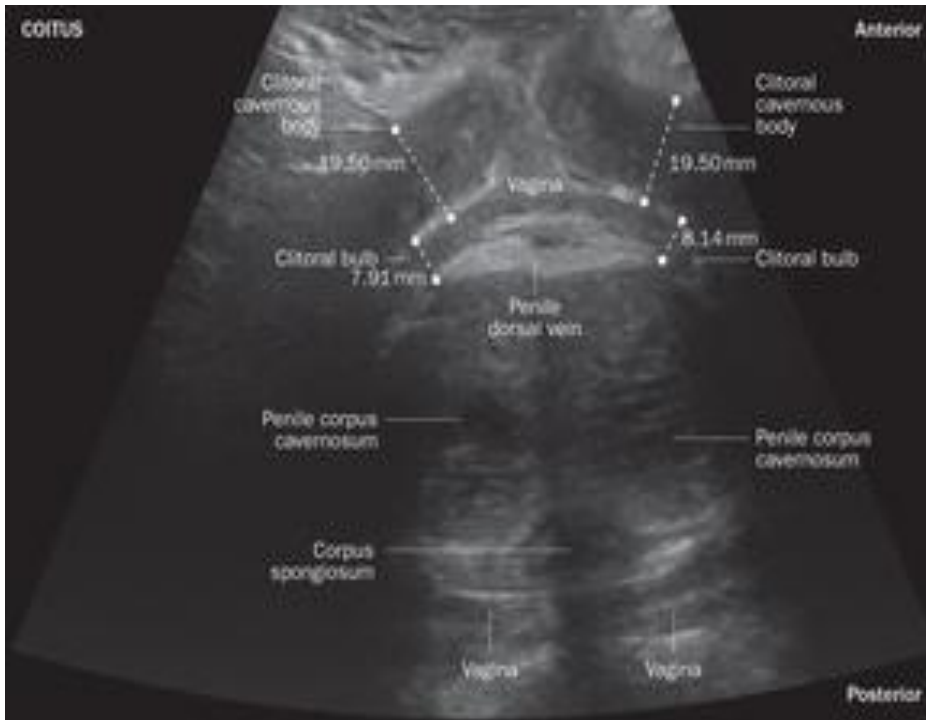
b) Ultrasonographic 3D reconstruction of the CUV complex, revealing the close relationship between the vagina and clitoris

**Beyond the G-spot: clitourethrovaginal complex anatomy in female orgasm**

*Emanuele A. Jannini, Odile Buisson, Alberto Rubio-Casillas*

**September 2014:** <http://www.nature.com/nrurol/journal/v11/n9/full/nrurol.2014.193.html>

## Ultrasonographic Coronal Plane Image taken of the top of the vulva during coitus in a healthy nulliparous woman.



**Dynamic echography demonstrated that the CUV complex is stretched and stimulated by the penis during coitus.** This observation suggests that such stimulation of the CUV complex could contribute to the attainment of vaginally activated orgasms

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# THE EROGENOUS ZONE IS NOT IN A SPOT BUT IN A LARGER AREA OF AVW CALLED CUV

<b>Table 1</b>   Evidence for and against locoregional differences in innervation of the human vagina		
<b>Finding</b>	<b>Method</b>	<b>Study</b>
<i>Evidence in favour</i>		
More nerves are present in the distal than in the proximal vagina	Immunohistochemistry with an antiserum against the general neuronal marker PGP9.5	Hilliges <i>et al.</i> (1995) <sup>6</sup>
More nerves are present in the distal than in the proximal vagina, and the distal AVW is significantly thicker than the proximal AVW	Microdissection and immunohistochemical study of the human vagina	Song <i>et al.</i> (2009) <sup>7</sup>
ICC are present in the smooth muscle of the vagina	Immunohistochemical investigation using the specific ICC marker c-kit	Shafik <i>et al.</i> (2007) <sup>15</sup>
<i>Evidence against</i>		
No differences in the nerve density in the distal with respect to the proximal vagina. All women from this study had prolapse	Immunohistochemistry with the antibody against the general neuronal marker protein S100	Pauls <i>et al.</i> (2006) <sup>8</sup>
Abbreviations: AVW, anterior vaginal wall; c-kit, mast/stem cell growth factor receptor Kit; ICC, interstitial cells of Cajal; PGP9.5, ubiquitin carboxyl-terminal hydrolase isozyme L1.		

