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Labiaplasty: factors leading to increased requests amongst women from a survey of GP experience.

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Disclosure statement

- ▶ Grants: none/Consultant: none/ Stock Holder: none
- ▶ Honorary Research Fellow University of Melbourne
Department of General Practice.
- ▶ Participated as *Assistant* with *Labia Library*, a Women's Health Victoria initiative
- ▶ Author, "Female Genital Cosmetic Surgery - A resource for general practitioners and other health professionals"; published by the RACGP, 2015

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What is labiaplasty?

- ▶ Labiaplasty, involves the trimming of the inner lips or labia minora and may also include trimming or removal of the clitoral hood to expose the clitoris, to create an even labia minora that does not protrude beyond the line of the outer lips, called the labia majora.
- ▶ Techniques surgeons select might be an edge resection, also known as the 'labial trim', de-epithelialisation or debulking, a wedge resection or a central resection or laser labiaplasty
- ▶ The short-term risks: bleeding, wound dehiscence, infection, scarring along the outer edge of the labia which can disrupt the neurovascular supply and affect sexual sensation, dyspareunia, removal of too much tissue resulting in exposure of the clitoris to clothing causing chronic pain, reduced or altered sexual sensitivity, scar retraction and nodularity. Long term risks not yet researched.

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Labiaplasty: before and after



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Labiaplasty: before and after

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The anatomy of the labia

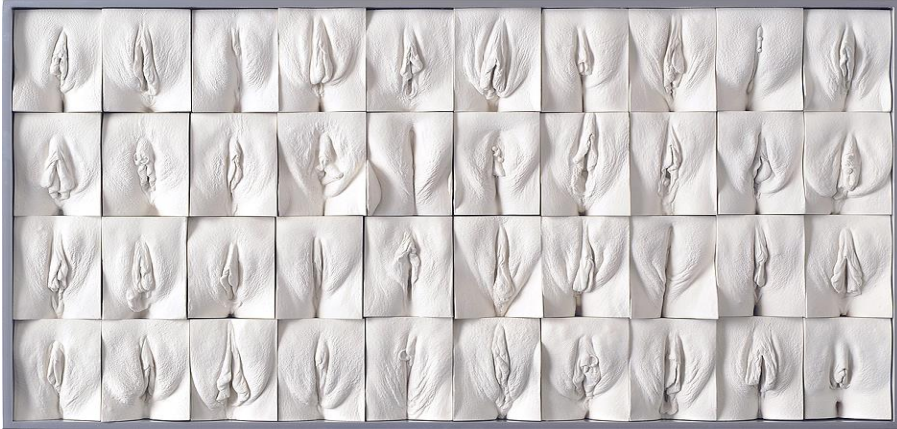
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- ▶ the labia minora, are the two folds of hairless skin that border the vagina and define the lateral limits of the vagina.
- ▶ They lie within the labia majora, which are the two outer folds of skin that often have pubic hair.
- ▶ Anteriorly, the labia minora divide into posterior and anterior divisions around the clitoris, creating the clitoral frenulum and hood and end at the apex of the clitoral hood.
- ▶ The labia minora are innervated with nerves and become engorged with sexual arousal.
- ▶ The labia minora are more sensitive than the vaginal opening and are second to the clitoris in sensitivity.

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Labia come in all shapes and sizes: Jamie McCartney's Great wall of Vagina

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Background issues relating to Labiaplasty

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- ▶ The surge in requests for Labiaplasty (also known as Female Genital Cosmetic Surgery FGCS), has occurred in the context of broader sociocultural developments that endorse the appearance of the single hairless slit as the normal or ideal genital appearance.
- ▶ Online marketing reclassifies labia minora that extends beyond the margin of the labia majora(30-50%), as an abnormal variant warranting labiaplasty.
- ▶ Skewed information on consumer websites supports unrealistic notions of genital normality, lacks robust evidence for long term sexual and aesthetic satisfaction outcomes.
- ▶ Health professionals need to manage genital anatomy anxiety and the subsequent rise in requests for labiaplasty from a biopsychosocial perspective, with women of all ages.

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Flourishing new cosmetic industry stems from genital ignorance /anxiety

- ▶ Of all cosmetic surgeries performed, around 90% are on healthy women who seek surgery to match their aesthetic ideals and elevate their self-esteem (ASAPS statistics, 2016)
- ▶ <http://www.surgery.org/media/statistics>.

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Physical and psychological drivers for surgery

- ▶ Miklos and Moore (2008):
- ▶ 37% sought FGCS for aesthetic reasons only,
- ▶ 32% for functional impairment,
- ▶ 31% for functional and aesthetic reasons.
- ▶ Many studies report size of the labia minora as the most common concern, and that most women seeking genital cosmetic surgery believe that their labia minora are too visible;
- ▶ however, the psychological and emotional drivers for wanting surgery are as yet, less well researched.

