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Women and Genital Cosmetic Surgery

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Abstract

This Issues Paper critically explores female genital cosmetic surgery in the Victorian context: to better understand what it is, who is undertaking it, and their reasons for doing so. The incidence of female genital cosmetic surgery appears to be increasing. This trend has been the subject of substantial analysis and opinion, but there is a lack of rigorous evidence on risks, efficacy, complications, and patient satisfaction. This Issues Paper considers how both individual and sociocultural factors are likely to contribute to the emerging trend, and how professional bodies, health professionals, and advocates might respond. It is intended as a starting point for further conversation, evidence-gathering, and action.

Women and Genital Cosmetic Surgery

(Women's Health Issues Paper No. 9)

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Table of Contents

1. Introduction	2
2. The ideal vulva and vagina	3
3. Normality and abnormality	3
4. Female genital cosmetic surgery procedures	6
5. Prevalence	8
5.1 Australian data	8
5.2 International data	9
5.3 Data limitations	9
5.4 Age groups accessing female genital cosmetic surgery	9
6. Female genital cosmetic surgery practitioners	10
7. Cost of female genital cosmetic surgery	11
8. Standard of evidence for female genital cosmetic surgery	11
9. Risks and complications	12
9.1 Reduced sensation	13
9.2 Other risks	13
10. Patient satisfaction	14
11. Reasons for seeking surgery	15
11.1 Aesthetic reasons	15
11.2 Functional reasons	16
11.3 Psychological reasons	16
11.3.1 Body image	17
11.4 External influences	17
12. Sociocultural context	18
12.1 Negative meanings ascribed to female genitalia	18
12.2 Knowledge and health literacy	19
12.3 Role of the media	19
12.3.1 Visibility of the natural range of female genitalia in the media	19
12.3.2 Informing women about genital cosmetic surgery	21
13. Regulatory environment	22
13.1 Application of the Voluntary Industry Code of Conduct on Body Image	22
13.2 Application of laws relating to female genital mutilation	22
13.3 Australian professional bodies	23
13.4 International professional bodies	24
14. Encouraging safe and responsible medical practice	25
14.1 Knowledge of medical professionals	25
14.2 Initial consultation	26
14.3 Counselling	27
14.4 Informed consent	28
14.5 Clinical standards of care	28
15. Advocacy on female genital cosmetic surgery	29
15.1 New View campaign	29
15.2 Social media	30
16. Conclusion	30
17. Recommendations	31

1. Introduction

The number of women undertaking genital cosmetic surgery in Australia¹, and worldwide², is increasing. There is a growing body of medical³ and feminist literature⁴ addressing the issue of female genital cosmetic surgery, and this issue is also gaining prevalence in the mass media^a.

This Issues Paper critically explores female genital cosmetic surgery in the Victorian context: to better understand what it is, who is undertaking it, and their reasons for doing so. This trend has been the subject of substantial analysis and opinion, but there is a lack of rigorous evidence on risks, efficacy, complications, and patient satisfaction. This Issues Paper considers how both individual and sociocultural factors are likely to contribute to the emerging trend, and how professional bodies, health professionals, and advocates might respond. It is intended as a starting point for further conversation, evidence-gathering, and action.

For the purposes of this Issues Paper, female genital cosmetic surgery refers to any procedure that is not medically indicated, which aims to change aesthetic (or functional) aspects of a woman's genitalia⁴. These procedures are also sometimes termed 'designer vagina'⁴ and 'vulvovaginal [a]esthetic surgery'⁴, and are often performed on women who perceive that their genitalia are abnormal⁵.

According to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, there are a range of gynaecological conditions that merit surgery. These include 'genital prolapse, female genital mutilation and labiaplasties with clinical indications'⁶. Other medical indications for genital surgery include trauma and excision of tumours⁷, and gender reassignment⁷. Unless otherwise noted, surgeries that address medical indications are excluded from analysis in this paper.

Female genital cosmetic surgery was first described in 1976³, and the first operations were undertaken in the mid-1980s⁸. The term 'designer vagina' emerged in the popular vernacular to describe these procedures in the late 1990s and early 2000s⁴.

Female genital cosmetic surgery incorporates a range of procedures, including labioplasty and vulvoplasty. It also includes less common, trademarked procedures such as the G-Shot and Laser Vaginal Rejuvenation⁹. Some female genital cosmetic procedures emerged from surgeries designed to address urinary incontinence¹⁰ and to repair episiotomies and tears following childbirth¹⁰.

^a For example, see:

- Freeman-Greene S. Raunch culture and the growth of the 'designer vagina'. *Sydney Morning Herald*. 2009 (20 November); [cited 3 October 2012]. Available from: <http://www.smh.com.au/opinion/society-and-culture/raunch-culture-and-the-growth-of-the-designer-vagina-20091119-iotc.html>
- Drysdale K. Healing it to a single crease. *Hungry Beast [Weblog]*. 2010(3 March); [cited 3 December 2012]. Available from: <http://hungrybeast.abc.net.au/blog/kdrysdale/healing-it-single-crease>
- Freedman M. Genital surgery: two words you don't want to read in the same sentence. *MamaMia*. 2009(30 November); [cited 3 December 2012]. Available from: <http://www.mamamia.com.au/news/genital-surgery-two-words-you-dont-want-to-read-in-the-same-sentence/>.
- Stark J. Women opt for genital surgery. *The Age*. 2010 (7 November); [cited 16 October 2012]. Available from: <http://www.theage.com.au/national/women-opt-for-genital-surgery-20101106-17i8v.html>

The trend towards female genital cosmetic surgery represents a cultural preference for hidden, symmetrical labia minora⁴. This is an arbitrary and subjective judgement based on sociocultural messages about attractiveness⁴. The trend has emerged in a technological, social and medical context in which surgery is both available, and considered to be a valid choice¹¹.

According to some surgeons and analysts, the increase in female genital cosmetic surgery is comparable to the emergence of breast augmentation fifteen to thirty years ago^{12, 13}.

This comparison points to the potential future prominence of this type of surgery, and the need to ensure that women are informed about the diversity of natural female genitals and the risks associated with surgery. It suggests that there is currently an opportunity to stem the trend towards genital cosmetic surgery while it is at a nascent stage, by addressing the social and cultural factors that have contributed to its growth.

2. The ideal vulva and vagina

The ideal labia minora, promoted by female genital cosmetic surgery, is small³, 'clean'¹⁴, 'discreet' and 'tucked away'¹⁵. One surgeon explained the ideal for labia minora as 'not only minimal and unextended but also symmetrical', 'homogenously pink', and 'not wavy'¹⁶. This is often compared to a pre-pubescent or child-like state of genitals¹⁷⁻¹⁹. A prominent genital cosmetic surgeon commented, of one labioplasty patient, 'She is like a 16-year old now'⁹.

The ideal vagina is tight^{20, 21}, presumably to maximise heterosexual male sexual pleasure²¹. One surgeon notes that one of the benefits of vaginoplasty includes '... a tight vagina [that] might help you keep your man from running after younger women'¹⁰.

The trend towards pubic hair removal, and the resulting exposure of external genitals, has also been linked to an ability to more readily judge vulvas against the standards of beauty described above²², and the subsequent increase in genital cosmetic surgery^{14, 23}. As such, beauty therapists are in a position where they can reinforce or challenge women's ideas about beauty and normality. Beauty therapists may therefore be integral to allaying women's concerns regarding their genital appearance.

The demand for genital cosmetic surgery reflects an ideal that is based on a narrow definition of normality, as explored further in Section 3. This ideal fails to recognise the diverse and healthy range of natural female genitals.

3. Normality and abnormality

The discussion on normality and abnormality in this section provides an overview of how normality is represented within feminist and medical literature, and why it is perceived to be important to women who are undergoing female genital cosmetic surgery. The desire to be normal is consistently reported by women as a reason for seeking cosmetic surgery⁸.

Women undergoing female genital cosmetic surgery report feeling 'odd' and like 'freaks'¹⁷. Their concerns about appearing to be abnormal suggest that there is consensus on what constitutes normal genital appearance¹⁷. However, these women were also unclear about what normal genitals actually look like¹⁷.

The language of normality and abnormality implies that variation is acceptable within a limited range, and that any variation beyond that range is unacceptable. This results in a contradiction 'between [recognising] and acknowledging genital diversity and framing labial size as a problem'⁴. There is a challenge in developing a language that does not imply that contained or less visible labia are normal, and that visible or asymmetrical labia are abnormal⁴.

The term 'hypertrophy', although occasionally identified as 'a normal variant'⁴, is generally applied by cosmetic surgeons to labia that they deem to be abnormal. Definitions of hypertrophy are, in themselves, problematic⁴. For example, different classifications offer different definitions of what constitutes 'hypertrophy', including:

- Equal or more than 4cm, as this is the size is allegedly linked to 'functional problems'^{4, 24},
- 4cm or 3 cm, defined as 'moderate to large labia minora hypertrophy'⁴;
- 5cm or more from base to tip^{4, 25}.

Others schemes classify the 'severity' of hypertrophy in a range. For example:

- Franco's classification of hypertrophy^{4, 26} ranges from less than 2 cm (Type I) to more than 6 cm (Type IV);
- Ricci and Pardo's classification²⁷ ranges from 'lacking true hypertrophy' (up to 2cm) to 'severe hypertrophy' (4 cm or more);
- Davison and West's classification²⁸ ranges from 'no hypertrophy', where the '...labia minora are concealed within or extend to the free edge of the labia majora', to 'severe hypertrophy', in which the '... labia minora extend to more than or equal to 3 cm beyond the free edge of the labia majora'.