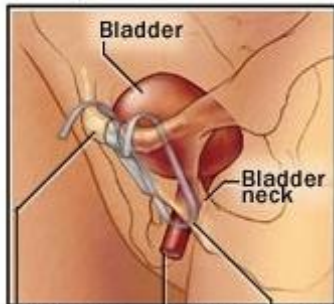
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# TVT and TOT

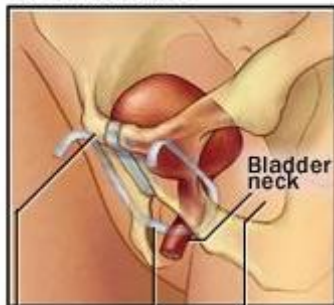
## Relationship between UI Surgery and Sexual Function

Retropubic



Pubic bone Urethra Sling

Transobturator



Pubic bone Sling Obturator foramen



In a study (2010) that assessed clitoral blood flow using Doppler Ultrasonography before and 6 months after surgery for urinary incontinence,

**clitoral blood flow was reduced after tension-free vaginal tape procedures, but not trans obturator tape procedures.**

The change in clitoral blood flow might be a result of the fact that the tension-free vaginal tape is passed via the retropubic space in close proximity to clitoral tissue (scarring and reduced elasticity), whereas the transobturator tape is placed through the obturator membrane, potentially avoiding this area.



**Short-term impact of tension-free vaginal tape obturator procedure on sexual function in women with stress urinary incontinence.**

Lau, H.H., Su, T.H., Su, C.H., Lee, M.Y. & Sun, F.J.

*J. Sex. Med.* 7, 1578–1584 (2010).

# GSPOT AMPLIFICATION

## Collagen and HA in Uro-Gynecology

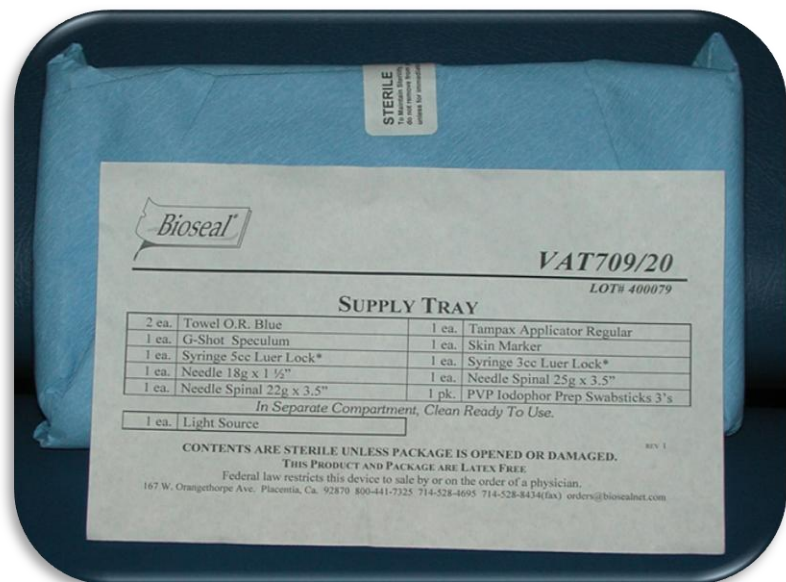
-  : intravaginal injections of collagen and HA (and other products as PTFE, Politano etc.) for the treatment of ISD and SUI
-  : Collagen and HA remain " off label" for the G-spot Amplification.

Having said that....

# G-SPOT AMPLIFICATION

DAVID MATLOCK 2005

Collagen implant to increase the salience of “G-point”  
After injection G-Point is more prominent and detectable by the woman and the partner!



