



Labiaplasty should be available as a cosmetic procedure

FOR: Women should be free to opt for cosmetic genital surgery

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Over recent years there has been justifiable concern about the increasing demand for labiaplasty, in both state-funded and private healthcare sectors. In particular the wide adoption of vulval procedures by cosmetic plastic surgeons (Mirzabeigi et al. *Ann Plast Surg* 2012;68:125–34), sometimes accompanied by aggressive marketing, has led to the conclusion that doctors are complicit in medicalising normal anatomical variation for commercial gain. In this context, labiaplasty for cosmetic indications can be seen as an extension of patriarchal control over women's bodies and women's sexuality, an impression reinforced by the finding that male surgeons may be more likely to undertake these procedures (Reitsma et al. *J Sex Med* 2011;8:2377–85).

In our efforts to limit the promotion of labiaplasty, and limit the promotion of minimal labia minora as an adult ideal, we should however be cautious not to restrict access to care for women requesting surgery for functional reasons. The current literature suggests that only a minority of women present with purely cosmetic concerns (Goodman et al. *J Sex Med* 2010;7:1565–77; Veale et al. *Psychol Med*

2013;10:1–12). More typically, women are distressed because their labia are pushed into the vagina when they have penetrative sexual intercourse, or insert a tampon; or that the labia rub when they undertake physical activity such as cycling (Veale et al. *Psychol Med* 2013;10:1–12).

A desire for symmetry, lack of functional restriction, and normal sexual function seem to be entirely reasonable concerns, not qualitatively different from many other elective aesthetic or urogynaecological procedures. Some opponents of vulval surgery have compared cosmetic genital surgery to female genital mutilation. However, it seems to us most closely aligned with breast reduction, a procedure widely performed for a mixture of functional and aesthetic indications, without the same media concern as surrounds labiaplasty.

It is right that we should evaluate the safety and efficacy outcomes of labiaplasty, as we would for other urogynaecological procedures, and try to define appropriate criteria for intervention. Clinicians should be aware that a minority of women presenting for care meet the criteria for Body Dysmorphic Disorder (Veale et al.

Psychol Med 2013;10:1–12). The validated Genital Appearance Satisfaction scale, and the Cosmetic Procedures Screening questionnaire (Veale et al. *J Psychosom Obstet Gynaecol* 2013;34:46–52), may be useful tools to screen women requesting cosmetic labial surgery.

While evidence of safety and efficacy has lagged behind the popularity of this procedure, the available case series report good overall satisfaction rates (Goodman et al. *J Sex Med* 2010;7:1565–77). The risks of the procedure may relate largely to the technique employed, and comparative studies of different techniques are not yet available. As for any other intervention with uncertainties relating to harm, it should be the responsibility of the practicing surgeons to routinely follow-up patients, and rigorously audit individual outcomes. However, provided women have realistic expectations about outcomes, we believe they should still be free to opt for cosmetic genital surgery.

Disclosure of interests

None declared. ■

FOR: Cosmetic vulvar surgery is a safe and effective option for our patients

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Cosmetic vulvar surgery including labiaplasty is a broad descriptor of numerous procedures designed to improve the appearance, function or both of the vulvar structures (Goodman et al. *J Sex Med* 2010;7:1565–77).

Controversy regarding this specialisation was amplified following an ACOG Committee Opinion advising caution due to a lack of data on safety and efficacy (Committee on Gynecologic Practice, ACOG. *Obstet Gynecol* 2007;110:737–8). ACOG mentioned many of the procedures by their marketing names only, such as 'Laser Vaginal Rejuvenation', 'Labiaplasty' and 'G Spot Amplification' among others, while inadequately describing the historical basis that many of these procedures have. Data contradicting this committee opinion continue to grow with quite promising results, indicating very high patient satisfaction and efficacy and low complication rates.

An important point is that many of these procedures, while elective, are not limited to aesthetic goals alone. For example, the majority of women seeking labiaplasty also have a concomitant functional issue, whether it be dis-

comfort from clothing or dyspareunia (Miklos et al. *J Sex Med* 2008;5:1492–5).

Although many of these women may have labia falling within the normal range, are we to discount their concerns and fail to mention all potential treatments, even as positive and reassuring evidence continues to mount?

The focusing on marketing terminology and ignoring the surgical goals and techniques of these procedures by groups such as ACOG distracts from the important fact that many of these procedures, such as laser vaginal rejuvenation, treat symptomatic pelvic organ prolapse and can be an effective option for women wishing to forgo tension-free vaginal tapes for the treatment of stress urinary incontinence. A large amount of research exists that indicates improved sexual function with successful treatment of pelvic organ prolapse with or without stress urinary incontinence. Procedures such as laser vaginal rejuvenation are built upon a solid gynaecological surgical foundation of procedures such as anterior and posterior colporrhaphy and perineorrhaphy (Pardo et al. *Acta Obstet Gynecol Scand* 2006;85:1125–7).

Our traditional physician—patient roles continue to evolve. Whereas in academia we learn the importance of a functional result, we have been oblivious for far too long to the profound impact an unsightly or asymmetric scar or wound has on the wellbeing of our patients. This is undoubtedly amplified when women have these concerns in intimate areas. This will often negatively impact a woman's self-confidence. We have to treat each patient as a whole, not merely limited to the physical characteristics, but with emotional and mental aspects as well.

One of the interesting points to cosmetic vulvar surgery such as the labiaplasty procedure is that women can have the best of both worlds; improvement in presenting symptoms as well as an aesthetically pleasing look. Women have always had the good sense to look at form and function; perhaps it is time we all follow their lead and continue to provide them with knowledge, choice and alternatives.

Disclosure of interests

None declared. ■