A range of measurements are used, which makes comparison among these classification schemes difficult. For example, some measure the size of the labia horizontally from the midline, while others measure between the base and the free edge²⁸.

These classifications have been developed by surgeons who work in the field of female genital cosmetic surgery²⁸, and promote a limited definition of normality. The absence of clinical data on what constitutes hypertrophy²⁴, lack of consistency between definitions and classification schemes^{26, 28}, and the inability or unwillingness of their proponents to offer an explanation about their derivation²⁹ has led researchers to conclude that hypertrophic labia minora is a 'poorly defined diagnosis'¹⁸.

The British Association of Aesthetic Plastic Surgeons notes that:

As with many aspects of human anatomy, there are a wide variety of shapes, sizes and appearances of the female genitalia, all of which are within the limits of normal. Before undergoing any surgery, it is important to determine whether there really is a problem with the genitalia or whether another solution would be more rewarding³⁰.

Even surgeons who perform these operations have emphasised that ‘not all patients requesting this surgery may satisfy the arbitrary definition of labia minora hypertrophy’, and therefore suggest that ‘the patient’s perceptions and symptoms’ are a more important measure when assessing their need for surgery³¹, and that abnormality can be defined by the individual’s own assessment³².

This highlights that the classification schemes themselves represent an arbitrary measure²⁴ of what constitutes normality and that there are no objective aesthetic parameters for female genital cosmetic surgeries³³.

To address the limited information available about what represents normal genital appearance and dimensions^{34, 35}, one study measured the genital dimensions of 50 pre-menopausal women aged between 18 and 50 years who were attending a teaching hospital in London for routine gynaecological procedures, but did not have complaints regarding their genital appearance³⁴. The authors noted wide variation in dimensions of the labia minora and vaginal length, and no difference in vaginal length among women who had children and those who had not. The results suggest that variation in genital dimensions is much greater than recognised in definitions and classifications of labial hypertrophy³⁴. The authors concluded that:

There is nothing unusual about protrusion of the labia minora or clitoris beyond the labia majora. It is the negative meaning that makes it into a problem - meanings that can give rise to physical, emotional, and behavioural reactions, such as discomfort, self disgust, perhaps avoidance of some activities, and a desire for surgical fix³⁶.

As a result, the authors propose that information about genital diversity is made available to women who are considering surgery³⁴. Even some surgeons who perform female genital cosmetic surgeries suggest that there is a need to educate patients regarding normal female anatomy and function³⁷.

The demand for genital cosmetic surgery reflects a narrow definition of normality³⁶. The practice and discourses associated with hypertrophy tend to pathologise genital diversity¹⁴, and most of the medical literature fails to acknowledge that normality encompasses diverse genital appearance²². Using surgery to recreate a constructed idea of what is natural or normal³⁸ further limits the social constructs about what is an acceptable range of diversity^b. If it is accepted that normality means having healthy and functional genitalia, this definition would encompass a very broad range of genital appearance.

^b The socially inscribed, negative meanings associated with female genitals are discussed in further detail in Section 12.1.

4. Female genital cosmetic surgery procedures

The range of procedures incorporated by the term 'female genital cosmetic surgery' is explored in further detail below.

There is a lack of standardised terminology for female genital cosmetic surgery. Some procedures, such as labioplasty, apply the terminology for known medical procedures in the cosmetic context. However, confusion arises because terms such as 'vaginal rejuvenation', 'designer laser vaginoplasty', 'revirgination' and 'G-Shot' are commercial terms, and do not refer to medically recognised procedures^{4, 39}. Many of these procedures have been identified as the 'fringe of acceptable gynaecologic practice'⁴⁰.

Labioplasty: Labioplasty is the focus of most existing literature on female genital cosmetic surgery, and seems to be the most common procedure⁴. It involves surgical alteration to the labia minora and, occasionally, the labia majora⁴¹. Most labioplasty procedures aim to remove tissue from the labia minora that hangs below the labia majora³⁸. Labioplasty may also be used to achieve symmetry between the labia minora⁴². This term also (though rarely) applies to plumping of the labia majora through injection of 'bulking agents or autologous fat transfer'⁴¹. Labioplasty can also be referred to as 'labiaplasty' or 'nymphectomy'⁵.

Clitoral hood reduction: Clitoral hood reduction reduces the size of the prepuceal folds, which surround the clitoris⁴¹. This exposes the clitoris and is purported to increase sensitivity³⁰. This procedure can also be referred to as a 'hoodectomy'⁵.

Perineoplasty: Perineoplasty aims to 'strengthen the pelvic floor at and inside the introitus, elevating the perineal body, modestly tightening the introitus and, if present, eliminating the distension and "bulge" produced by a posterior compartment defect, designed to re-establish the downward angle of the vagina, re-establishing penile pressure against the clitoral complex, "pushing" it against the pubic bone with coital thrust'⁴¹. This procedure is technically similar to perineal reconstruction, in which the perineal length is restored following 'childbirth trauma or previous surgery'⁴³.

Vaginoplasty: There is no standardisation of vaginoplasty procedures⁴¹. In medical literature, vaginoplasty refers to the creation of a vagina during sex reassignment surgery⁴⁴. In cosmetic surgery, vaginoplasty aims to 'surgically "tighten" the upper vagina for the purpose of increasing coital friction'⁴¹. This is based on the assumption that vaginal diameter is linked to the woman's sexual pleasure, and associated with virginity and youth⁴⁴.

In cosmetic surgery, vaginoplasty may also refer to:

- Trademarked procedures such as Laser Vaginal Rejuvenation or Designer Laser Vaginoplasty¹⁰: These procedures use lasers to '[enhance] vaginal muscle tone, strength and control, [decrease] internal and external vaginal diameters, and [build] up the perineal body'¹⁰. However, these procedures are not standardised and, despite prolific mentions in marketing materials on the internet, no description of the procedures, their associated indications, or meaning of the terminologies are available⁴⁵.

- Other surgery or cosmetic techniques designed to tighten the vagina^{5, 38}. This may be accomplished by making incisions in the 'vaginal muscles before resuturing them to achieve a tighter opening'³⁸ or 'through muscle realignment or fat grafting'⁵. These techniques may also be referred to as 'vaginal rejuvenation'⁵.

Hymenoplasty: Hymenoplasty aims to restore the hymen by producing a smaller vaginal opening, which is designed to increase the probability of tearing and bleeding with subsequent coitus⁴¹. No published descriptions of hymenoplasty exist⁴¹, but it is believed to be practiced in cultures where virginity is highly valued⁴⁶⁻⁴⁸. Some cosmetic surgeons offer 'recreational' hymenoplasty, which refers to a hymenoplasty that is performed as a 'gift' to one's partner^{10, 38}.

Vulval lipoplasty: Vulval lipoplasty involves 'Removal of unwanted fat from the mons pubis and labia'⁴³ through liposuction. This process may also augment the labia majora 'through fat grafting, removal of loose skin or liposuction'⁵.

G-spot augmentation: G-spot augmentation involves autologous fat or collagen transfer by injection 'into the pre-determined G-spot location'⁴⁵. There is no existing scientific literature describing this procedure⁴⁵. Similar procedures include G-spot amplification and G-Shot⁴⁵.

Orgasm Shot or O-Shot: The Orgasm Shot is a trademarked procedure, described as 'a sexual and cosmetic rejuvenation procedure for the vagina using the preparation and injection of blood-derived growth factors'⁴⁹. According to its creator, the O-Shot involves 'a simple, nonsurgical, physician-administered treatment that can temporarily augment and rejuvenate the G-spot, clitoris and labia'⁴⁹. Further detail regarding the site of the injection is not available.

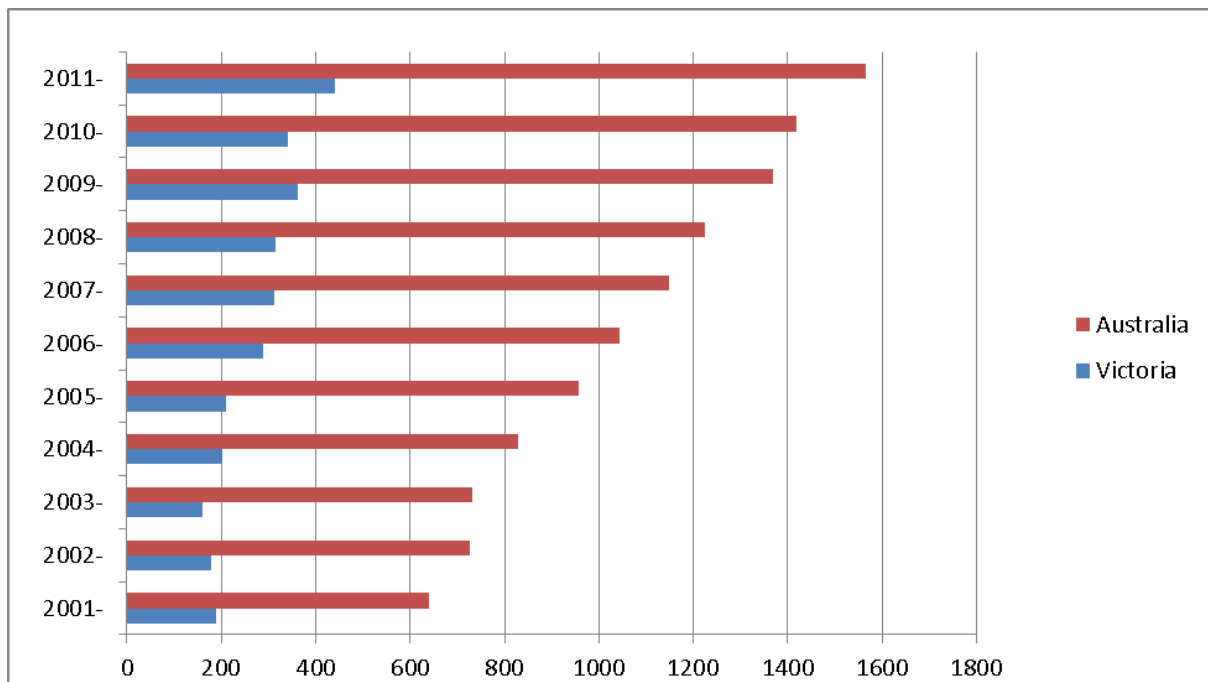
Other cosmetic gynaecological procedures: The American Congress of Obstetrics and Gynaecology notes that there are other procedures in the field of cosmetic gynaecology, including vulval reconstruction and de novo vaginoplasty⁴⁵. Descriptions of further procedures are very scant in the literature.