# G-SPOT AMPLIFICATION INDICATIONS



- Women with normal sexual activity
- Women who take pleasure in sex and reach orgasm
- It serves to facilitate the identification of the G-point and its stimulation

[www.dissapore.it](http://www.dissapore.it)

# G-SPOT AMPLIFICATION

## Not recommended for

- Women with sexual dysfunctions, with relationship problems (emotional or psychological)
- those who want to reach orgasm or those who have never tried it
- those who want to increase the sensitivity of the G spot



# G-SPOT AMPLIFICATION

## *medical devices and procedures*

- Collagen
- HA highly concentrated ( over 24 mg/ml) and cross-linked
- Lipofilling



# **G-SPOT AMPLIFICATION: *STEP BY STEP***

## ***Our Experience***



Device Created by G. Bernabei

# G-SPOT AMPLIFICATION



PALPATION OF G-POINT

# G-SPOT AMPLIFICATION



INTRODUCTION OF DEVICE DRIVEN BY INDEX FINGER

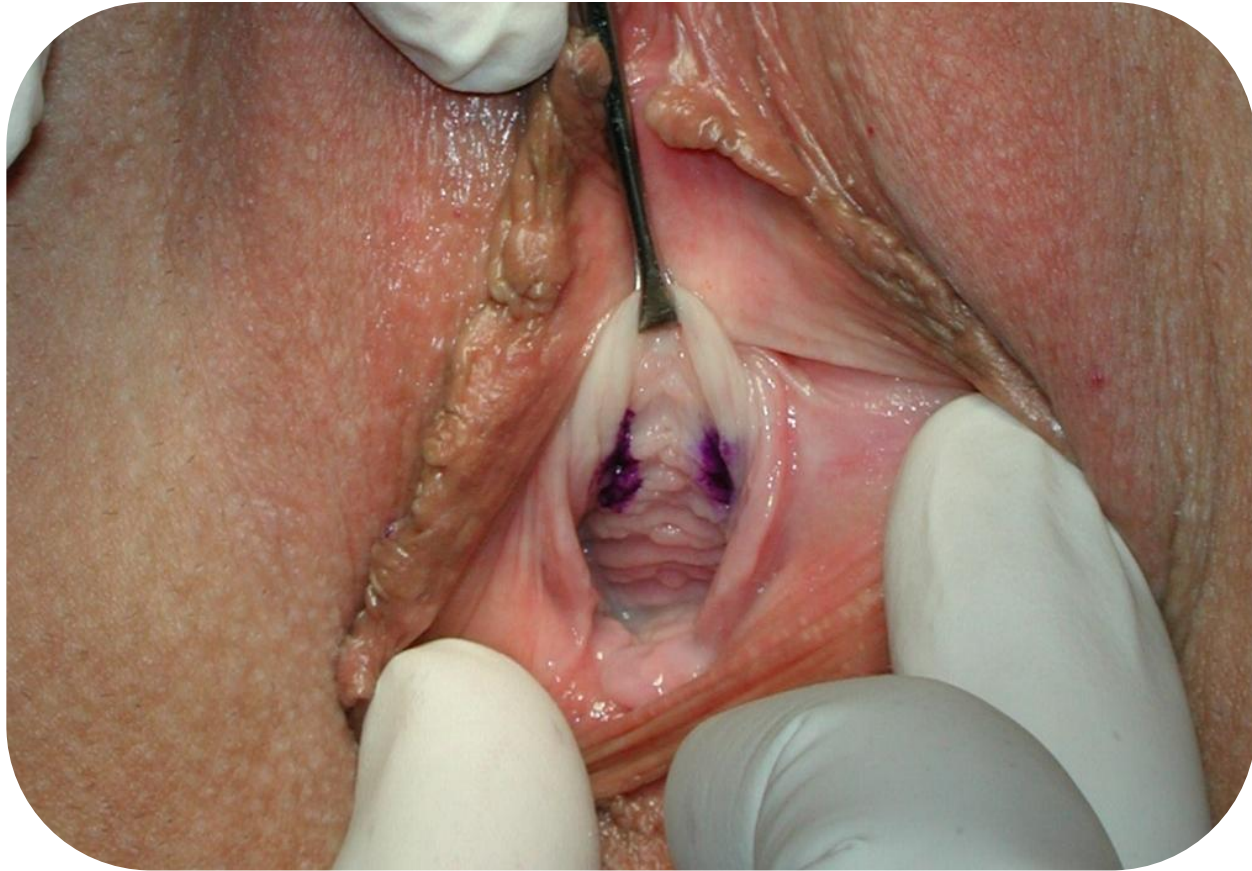


# G-SPOT AMPLIFICATION



Local Anesthesia with Lidocaine + Epinephrine

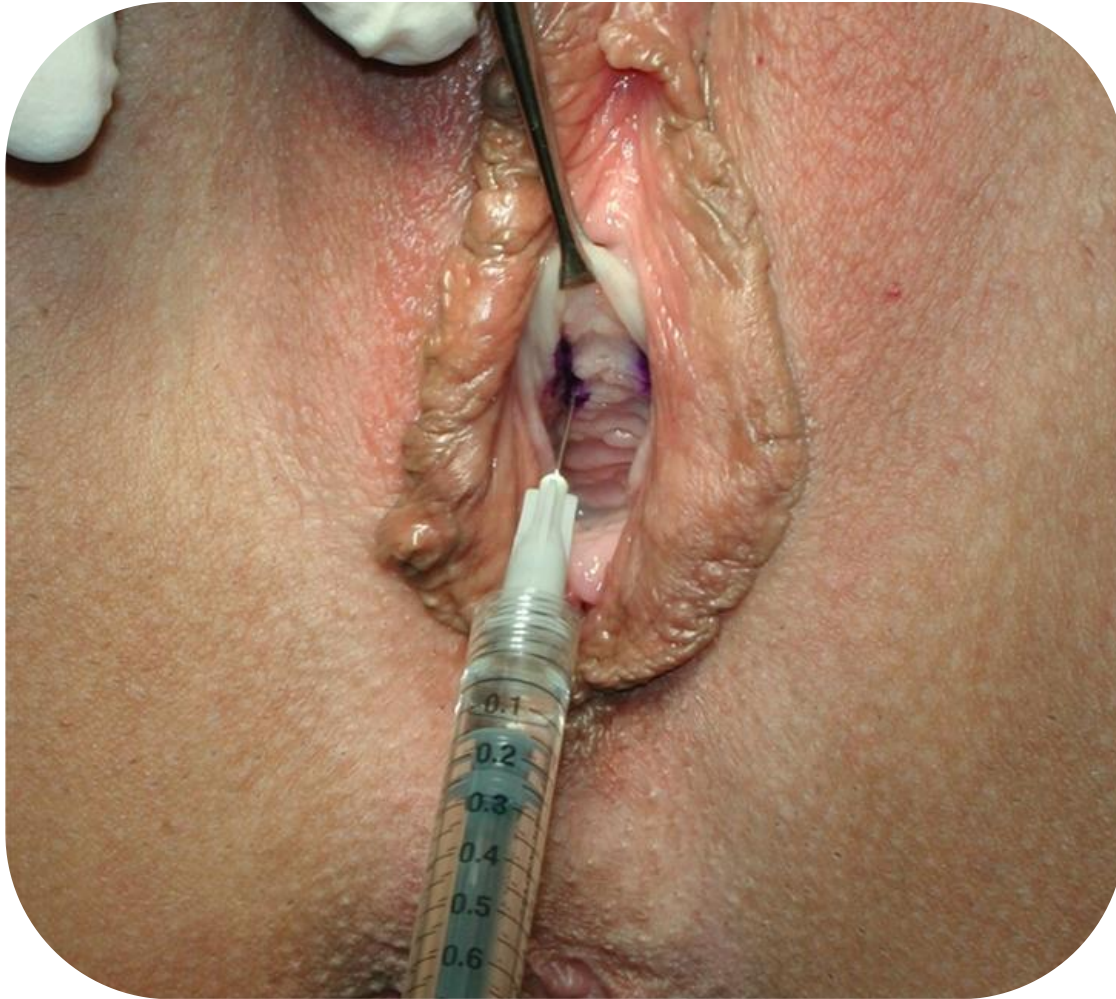
# G-SPOT AMPLIFICATION



Vasoconstriction by Epinephrine and modified infiltration technique (Bernabei Technique):

