

Authors' Reply

Sir,

We are pleased to learn that this article has evoked a good response. I congratulate Dr. Shirol and his team for excellent questions. I would like to answer all their queries and clarify certain technical issues.

The sole purpose of hymenoplasty is to cause bleeding from torn vaginal tissue at the time of the first intercourse. There being so many anatomical variations of a normal hymen, it is never possible to recreate the shape and texture of the original hymen. In our view, the hymen that serves the purpose regardless of its shape shall be considered good.

The surgeon and the patient's comfort decide the type of anaesthesia. Scheduling the surgery early in the morning and the usage of Xylocaine Heavy injection for spinal anaesthesia allows the patient to be discharged by the evening.

The vaginal tissue flaps are not planned in one circular line; instead they are staggered so that there are no chances of vaginal stenosis or septum creation. None of our patients have ever complained of dyspareunia.

Vaginal tissue flaps are random-patterned flaps and there is always a risk of flap necrosis if narrow flaps are designed and at the same time there is a risk of non-rupture at the time of the first sexual intercourse if wider flaps are planned. In our experience, 1 cm width has worked out to be the optimum.

Just like superiorly-based pharyngoplasty, the flaps are designed and lined in such a way that the donor area gets closed and none of the flap area remains raw. Non-lined flaps may shrink considerably, resulting in large ports that may allow penile penetration without the hymen getting ruptured. In our experience none of the four ports after crisscross should allow more than one finger. Immediate appearance of hymen after the repair or the size of the

introitus at the end of repair is not important, but bleeding at first intercourse is important.

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This reconstructed hymen should last lifelong if sexual activities are not restarted. Performing surgery at least one to two months before marriage gives ample time for the complete dissolution of vicryl sutures. However, chromic catgut can be used as well if little time is left before marriage.

As it is a super-secretive procedure for the patient, follow-up is definitely very difficult. It may sound a little unscientific, but from all our patients we do receive a telephone call after the marriage saying "Doctor, the operation is successful," followed by a box of sweets.

Hymenoplasty cannot remain a domain of one specialty. Anyone with a basic knowledge of plastic surgery can perform this surgery.

We end by saying that apart from satisfying the cultural and religious needs, hymenoplasty can save women of social embarrassment and grant them a chance to live with honour.

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Conflicts of interest

There are no conflicts of interest.

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