5. Prevalence

5.1 Australian data

Between 2000 and 2011, 3,000 Victorian girls and women accessed Medicare benefits to undergo vulvoplasty or labioplasty¹. During this time, Australian claims for vulvoplasty and labioplasty (Medicare item number 35533) grew from 640 per annum to 1,565 per annum¹. Refer to Figure 1 below.

Figure 1: Growth in claims for Medicare item number 35533 (Jan 2001 – Dec 2011)¹



In Australia, access to Medicare benefits for labioplasty and vulvoplasty is intended for women with medically indicated conditions¹. However, there has been speculation that the steady increase in Medicare claims is linked to women who are accessing these surgeries to address aesthetic concerns^{50, 51}. A review of internet sources indicates that women are sharing advice about how they can access cosmetic genital surgeries through the Medicare system⁵². This is consistent with international evidence, which suggests that women recognise medical professionals as gatekeepers, and tailor the reasons they present for surgery accordingly¹⁷. For example, women may skew their concerns towards functional, rather than aesthetic, accounts⁴. This practice may go some way towards explaining the increasing prevalence of labioplasty and vulvoplasty in Medicare statistics.

The Australian Medicare Services Advisory Committee is currently undertaking a review of item number 35533⁵³. This will include systematic review ‘...to ensure that [it] [reflects] contemporary evidence, [offers] improved health outcomes for patients, and [represents] value for money⁵³. The committee is due to consider the ongoing application of the Medicare Benefits Schedule to labioplasty procedures in 2013^{53, 54}.

5.2 International data

Data from the United Kingdom suggests a similar increase in female genital cosmetic procedures. For example, the number of labia reduction procedures performed under the National Health System in the United Kingdom increased five-fold between 2001 and 2010²³, from under 500 procedures in 2001 to over 2,000 in 2010²³.

Analysis from the United Kingdom suggests that this increase is unrelated to a corresponding increase in medically indicated reasons for surgery³. The increase is believed to be associated with women's growing dissatisfaction with their genital appearance, and awareness of the existence of procedures available to address these concerns³.

5.3 Data limitations

A range of limitations regarding the data on female genital cosmetic surgery have been documented. For example, information is limited by who collects and who reports it⁴. In the United States, the data tends to draw on information from plastic surgeons, rather than other medical professionals such as gynaecologists⁴, so it fails to provide a complete picture of prevalence.

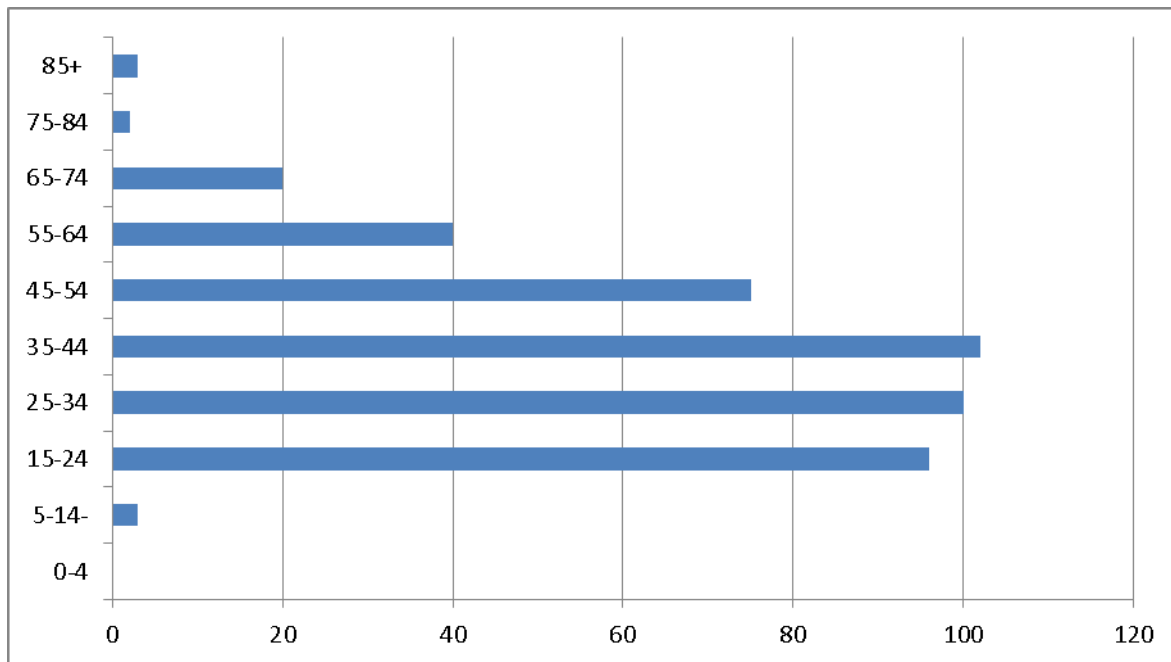
It is also likely that women utilising Medicare represent only a small portion of the total number of women undertaking these surgeries through the private health system. In countries with socialised medicine, female genital cosmetic surgery procedures are performed mainly in the private sector²⁴. Statistics are limited to those procedures that are performed under Medicare (in Australia) and the National Health Service (in the United Kingdom), and therefore exclude those that are performed privately and possibly with aesthetic, rather than functional, intent.

5.4 Age groups accessing female genital cosmetic surgery

A review of current knowledge and contemporary debates on female genital cosmetic surgery highlights that the age of cosmetic labioplasty patients ranges from early teens to women in their fifties or sixties, with women aged in their twenties and thirties predominating⁴. Vaginal tightening appears to be performed on older postpartum women, with a mean age of 46 in one report, compared to a mean age in the thirties for women who had undergone labioplasty at the same clinic⁴. There is also some evidence that pre-teens are seeking these procedures³⁶.

A demographic analysis of the Medicare claims made for labioplasty or vulvoplasty in Australia shows that prevalence increases from childhood, reaches a peak in women aged 15 to 55- with the highest concentration of women in the 35 to 44 age group- and then declines again for women older than 55¹. Refer to Figure 2 below.

Figure 2: Age groups claiming for Medicare item number 35533 (Jan 2011 – Dec 2011)^c



6. Female genital cosmetic surgery practitioners

There has been no comprehensive analysis of who performs female genital cosmetic surgery in Australia, and much of the literature is based on international evidence. Female genital cosmetic surgery is largely performed by gynaecologists, obstetricians and plastic surgeons²⁹, as well as cosmetic surgeons. Some urologists and other medical professionals may also perform the procedures, depending on local regulations⁴. Although there is speculation that general practitioners are performing female genital cosmetic surgery in Australia^{51, 55}, the extent to which this is common practice is unclear.

In the United States, female genital cosmetic surgery can be performed by ‘anyone with a medical degree, regardless of whether or not they are certified by the American Board of Plastic Surgery, the only professional body recognized by the American Board of Medical Specialties’²⁴.

A prominent figure in female genital cosmetic surgery, Dr David Matlock of the Laser Vaginal Rejuvenation Institute of America, uses a franchise arrangement, and provides training to doctors around the world on the techniques he has developed⁵⁶. The practice allows him to protect the intellectual property associated with these techniques, and it has been criticised for preventing publication and debate within the medical community⁴⁰.

^c When reviewing these figures, it is important to consider that Medicare benefits for labioplasty and vulvoplasty are intended for women with medically indicated conditions, and the total number of women utilising Medicare benefits for cosmetic procedures is unknown.

7. Cost of female genital cosmetic surgery

Most cosmetic surgery websites advise that female genital cosmetic surgery procedures are highly individualised and based on a woman's unique needs and circumstances⁵⁷, and therefore require an individualised quote⁵⁸. However, an internet search reveals the following range as an indication of how much women could expect to pay for female genital cosmetic surgery procedures:

- **Labioplasty:** \$4,000 - \$8,100^{52, 59-62};
- **Vaginal tightening:** \$7,900 - \$8,900⁵⁹⁻⁶¹;
- **Combined labioplasty and vaginal tightening:** \$10,900 - \$13,000⁵⁹⁻⁶¹.