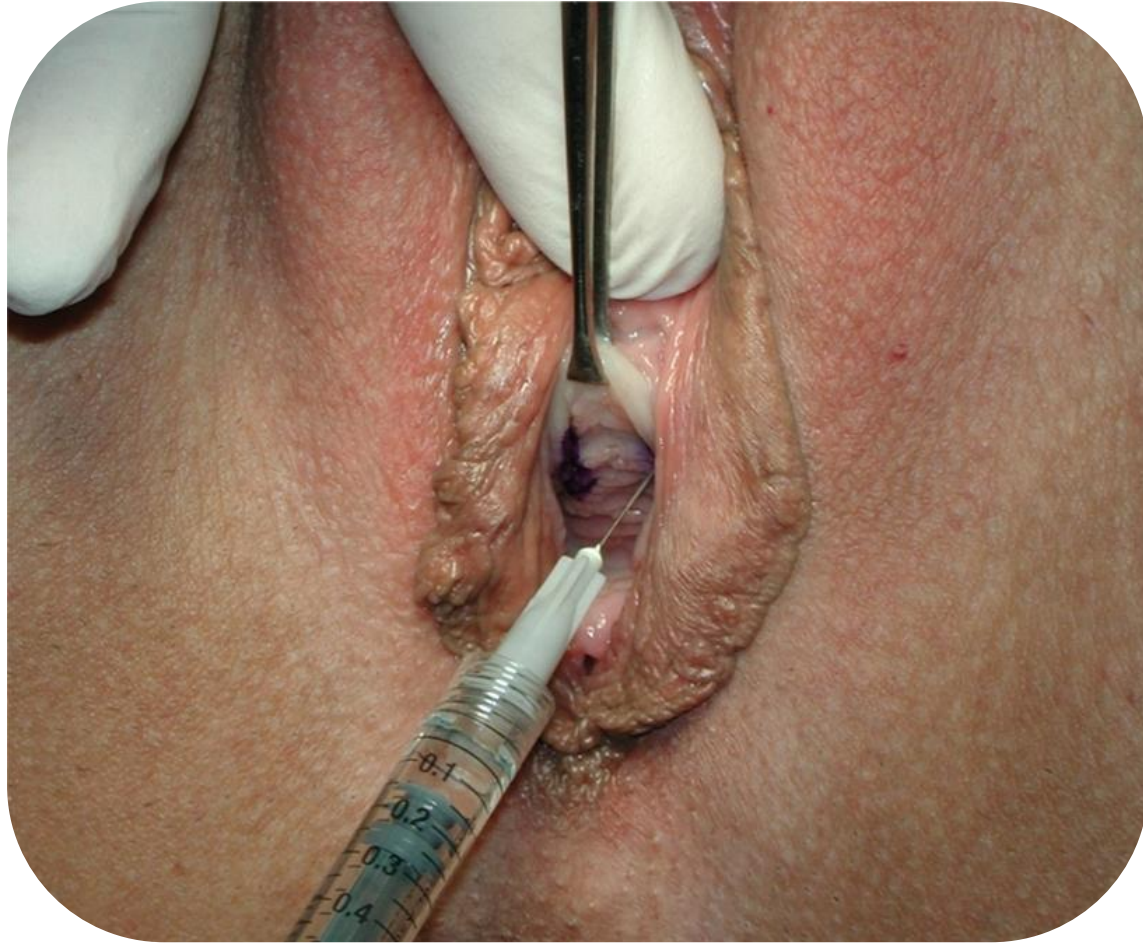
2 paramedian injection points, to try to avoid the potential urinary disorders after injection.

# G-SPOT AMPLIFICATION





# G-SPOT AMPLIFICATION



# **G-SPOT AMPLIFICATION**

## ***COMPLICATIONS***

- Risks related to allergic reactions: no with HA and of 1% with Collagen
- Hematuria
- Cystitis
- Urethritis
- Urinary Retention
- Urethro-Vaginal Fistulas

# G-SPOT AMPLIFICATION MATLOCK'S *RESULTS*

Pilot Study of **Matlock**:

87% of patients reported increased sexual  
satisfaction !!!



# **Bernabei ( 28pts) – Fasola (11pts)**

## **Pilot Study 39 pts (2009)**

### ***Results***

1 month after treatment:

- **20** pts didn't respond to the questionnaire
- **7** pts reported satisfaction, they would like to repeat the treatment
- **9** pts were not satisfied because there was no difference between before and after injection, they would not like to repeat it
- **3** pts had transitory side effects: cystitis and hematuria

**None of them came back to repeat the treatment!**

# CONCLUSIONS

## Considering:

- the observations on TVT end TOT and the relationship between the UI surgery and sexual function
- the existence of CUV complex and not just more sensitivity point
- the disappointing results in our experience (especially if compared to the amazing Matlock one)

**We treated our last case more than 6 years ago!!!**



**THANKS FOR YOUR ATTENTION!!!**

**AND**

**THANKS TO THE PATIENT FOR NOT ASKING  
ABOUT THIS PROCEDURE!!!**