Prices vary between those that include surgeon's fees, anaesthetist's fees, hospital and operating theatre fees, and follow-up costs⁵⁹⁻⁶¹. Out-of-pocket expenses vary according to whether women access the Medicare rebate and have full private hospital insurance⁵⁹⁻⁶¹.

Between January 2011 and December 2011, Medicare reimbursed a total of \$778,301 to women and girls undertaking labioplasty and vulvoplasty, including \$309,018 in Victoria^{1d}.

8. Standard of evidence for female genital cosmetic surgery

The standard of existing evidence in the field of female genital cosmetic surgery is very low. This means that it is difficult to evaluate the risks and proposed benefits of these surgeries, or to accurately assess safety, efficacy and satisfaction. A review of current knowledge and contemporary debate relating to female genital cosmetic surgery from 2010 highlighted:

Significant concerns exist in relation to the safety and efficacy of these procedures, not least because the evidence that currently exists is of questionable quality. [Female genital cosmetic surgery] currently should be classified as a set of procedures not clinically indicated and without an evidence base that supports their efficacy⁴.

Criticism of existing evaluations have questioned a range of issues including methodological rigour and design^{4,36}. Even one surgeon who supports the use of labioplasty to address asymmetry notes that procedures such as vaginal rejuvenation and G-spot enhancement 'remain on the fringe of accepted gynaecologic practice'⁴⁰.

A methodological review in 2011 concluded that 'the standard of cosmetic [gynecology] cannot be determined due to the absence of documentation on safety and effectiveness'⁴⁵. In describing the quality of available evidence, the review found that:

- 'very scanty scientific-clinical articles are available'⁴⁵;
- 'presentations of clinical research results are not clearly described and often conflicting data are presented'⁴⁵.

^d When reviewing these figures, it is important to consider that Medicare benefits for labioplasty and vulvoplasty are intended for women with medically indicated conditions, and the total number of women utilising Medicare benefits for cosmetic procedures is unknown.

This is demonstrated in the classification of evidence-based medicine levels attributed to the studies that were evaluated for the review, which found:

- No Level I evidence (randomised controlled trials), regarded as the highest quality evidence;
- No Level II evidence (controlled trials without randomisation);
- Two studies at Level II-2 (cohort or case controlled analytic trials);
- Two studies at Level II-3 (multiple time series with or without the intervention); and
- 50 studies at Level III (descriptive case studies, case reports, opinions of respected authorities, reports of expert committees)⁴⁵.

A 2010 review found similar issues with the quality of research methods used in studies of labial surgery for well women²⁹. It reported that 'surgery appeared to have been offered on demand, justified by verbal reports of physical and psychological difficulties that were not formally evaluated, pre- or post-surgery'²⁹. Although the available evidence precluded the use of standardised systematic review methodologies, the review also found that 'no data on clinical effectiveness exist'²⁹.

In its statement on *Vaginal 'Rejuvenation' and Cosmetic Vaginal Procedures*, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists 'strongly discourages the performance of any surgical procedure that lacks current peer reviewed scientific evidence other than in the context of an appropriately constructed clinical trial'⁶. This is consistent with the opinion of professional bodies internationally. For example:

- The American Congress of Obstetricians and Gynecologists' position on female genital cosmetic surgery notes that 'the safety and efficacy of these procedures have not been documented'⁶³.
- The United Kingdom's Royal College of Obstetricians and Gynaecologists notes that 'there is the potential for a woman to be harmed by these procedures, with very little scientific evidence regarding their benefits'⁶⁴.

9. Risks and complications

There is a misconception among the public that cosmetic surgery is 'low risk and painless'⁶⁵. This perception may be greater among young women⁶⁵. Even surgeons who practice female genital cosmetic surgery have noted that patients often view these procedures as relatively risk-free, and do not expect discomfort or difficulty during their recovery³⁹.

The concerns expressed by professional bodies such as the Royal Australian and New Zealand College of Obstetricians and Gynaecologists are based on the lack of evidence of efficacy and the risks associated with female genital cosmetic surgeries⁶. These risks are described in further detail in Sections 9.1 and 9.2.

9.1 Reduced sensation

The long-term effects of female genital cosmetic surgery on sexual function are unknown¹². It is 'not yet understood exactly how labia minora engorgement during sexual arousal may be involved in sexual pleasure and how labia removal might affect this'⁴. However, there is evidence to suggest that female genital cosmetic surgery involves removal of tissue that may contribute to sensory sexual arousal^{28, 66}, and is likely to interfere with innervation and sensation in the genital area^{10, 34, 66, 67}. The outcomes of genital surgeries suggest decreased enjoyment of being caressed, impaired arousal and lubrication, and an inability to reach orgasm^{12, 36}.

There is a particular risk of providing female genital cosmetic surgery to younger women who may not fully understand the implications for their future sexual lives⁶⁸. Genital surgery during adolescence risks damaging sensitive genital tissue and may require reoperation⁶⁸ if puberty is incomplete. The risk associated with operating too early in a woman's development is highlighted in the case of a ten-year-old pre-pubescent girl who underwent one procedure on her left labia minora and, nine months later, had the same operation on her right labia minora. The surgeons themselves reflected that 'in retrospect we feel that she could have had both operations after puberty'³².

There is no information to demonstrate how female genital cosmetic surgeries will impact on childbirth⁶⁹.

9.2 Other risks

Other risks and potential complications from the surgery include:

- Risks associated with anaesthesia⁷⁰;
- Surgical risks (bleeding, infection)⁷⁰;
- Scarring^{41, 70};
- 'Scalloping' of the labial edge⁴¹;
- Unevenness⁷⁰;
- Permanent colour change⁷⁰;
- Nerve damage and loss of sensation⁷⁰;
- Tissue death along the wound or skin loss⁷⁰;
- Need for further surgery to address complications⁷⁰;
- Reduced sexual function⁴³;
- Dyspareunia (pain during sexual intercourse)^{10, 43, 45};
- Disfigurement⁴¹;
- Damage to other genital areas or adjacent organs^{30, 41};
- Haematoma formation^{41, 45};
- Pelvic floor dysfunction⁴¹;
- Incontinence⁴¹;
- Postoperative wound dehiscence⁷¹.

Surgeons suggest that complications are 'not common'²⁸ and a review of studies on female genital cosmetic surgery found that major complication rates were less than 5 per cent. However, none of these studies were prospective or case controlled⁴¹. Critics have argued there is a possibility that post-operative problems will go unreported because women are unlikely to admit that they have had surgery³⁶. Women may also be unwilling to complain to their surgeon if they are unhappy with the results- this may explain the existence of labioplasty revision surgery, as noted in Section 10.

As the long-term consequences of female genital cosmetic surgery are still largely unknown⁷², the evidence available is not sufficient to provide patients with adequate information regarding the potential risks and complications associated with surgery⁴. At the very least, critics note that there is 'not enough evidence to claim that these procedures are *not* harmful'⁴. It is important that this lack of information is addressed, to ensure that women who are contemplating female genital cosmetic surgery are accurately informed about the risks involved.

10. Patient satisfaction

Most reports on satisfaction are contained in clinical case reports⁴, which report on individual cases and procedures, often from the perspective of the treating doctor, rather than providing a more comprehensive review. As such, they tend to report very high satisfaction rates, and very low complication rates⁴. Furthermore, 'The measures used by different surgeons are typically not scientifically validated and are not comparable'⁴, and do not demonstrate a high standard of scientific rigour¹⁷.

Reports on satisfaction lack methodological rigour, and are largely unquestioning of the very high rates of satisfaction that are reported. For example, one report notes that 'in the author's practice to date, all patients have reported total satisfaction', though the methodology for measuring this level of satisfaction is not explained²⁸. Other reports conflate functional and aesthetic results. For example, one report highlighted that 92 per cent of patients were 'very satisfied'²⁶, but evaluated using only options of 'not satisfied', 'satisfied', and 'very satisfied'²⁶. A review of the literature on labial surgery found that satisfaction claims were linked to providers' questioning their patients, and did not take account of factors such as social pressure, cognitive dissonance among patients, and the influence of providers' expectations on women's responses²⁹.

Furthermore, although analysis has suggested that there seems to be a psychological basis for the surgeries (refer to Section 11.3), there are few measures that evaluate the long-term psychological impact of cosmetic surgery generally³⁶, let alone the impact of female genital cosmetic surgery. There are some reports of improved confidence and positive impact on women's experiences of sex following surgery¹⁷. This is consistent with research that suggests genital self-perception and self-image is related to factors such as desire, sexual participation and distress¹⁷. However, other reviews indicate that there is no reliable data to support claims that genital cosmetic surgery make sex more pleasurable or improves sexual function^{43, 44}.

A critical review of the existing literature found that there is 'little reliable evidence' that female genital cosmetic surgery is linked to psychological, emotional or sexual enhancement. Further issues with the evidence include:

- All studies are retrospective⁴¹;
- All studies have short-term follow-up periods⁴¹;
- All studies lack a control group⁴¹;
- Studies do not address body image⁴¹;
- Lack of literature linking physical complaints with morphology of the labia suggests that it is unclear whether surgery will result in an improvement in symptoms⁷².

Critics claim that the existence of labioplasty revision surgery suggests that there is a degree of dissatisfaction with the first round of surgery results⁴.

11. Reasons for seeking surgery

The existing literature on female genital cosmetic surgery tends to categorise requests for surgery into three key categories: aesthetic, functional, and psychological. For example, a retrospective study undertaken by clinicians, of 131 patients' indications for seeking labia minora labioplasty, found that:

- 37 per cent sought surgery for aesthetic reasons only;
- 32 per cent sought surgery for functional impairment;
- 31 per cent sought surgery for both functional and aesthetic reasons⁷³.

However, there appears to be strong interconnections between these elements. For example, female genital cosmetic surgery is often talked about in terms of functionality, and '...function is also invoked through claims of postsurgical psychological transformation'⁴. There are also suggestions that physical sensations such as pain may be linked to psychological discomfort³.

When considering the reasons presented for surgery, it should also be noted that these may be skewed towards those reasons that women expect will allow them to either access the procedure through the public system, or that will justify or validate their desire for surgery. Under these circumstances, it has been suggested that women over-emphasise functional and psychological factors, while downplaying aesthetic reasons for surgery⁴.

11.1 Aesthetic reasons

As cosmetic surgery, it is unsurprising that aesthetic concerns are central to the reasons presented for surgery^{11, 18, 23, 26, 29, 39, 45, 69, 73-75}. One surgeon noted that nearly all of the 170 labia minora and clitoral hood reductions performed over a five year period were for cosmetic, rather than reconstructive, reasons³⁷.

Aesthetic concerns are usually expressed with either explicit or implicit reference to a perceived range of normality³⁴, as described in Section 3. Specific concerns include the size, asymmetry, and/or colour of the labia^{4, 27, 28, 74}.

According to the limited evidence, size of the labia minora is the most common concern, and most women seeking genital cosmetic surgery report their perception that the labia minora are too visible^{23, 28}. In the literature, it is rare for authors to make a comparison between pre-operative labial dimensions and classifications of hypertrophy as described in Section 3. Descriptions of the need for surgery are largely based on the author's perceptions²⁹. For example, one surgeon authored an article in which he described a woman's labia as 'like spaniels' ears'²⁹. Another stated that all women requesting surgery wanted flat vulvas with no protrusion beyond the labia majora³⁶.

11.2 Functional reasons

According to reports describing why women undertake genital cosmetic surgery, some of which are published by surgeons themselves, functional reasons^{26, 45, 71, 73} generally include problems that are purported to be related to the size of the labia minora, such as:

- **Hygiene**²⁷ concerns. For example, toilet paper sticking²⁸ or difficulty maintaining personal hygiene during menstruation³².
- **Pain and discomfort**^{23, 29, 69, 75}: This may occur when wearing tight clothing^{11, 26, 27, 36, 76}^{28, 35} or bathers³⁶, or when doing up zippers²⁸. Pain may also be associated with sports^{4, 11, 32}, or during activities such as walking², sitting³², bike riding^{2, 28, 77}, or during intercourse^{2, 4, 11, 26, 28, 32}.
- **Sexual function**^{39, 45}: This includes vaginal 'laxity' during intercourse^{4, 43, 69} and dyspareunia⁶⁹, sometimes held to be caused by invagination of protuberant tissue¹¹.

11.3 Psychological reasons

Psychological reasons are often listed as reasons for pursuing female genital cosmetic surgery⁷¹. However, it is difficult to differentiate among aesthetic, functional, and psychological reasons because 'dissatisfaction with appearance is, by its very nature, a psychological phenomenon'²⁹. Nonetheless, the limited evidence suggests that the psychological pain experienced by women who pursue genital cosmetic surgery seems to be a factor that influences their decisions²⁴.

Psychological reasons detailed in the literature on female genital cosmetic surgery include addressing embarrassment^{4, 7, 26, 32, 74, 76, 77} and self-consciousness^{2, 23, 32, 39, 45, 69}, anxiety or depression^{2, 45}, mood disturbances²⁷, and other psychological symptoms^{24, 27}.

There is also a suggestion that psychological change associated with these surgeries will lead to improved sexual function and relationships^{13, 18, 23, 27, 39, 43, 45, 69}. This is often the focus of media and surgeon's accounts of the procedures¹³. A qualitative study of six women who had undergone labial reduction found that these women 'referred to anxiety about their partners seeing or touching their genitals, inhibition in relationships or anxieties about starting a new relationship'¹⁷. Although there are no studies that have objectively assessed pre- and post-operative sexual pleasure, it is claimed that the impact of the unaltered vulva on a woman's sexuality is often central to her reasons for seeking surgery⁴⁸.

11.3.1 Body image

Body image dissatisfaction impacts on all aspects of life, including sexual health¹². According to a study of psychosocial and health behavioural covariates of cosmetic surgery from the Women's Health Australia Study, cosmetic surgery patients do not demonstrate greater dissatisfaction with overall appearance compared with the norm, but they do tend to have greater dissatisfaction with the body part undergoing surgery⁷⁸.

Although genital self-image has been underrepresented in the literature and inadequately incorporated into existing body image assessment tools^{11,79}, research has found that there is a specific link between genital self-image, or the way that individuals feel or think about their genitals, and sexual health¹². For example:

- A study of Canadian graduate students found that 'favourable genital perceptions correlated positively with sexual esteem and negatively with body-image self-consciousness and sexual anxiety'¹²;
- Individuals with positive body image express more favourable attitudes towards sex and more frequent sexual encounters⁷⁹;
- There is a relationship between sexual distress and genital self-image⁷⁹;
- Total genital appearance satisfaction scores are significantly correlated with women's ideas about appearance, body satisfaction and self-esteem¹¹;
- Women who were interested in female genital cosmetic surgery had significantly lower genital self-image scores than those that were not¹².

Genital body image may influence the likelihood that women would seek solutions such as cosmetic surgery if they are distressed by their genital appearance, although this proposition requires further exploration through research.

11.4 External influences

A review of current knowledge and contemporary debates on female genital cosmetic surgery notes that, according to the limited available research, women's reasons for undergoing surgery are generally linked to their individual concerns, rather than disparaging comments received from a partner or another external party⁴. One study of 131 women's reasons for undergoing surgery, conducted by cosmetic surgeons and based on their own review of patient's charts, found that:

- 93.1 per cent of women seeking labioplasty sought surgery for purely personal reasons⁷³;
- 6.9 per cent were influenced by a spouse, partner, or friend⁷³.

However, in a cross-section study of 258 women, 54.2 per cent said they underwent vaginoplasty or perineoplasty to enhance a male partner's sexual experience⁶⁹, and approximately 5 per cent said that they underwent surgery specifically at the urging of a sexual partner⁶⁹.

An audit of referral letters for labioplasty in a gynaecological clinic in the United Kingdom shows that concerns were flagged by 15 per cent of the girls' mothers, and that two of the 48 participants had received disparaging comments by previous sexual partners⁷⁷. Anecdotal evidence from a Victorian general practitioner with over twenty years of experience in women's health suggests that young women often attend general practices with their mothers, who tend to affirm and support the need for surgery^{e,f}.

12. Sociocultural context

12.1 Negative meanings ascribed to female genitalia

Although the decision to undergo female genital cosmetic surgery rests with the individual, the sociocultural context in which this decision is made is significant, and creates conditions in which surgery is perceived as an accessible and desirable option.

Female genitalia is, traditionally, a taboo topic^{80, 81}. Ideas about female genitalia have varied historically and culturally, and a range of negative sociocultural meanings are associated with women's genitals. For example:

- Labial size was historically believed to give an indication of women's sexual lives, and large labia were associated with sexual deviance²⁴.
- Long labia are considered to be unruly and protruding, and can also be contrasted against Western classical ideas about female beauty, which are often presented as contained, sleek, and symmetrical²⁴.
- The cultural value of a tight vagina means that women who with 'loose' vaginas are perceived to be inadequate²⁰ and promiscuous²¹, because looseness is seen as evidence of frequent sexual intercourse and of an inability to provide male sexual pleasure²⁰.

The sense of taboo and shame surrounding women's genitals is reflected in how women talk about and understand their genitals. The International Vagina Dialogue Survey, commissioned by the manufacturer of NuvaRing, interviewed 9,441 women from thirteen countries on their attitudes, perception of, and knowledge about, their vagina⁸². The survey found:

- 65 per cent of the women surveyed felt that society has too many misconceptions regarding the vagina;
- 78 per cent agreed that society's taboos regarding the vagina contribute to women's ignorance;
- 51 per cent said they wanted society's attitude to be more enlightened and without shame;
- 27 per cent stated that they knew exactly what their vaginal appearance was, 48 per cent had a reasonable idea, and 24 per cent had a partial idea, or no idea at all⁸².

^e Simonis M. [Unpublished phone interview; 14 January 2013].

^f Simonis M. [Unpublished email correspondence; 12 January 2013].

One study used interviews with 55 women to explore feelings about their vaginas. It found that women hold multiple, and sometimes contradictory, meanings about their vaginas. Most women talked about their vagina as a liability, and their negative accounts included concepts such as nastiness, dirtiness, anxiety, and vulnerability¹⁵.

12.2 Knowledge and health literacy

Negative sociocultural meanings about genitals contribute to poor knowledge and health literacy among women about the natural range of female genital diversity⁸³. Although there is limited research available in this field, it suggests that there is a lack of knowledge and vocabulary regarding female genital structures and functions^{11, 15, 20}. The International Vagina Dialogue Survey found that:

- 53 per cent of surveyed women were confident that their vagina was the 'right size', but 39 per cent were not sure about the size;
- 13 per cent had major concerns regarding the appearance of their vagina;
- Nearly half of women regarded the vagina as the part of the body they knew the least about;
- Only 39 per cent of surveyed women had ever read an informative article about the vagina;
- 83 per cent would like to read an informative article about the vagina⁸².

Negative sociocultural messages about women's genitals contribute to the development of shame about genitals in their natural state, and have implications for women's sexual and reproductive health²⁰. Ted Weaver, a former president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists has suggested that this lack of knowledge is linked to women's health literacy⁸⁴. In some circumstances, this prevents women from seeking medical care^{20, 85} and, in others, it may compel them to use cosmetic procedures to discipline their bodies to meet the cultural ideal.

12.3 Role of the media

12.3.1 Visibility of the natural range of female genitalia in the media

The media has a role in contributing to the social construction of female genital cosmetic surgery¹³. This includes contributing to women's ideas about 'appearance, health, illness, and sexuality' and, more specifically, to '...their feelings about the appearance of their vulva'¹³.

For this reason, it is concerning that 'Normal female genitals are virtually invisible in the popular media'⁵⁶ and advertising²⁹. Even recent anatomy text books have not included pictures of the clitoris in diagrams of the female pelvis³⁴. Lack of visibility of the diverse natural range of female genitals serves to reinforce normative messages about how vulvas should look³⁸. The process of digitally altering images to meet the cultural ideal perpetuates a misconception that the labia minora does not protrude beyond the labia majora¹¹. Content analysis from glossy magazines in the United Kingdom found that, even in images where the

labia minora is not visible, women's genitals are usually obscured or represented as forming a smooth curve between the thighs³⁵.

Certain types of pornography increase exposure to selective images of female genital anatomy³⁴ by digitally altering photographic images^{86, 87}, and when porn actors themselves have their genitals altered through cosmetic surgery to emulate the ideal vulva^{24, 88}. Conditioned erotic stimulus theory suggests that 'the conditioned stimuli of the pornographic performer with the small lipped vulva will lead to, in the case of heterosexual men, a desire for a sexual partner with such a vulva, and for women, a desire to have such a vulva themselves'²⁴. There is some evidence from cosmetic surgeons that women bring pornographic images as examples of the aesthetic they wish to achieve by undertaking genital cosmetic surgery^{10, 19, 74}.

In Australia, lack of awareness about the natural diversity of female genitalia could also be linked to the role of the classification system in digitally altered representations of women's vulvas that appear in magazines. Pornographic magazines rated M and women's magazines are subject to the *Guidelines for the Classification of Publications 2005*, which state the following for unrestricted publications:

Realistic depictions of sexualised nudity should not be high in impact. Realistic depictions may contain discreet genital detail but there should be no genital emphasis. Prominent and/or frequent realistic depictions of sexualised nudity containing genitalia will not be permitted⁸⁹.

Mia Freedman, former Editor-In-Chief of *Cosmopolitan*, *Cleo* and *Dolly* magazines, described how this impacts on magazines' ability to publish images of women's genitalia:

...the basic situation is that any magazine featuring a picture of a naked woman[,] [has] to digitally remove anything visible outside the 'single slit' of the vaginal lips. So any stray bits of labia or clitoris has to be airbrushed out⁹⁰.

Realistic genital images are altered in a process that lacks transparency. Correspondence between a journalist for the Australian Broadcasting Commission's *Hungry Beast* program and the Classification Board highlights confusion in application of the guidelines. In response to a question regarding the meaning of 'discreet genital detail', a representative of the Classification Board responded:

Well, genital details. It's just the detail of the genitals. Like if it's not specific in our guidelines we use the Macquarie Dictionary meaning for those terms. And genital detail is details of the genitals. So, I guess in Unrestricted you can have discreet genital detail, and whatever that means, you combine that also with a pose, and with everything⁹¹.

This response demonstrates the lack of clarity surrounding application of the guidelines. This increases the likelihood that the guidelines may be used to censor realistic depictions of genitalia on an arbitrary basis and for no identifiable reason.

Altered images are highly accessible in women's magazines and mainstream pornography, and it is possible that these images inform both women and men's perceptions of their own, and others', genital appearance.

12.3.2 Informing women about genital cosmetic surgery

The media can play an important role in informing women about genital cosmetic surgery. A survey in the Netherlands found that 95 per cent of participants had known about the possibility of labia minora reduction for 2.2 years, and 78 per cent of them had heard about it through a media source⁸⁶.

There has also been speculation that the recent increase in media coverage about these surgeries^{13, 42} has led women to consider their own need for them^{12-14, 17, 24}. Uncritical media coverage⁴ has normalised surgery as a solution to anxieties about labia²⁴. Women's magazines are a key source of information about '...appearance as a medical problem', and surgeons consider them to be an important way of promoting cosmetic surgery¹³. There are reports from the United States that surgeons have offered free procedures to journalists⁹. Television programs about health, bodies and cosmetic surgery are also likely to alert women to the existence of these procedures⁴⁸.

The media's role in the social construction of female genital cosmetic surgery, and influence on health and choices about surgery¹³, highlights the need to work effectively with the media on this issue. When working with the media on female genital cosmetic surgery, there is potential to provide information that lends itself to a critical and ethical journalistic analysis and highlights the existence of diverse genital appearance.

Cosmetic surgery redefines the patient as a consumer⁹², and uses advertising to promote the product. Advertising for female genital cosmetic surgery tends to reflect and reinforce sociocultural messages about the vulva and vagina, potentially creating dissatisfaction among women who do not meet the narrow ideal of normality described in Sections 2 and 3. Advertising suggests that female genital cosmetic surgery procedures are simple, and offer high levels of satisfaction⁶⁸. It normalises surgical procedures and is likely to create demand among those women who experience genital dissatisfaction⁴².

Women also use the internet as a key source of information about genital cosmetic surgery, and advertisements for surgical options are prominent in search results³⁶. Adolescents, in particular, use the internet to find information about sexual and reproductive health⁶⁸. A survey of women requesting surgeries between 2002 and 2007 found that 75 per cent had found out about labial surgery from the internet⁷. In another study, participants who used the internet as an information source for labia minora reduction considered the surgery more frequently than those that had used other sources, such as television, print media, friends, family, and physicians⁸⁶.

It is important that women are equipped with information before they become dissatisfied with their genitals. This could be achieved through mass and social media campaigns, as well as sex education.

13. Regulatory environment

The regulatory environment in relation to female genital cosmetic surgery has been described as 'lax'. However, there is increasing professional concern regarding these procedures⁹, and exploration of potential responses.

13.1 Application of the Voluntary Industry Code of Conduct on Body Image

The former National Advisory Group of Body Image, appointed by the Australian Government in 2009, developed the *Voluntary Industry Code of Conduct on Body Image* to provide national guidance on body image. The Code outlines principles to guide industries to adopt positive body image practices. It encourages the use of realistic and natural images of people, and disclosure when images have been digitally manipulated⁹³.

Application of the Code is voluntary and, to date, has been limited. However, it does offer a potential avenue for advocacy regarding the publication of natural vulvas, or labelling images of genitalia that have been digitally altered.

13.2 Application of laws relating to female genital mutilation

The World Health Organization defines female genital mutilation as comprising 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'⁹⁴. Female genital mutilation is recognised as a violation of the human rights of girls and women, and includes a range of procedures such as clitoridectomy, infibulation, and excision⁹⁴.

The definition of female genital mutilation that appears in the Victorian *Crimes (Female Genital Mutilation) Act 1996* prohibits the performance of the following procedures on a child:

- Infibulation;
- Excision or mutilation of the whole or part of the clitoris;
- Excision or mutilation of the whole or part of the labia minora or labia majora;
- Any procedure to narrow or close the vaginal opening;
- Sealing or suturing together of the labia minora or labia majora;
- Removal of the clitoral hood⁹⁵.

With the exception of removal of the clitoral hood, the Act also prohibits the performance, on adults, of all of the procedures listed above⁹⁵. It is not clear why this particular procedure is not prohibited for adult women.

This legislation is largely consistent with that in other Australian states⁴⁶ and, although there are exemptions where the surgery is medically indicated, consent is not a defence⁹⁵. In other words, an adult woman cannot elect to undergo a procedure that would be classed as female genital mutilation.

A complete comparative analysis of female genital mutilation and female genital cosmetic surgery is beyond the scope of this Issues Paper. This is a contentious issue and, although the context of female genital mutilation and female genital cosmetic surgery are often different, there are some similarities between these practices, which have informed the debate surrounding female genital cosmetic surgery. For example, some female genital

cosmetic surgery procedures are technically very similar to those that are described as female genital mutilation: the definition of excision used by the World Health Organization refers to 'partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora'⁹⁴, and this is similar to the definition of labioplasty in Section 4.

Inconsistent application of the relevant legislation has been questioned, as it appears to condemn female genital mutilation while ignoring its similarity to female genital cosmetic surgery^{2, 5, 43}. The similarity between the two procedures has also been interpreted as an ethical dilemma for surgeons⁷². As such, there have been calls for either application of female genital mutilation laws to female genital cosmetic surgery, or reconsideration of the female genital mutilation laws for consenting adult women in light of female genital cosmetic surgery^{2, 96}. There has also been a suggestion that women who are unhappy with their genital cosmetic surgery results could seek application of genital mutilation laws as a form of legal resolution⁴⁸.

13.3 Australian professional bodies

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

(RANZCOG): RANZCOG issued a *College Statement on Vaginal 'Rejuvenation' and Cosmetic Vaginal Procedures* in 2008⁶. This notes that there are 'a large number of variations in the appearance of normal female external genitalia', and details concerns regarding the evidence-base and risks associated with cosmetic vaginal procedures⁶.

Ted Weaver, a former president of the RANZCOG has also publicly spoken out against female genital cosmetic surgery, questioning the level of training undertaken by practitioners in this largely unregulated industry^{50, 84}.

The Australian Federation of Medical Women: In 2012, the Australian Federation of Medical Women issued a *Position Statement on Female Genital Cosmetic Surgery*⁹⁷. The statement:

- Recognises the autonomy of women and the role of gynaecological and surgical techniques in repair and reconstruction;
- Advocates for the provision of informed consent;
- Opposes the advertising of health services and of 'surgical products and techniques that make unproven claims of enhancing female sexual satisfaction and/or attractiveness';
- Opposes the use of images that 'promote abnormal perceptions of the appearance of normal female adult genitalia';
- Supports education on the diversity of female genital appearance⁹⁷.

Other professional bodies: To date, the Royal Australian College of General Practitioners, the Australian Society of Plastic Surgeons, the Royal Australasian College of Surgeons, and the Australasian College of Cosmetic Surgery have not issued any statements or taken public action in relation to female genital cosmetic surgery.

13.4 International professional bodies

A range of international professional bodies have issued position statements and opinions on female genital cosmetic surgery. These include:

The American Congress of Obstetricians and Gynecologists (ACOG): ACOG developed a *Committee Opinion on Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures* in 2007⁶³. It highlights that cosmetic vaginal procedures are not medically indicated, points to the need for physicians to discuss the reasons for the request, and states that women should be informed about the lack of data supporting these procedures, and their potential complications⁶³. The opinion is limited to vaginal rejuvenation, designer vaginoplasty, G-Spot amplifications and revirgination⁴⁵.

One surgeon has stated that practising cosmetic gynaecology is possible within the scope of these recommendations⁴⁵, and ACOG has been criticised for failing to implement the opinion, and being 'unwilling or unable ...to take decisive action against their membership'⁹⁸.

Royal College of Obstetricians and Gynaecologists (RCOG) (London): RCOG released a *College Statement on Hymenoplasty and Labial Surgery* in 2009. It expresses concern about these procedures, particularly when they are sought by 'women who do not realise that the appearance of external genitalia varies from one woman to another'⁶⁴. It notes that there is limited scientific evidence regarding the benefit of these procedures, and suggests that '...any decision to provide cosmetic genital surgery should be based entirely on clinical grounds'⁶⁴.

The statement has been criticised for failing to specify what these clinical grounds are⁶⁴.

The British Association of Aesthetic Plastic Surgeons (BAAPS): In 2011, BAAPS released a *Statement on Female Genital Aesthetic Surgery*. This describes a range of genital cosmetic procedures and advises that:

...there are a wide variety of shapes, sizes and appearances of the female genitalia, all of which are within the limits of normal. Before undergoing any surgery, it is important to determine whether there really is a problem with the genitalia or whether another solution would be more rewarding³⁰.

Dutch Society of Plastic Surgery and Dutch Society of Obstetrics and Gynaecology: In 2008, the Dutch Society of Plastic Surgery and Dutch Society of Obstetrics and Gynaecology⁹⁹ jointly developed a protocol, which provides guidance for the management of women who request reduction of the labia minora⁷². The protocol details a range of elements that could be used to inform a response from other professional bodies. These include:

- History taking and diagnosis;
- Physical examination;
- Discussion with the patient;
- Contraindications for labioplasty;
- Recommendations regarding informing women and medical practitioners about the range of female genital diversity⁷².

The Medical Women's International Association (MWIA): MWIA developed a position paper on this issue in 2012. It reviews the evidence in relation to female genital cosmetic surgery, including the opinions of professional bodies¹⁰⁰. MWIA also issued an *Executive Statement on Cosmetic Gynecologic Surgery*, which:

- Recognises the autonomy of women to undergo surgical treatments, and advocates for informed consent;
- Opposes the advertising of regulated health services in a way that encourages their unnecessary use;
- Opposes the use of surgical products and techniques that make unproven claims in relation to enhancing sexual satisfaction and/or attractiveness;
- Supports the use of surgical techniques where the primary aim is repair or reconstruction following trauma, harmful traditional practices, pathologic processes, or congenital anomalies;
- Opposes media depictions that promote abnormal perceptions of the appearance of normal female adult genitalia¹⁰⁰.

14. Encouraging safe and responsible medical practice

14.1 Knowledge of medical professionals

Medical professionals' understanding of what constitutes normal female genitalia is shaped in the sociocultural context²⁰, and influenced by the stigmas, prejudices and ideals that are present within wider society³. It has been suggested that 'medical practitioners may not be sufficiently informed about female genital anatomy to assess and advise women about their concerns'⁷⁷.

A questionnaire of 164 general practitioners, gynaecologists and plastic surgeons found the following:

- 90 per cent of physicians believe, to a certain extent, that a vulva with a very small labia minora represents society's ideal;
- More plastic surgeons regarded pictures with the largest labia minora as distasteful and unnatural, compared with general practitioners and gynaecologists;
- Irrespective of women's labia minora size, and the absence of physical complaints, plastic surgeons were significantly more open to perform a reduction than gynaecologists;
- Male surgeons were more likely to recommend surgery than females;
- Although one third of general practitioners would only refer a woman if she cited a physical complaint, 65 per cent were prepared to refer to a specialist¹⁸.

The position of medical professionals at the frontline of healthcare gives them an opportunity to provide education, information and support to women seeking genital cosmetic surgery³, and to challenge the sociocultural context in which these ideals have developed²⁰. However, this requires awareness of female genital diversity, and an understanding of how sociocultural influences shape ideas of what represents normality.

14.2 Initial consultation

There is a need for guidance for health professionals who receive requests from patients for female genital cosmetic surgery⁴⁸. In promoting how clinicians can act in women's best interests, the following measures have been proposed.

History taking: The Dutch guidelines recommend:

- That the woman's request is taken seriously;
- That cognitive, emotional, behavioural and social consequences of the complaint are explored thoroughly⁷².

Recommendations from other sources include:

- Being sensitive when taking the woman's history;
- Asking the woman about her ideas, concerns, and expectations;
- Asking the woman about child sex abuse and domestic violence;
- Asking whether the woman she has been taunted about her genitals by a previous sexual partner⁴⁸.

Physical examination: The role of medical professionals in undertaking a physical examination of women who request genital cosmetic surgery is central to ensuring they are making an informed decision regarding the request. An audit of referral letters from general practitioners found that only 77 per cent of referrers reported physically examining the patient⁷⁷.

The Dutch guidelines recommend that the patient watches the physical examination with a mirror⁷².

Discussion and information: Some analysis of female genital cosmetic surgery has addressed concerns that the availability of surgery could undermine the development of other ways to help women address concerns about their genital appearance³⁶. Thorough discussion and provision of information may be an effective tool in encouraging women to consider their request within the context of normal genital variation, and health professionals need skills to address normal genital variation without trivialising the concerns of women seeking surgery⁴².

The Dutch guidelines propose that the patient is counselled about external genitalia and labia variability⁷². The responsibility to communicate information regarding the range of female genital appearance involves all medical professionals who may encounter such requests, including general practitioners³ and surgeons³⁴. Recommendations from other sources include reassuring the woman regarding normality and variation, and showing her pictures of normal female external genitalia⁴⁸.

One study, conducted by surgeons at an aesthetic gynaecological unit in Argentina, found that 41 out of 73 patients seen on consultation for vulvovaginal surgery had no need for it and, after receiving information regarding female anatomy and sexuality, they did not proceed with surgery³³. By using one hour appointment blocks, surgeons were able to allow adequate time for discussion³³. There have also been suggestions that this process could

involve the use of materials with photos that document the range of female genital diversity⁷², although it has also been noted that there is likely to be considerable resistance once a woman has decided to undergo surgery, and her perception of her need for surgery is unlikely to change^{11, 17}.

The role of health professionals in providing good information and communication about genital variation at an earlier stage has also been promoted^{3, 17, 31}. This could occur during other routine gynaecological procedures such as pap smears, and could even involve beauty therapists during genital waxing.

Referral: The increase in public discussion about female genital appearance is a relatively new phenomenon and, as such, some medical professionals may feel that they are in a position where beliefs about normality are driving patients' expectations regarding treatment and surgery.

Sometimes general practitioners will make referrals to gynaecologists, even when they do not believe that surgery is necessary. An audit of referral letters from general practitioners found that a third of referrers judged the labia to be normal, yet nevertheless requested surgery for their patients⁷⁷. There is speculation that the process of referral for a second opinion may be interpreted by women as proof that they have a medical need for surgery^{17, 36, 101}. Referring medical professionals, particularly general practitioners, need to make women aware that referral for gynaecological opinion may not be medically indicated, and is not necessarily a guarantee that they will be able to access surgery³.

Anecdotal evidence from a Victorian general practitioner suggests that women tend to attend their clinics with a fixed notion of what normal female genitalia looks like, and are unlikely to be swayed by the general practitioner's opinion, as referral to a specialist is what they seek and expect^{9,h}. A referral to a gynaecologist, rather than a cosmetic surgeon, may fulfil this expectation and allow another avenue to inform women about natural genital diversity.

Medical professionals should be confident to inform women of the range of normality, and to express why a referral is being made. They need to be equipped with information and resources that will support them to provide this information.

14.3 Counselling

There have been studies that highlight the potential value of psychosocial interventions within gynaecological services¹⁷, and suggestions that each patient requesting female genital cosmetic surgery should be evaluated using an approved instrument, such as the Arizona Sexual Experiences Scale or the Female Sexual Functioning Index³⁹. However, the proposal that mandatory counselling should be undertaken by all women requesting genital cosmetic surgery has been criticised for being paternalistic²⁵ and untenable. As models of psychosocial intervention have not been trialled, it is also unclear which interventions would be most effective in relation to female genital cosmetic surgery¹⁷.

^g Simonis M. [Unpublished phone interview; 14 January 2013].

^h Simonis M. [Unpublished email correspondence; 12 January 2013].

One of the issues with this approach is the extent to which women seeking surgery are willing to undertake mandatory counselling, particularly women who have already negotiated a referral¹⁷. The stigma and shame that women seeking surgery are likely to associate with their genitals has led to speculation about the value of psychosexual counselling under these circumstances. In a study of women who were seeking labial reduction surgery at a gynaecological clinic in London, 36 per cent accepted a psychological referral when they were refused surgery, while 40 per cent opted to get a second opinion²³. Furthermore, a psychological referral is unlikely to be an effective tool if women feel that they are simply seeing a psychologist to 'tick the boxes' before they can proceed with surgery¹⁰².

It is important, however, that women who are experiencing serious psychological conditions receive appropriate assessment and treatment. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists recommends sexual counselling for patients requesting surgery that is said to enhance gratification⁶. Although counselling is not mandatory as part of the Dutch guidelines, there is a 'low threshold' for referral for screening for body dysmorphic disorder and other psychopathology⁷², and other analysis of female genital cosmetic surgery has recommended considering whether there is a need for referral to a psychologist⁴⁸.

14.4 Informed consent

It is important that informed consent is achieved when female genital cosmetic surgery is requested. This should involve a 'thorough preoperative discussion about the aims and likely outcomes of any planned surgery'⁴³, as well as discussion of known risks, complications, satisfaction rates, and the lack of evidence supporting the surgery, as described in Sections 8, 9 and 10.

The Dutch guidelines suggest provision of information regarding different surgical techniques, and associated results and complications. The guidelines also propose that alternative solutions should be offered where they are available⁷². For example, where the complaint is functional, this may be addressed by wearing different underwear⁷². It is recommended that the gynaecologist also discusses whether the operation will be a solution for the problems the patient is experiencing⁷². During this process, it is anticipated that some women will be reassured and refrain from surgery, while others will realise that their concerns will not be solved by surgery⁷². Recommendations from other sources include explaining the risks, complications, and potential damage to long-term function⁴⁸.

14.5 Clinical standards of care

The absence of data on safety and efficacy noted in Sections 8, 9, and 10, as well as the 'patented and secretive nature'⁴⁷ of the female genital cosmetic surgery industry, have prevented standardisation in relation to training, anaesthesia, surgical techniques and postoperative care. To some extent, the development of clinical standards of care depends on the publication of further information about genital cosmetic surgery, but it is important that they are considered for future development.

15. Advocacy on female genital cosmetic surgery

While a woman's choice to undergo surgery allows her to address her individual dissatisfaction, it fails to effect broader social change that challenges the sociocultural context that contributes to her dissatisfaction in the first instance: 'whereas surgery might provide "genital liberation" for individual women, it does nothing to improve the context in which women "choose" these procedures' ⁴.

However, there is evidence that the existing sociocultural context is being challenged in a variety of forums. Feminist arts and crafts, writing, and information developed through the women's health movement, have offered an alternative view which celebrates the diversity of female genitals⁹⁸ and represents the vulva and vagina as remarkable, powerful, and pleasurable²⁰. These sources equip women with accurate information about their genitals, so they are able to make informed decisions and challenge the inaccurate ideals and stereotypes that persist within the sociocultural context. They include projects such as self-photographed images of women's genitals and books of vulval images¹⁴. The feminist underpinnings of these projects offer potential for translation to develop mainstream messages that inform a wider audience of women about genital diversity.

15.1 New View campaign

The New View campaign is an international campaign, which has been working on the issue of female genital cosmetic surgery since 2006⁹⁸. It aims to promote a positive model for sexuality, sex education, treatment of sexual problems and sex research. The goals of this campaign, in relation to female genital cosmetic surgery, are:

- To create public concern about the unchecked expansion of the [female genital cosmetic surgery] industry and its lack of scientific research support;
- To pressure professional [obstetricians, gynaecologists] and plastic surgeons' associations to collect data on these procedures, and to censure or sanction female genital cosmetic surgery surgeons who offer services without publishing research outcomes;
- To expand the idea of 'informed consent' for [female genital cosmetic surgery] to include genital education about anatomical diversity through showing independent illustrative and scientific materials;
- To shed light on the growth of a new set of medical business practices that uses franchise models, public relations, multiple advertising avenues, and...contemporary marketing to medicalise everyday bodies, loves, and functioning¹⁴.

Advocacy through the New View campaign has included:

- Development of a website with resources for press and public;
- Letters to medical and governmental agencies and [organizations] calling for increased consumer protection, and increased professional standards;
- A 2-hour sidewalk rally in front of a New York City female genital cosmetic surgeon's office (including guerrilla theatre);

- Sharing of resources with feminist university [organizations] to educate their members about the issues;
- Collaboration with documentarians interested in female genital cosmetic surgery¹⁴.

15.2 Social media

Social media sites are increasingly playing a role in promoting female genital diversity. Blogs such as 'Show your vagina' on Tumblr enable women to upload photos of their vulvas and discuss how they feel about them, and allow others to provide comments¹⁰³. Although this development has potential to empower women, it could also be a source of distress or cyber-bullying.

In October 2012, the Australian Federation of Medical Women conducted a social media campaign about female genitalia and female genital cosmetic surgery, called 'Pink Bits'. The campaign provided information through links to articles and videos¹⁰⁴.

Social media has also been harnessed in online campaigns regarding body image. In 2012, an online petition to ensure application of the *Voluntary Industry Code of Conduct on Body Image* generated over 20,000 signatures on change.org¹⁰⁵. It sparked changes to Cleo's practices regarding its use of digitally altered images¹⁰⁵. While not specifically concerned with genital images, this type of action offers potential as a model for advocacy. It shows how application of the Code of Conduct could be pursued to ensure that both women and men are aware of the significant natural variation that exists in female genital appearance.

16. Conclusion

As the rates of female genital cosmetic surgery continue to increase, it is timely to question why women are seeking these procedures and how this trend might be influenced. Women seek genital cosmetic surgery for a range of individual reasons. However, they are also likely to be influenced by a range of sociocultural factors, which promote misconceptions about female genital appearance. It seems that many women seek genital cosmetic surgery based on these ideals, to address a perception that their healthy genitals are abnormal or inadequate. In considering whether to pursue surgery, it is important that women are aware of the natural diversity of female genital appearance.

Although female genital cosmetic surgery has been the subject of substantial debate and opinion, there remains a critical lack of evidence on risks, efficacy, complications, and patient satisfaction. It is important that the quality of evidence in this field is strengthened and that women are aware of the low standard of evidence as it currently exists. If women do choose to proceed with genital cosmetic surgery, it is important that they are also able to access medical practice that is safe, responsible and evidence-based.

17. Recommendations

Recommendation 1: Promote public awareness about the low standard of evidence for, and risks associated with, female genital cosmetic surgery.

Recommendation 2: Encourage research that improves the evidence base about the risks and satisfaction rates associated with female genital cosmetic surgery.

Recommendation 3: Promote public awareness about the diverse natural range of healthy female genital appearance.

Recommendation 4: Encourage sexuality education that incorporates information about the diverse natural range of healthy female genital appearance.

Recommendation 5: Encourage body image education that incorporates information about genital body image.

Recommendation 6: Encourage research that improves the understanding of why women undertake female genital cosmetic surgery and their experiences of surgery.

Recommendation 7: Advocate for amendment of the *Guidelines for the Classification of Publications 2005* to enable publication of real depictions of women's genitals in unrestricted publications.

Recommendation 8: In the absence of Recommendation 7, advocate for labelling of genital images that have been digitally altered.

Recommendation 9: In the absence of Recommendation 7, promote public awareness of how images of genitals are altered when they appear in unrestricted publications.

Recommendation 10: Encourage ethical and evidence-based media coverage of female genital cosmetic surgery and female genital diversity.

Recommendation 11: Explore the effectiveness, and encourage the development of, internet and social media sources that provide evidence-based information regarding female genital cosmetic surgery and female genital diversity.

Recommendation 12: Encourage relevant professional bodies to issue statements on, and regulate the provision of, female genital cosmetic surgery.

Recommendation 13: Encourage research that improves the evidence base for interventions that encourage safe and responsible medical practice in relation to female genital cosmetic surgery.

Recommendation 14: Advocate for the development of protocols for management and clinical standards of care for women seeking genital cosmetic surgery.

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