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First GP based research

- ▶ Female genital cosmetic surgery: a cross-sectional survey exploring knowledge, attitude and practice of general practitioners, BMJ Open, vol 6, issue 9, 2016. <http://dx.doi.org/10.1136/bmjopen-2016013010> M Simonis, R Manocha, JJ Ong.
- ▶ Objective: To explore general practitioner's (GP) knowledge, attitudes and practice regarding female genital cosmetic surgery (FGCS) in Australia.
- ▶ Cross-sectional study of GPs who attended a women's health seminar and GPs who subscribed to a non-governmental, national health professional organisation database that provides education to primary care professionals, in Australia.
- ▶ A national online survey of GPs was conducted for the 10-week period,

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Key research findings

- ▶ There were 443 fully completed GP survey responses out of a total of 461
- ▶ All knew or had heard of labiaplasty/FGCS
- ▶ 242 GPs of the sample (nearly 50%) had had requests for referral for FGCS.
- ▶ Nearly, all GPs surveyed have been asked about genital normality in women of all ages.
- ▶ Thirty-five percent of GPs had been asked about FGCS by girls under the age of 18.
- ▶ More than half of the participant responses suggested that women seeking advice for FGCS may be in an emotionally vulnerable state, as GPs suspected or diagnosed a range of psychological difficulties.

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Psychosocial factors in labiaplasty

Psychosocial factors	General practitioners suspected these factors as 'sometime/most of the time' n (%; 95% CI)
Anxiety	161 (67%, 60% to 72%)
Relationship difficulties	143 (59%, 53% to 65%)
Body dysmorphic disorder	133 (55%, 49% to 61%)
Depression	121 (50%, 44% to 56%)
Sexual dysfunction	101 (42%, 36% to 48%)
Eating disorders	68 (28%, 23% to 34%)
History of sexual abuse	57 (24%, 19% to 29%)
Domestic violence	30 (12%, 9% to 17%)

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GP comments around patient concerns

- ▶ ".....almost on a daily basis I have women ask me if their genitals look 'normal' and often wish their labia were smaller"
- ▶ ".....I see people who worry that they may not look normal. They always look normal. I reassure them of such. They usually appear very relieved. I try to address reasons for their concern, and with this I guess I close the door by and large on some potential requests for surgery"
- ▶ "At first pap smear or when examining a young woman for the first time I will always comment 'everything looks entirely normal' the response is always 'relief' even when I wasn't aware there was any anxiety beforehand"
- ▶ "Most of my patients have been so set on having it done that they were not open to counselling, an examination of the genitals etc."

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General practitioners who have seen women requesting female genital cosmetic surgery suspect the following modifiable social factors influencing women's decisions (n=242)

Fashion/comfort in clothes	Notions of beauty	Porn-open access images	Notions of normal	Spouse or partner remarks	Physical discomfort	Online websites	Look in clothes	Peer remarks
(n242) 100%	(n242) 100%	(n242) 100%	(n206) 85%	(n132) 55%	(n102) 42%	(n69) 29%	(n54) 22%	(n41) 17%

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Rise in requests for labiaplasty

- ▶ US statistics in 2014, labiaplasty climbing by 44%, 4th most popular following liposuction, breast augmentation and rhinoplasty – *medical opportunism?*
- ▶ **15-25 age group climbing = 26-45 aged women** undergoing vulvoplasty/labiaplasty in Australia:
 - ▶ 640 in 2001, >1500 in 2013 = 140% increase
 - ▶ Tip of the iceberg – mostly performed in private sector
- ▶ Performed by **any medical practitioner** with little formal training
- ▶ **Currently no criteria** – surgical standards

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Factors influencing labiaplasty rates

- ▶ **Australian censorship laws** prohibit the publication of illustrations of the labia minora and the clitoris
- ▶ The vulva is invariably made to resemble that of **prepubescent girl's** with pubic hair removed and a single crease placed between the labia majora
- ▶ This **contributes to the general lack of knowledge** and understanding about female genital diversity

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Factors influencing labiaplasty rates

- ▶ Perception of normal versus desirable
- ▶ Comfort in clothes/ comfort in sporting gear
- ▶ Digital communication
- ▶ Digitally modified images
- ▶ Pornography
- ▶ Lack of familiarity with genital diversity
- ▶ Genital region in women usually hidden
- ▶ Brazilian waxing/pubic hair removal – exposes area
- ▶ Fashion: G-strings, 'camel toe', sportswear
- ▶ Marketing 'beauty' – youth, puberty, minimalist genitalia

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What we don't know about labiaplasty

- ▶ Long term risks have not yet been documented and patients with relationship or mental health illness should be warned that they do not always get the outcome and results they seek (Sharp, et al 2016).
- ▶ The majority of surgeons report as high as up to 95% patient satisfaction with surgical outcome, however these claims do not demonstrate post-surgery sexual satisfaction scales and long term genital appearance satisfaction.
- ▶ The sensorineural function of the genital tissue that is removed is not properly understood nor explained to patients undertaking this surgery, and is assumed redundant without clinical evidence of such.

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What we do know about labiaplasty

- ▶ Australian study revealed that serious adverse events at the time of admission or requiring readmission within 2 weeks of the initial procedure occurred in around 7% of procedures and 4% had repeat procedures (Ampt, 2016)
- ▶ Caesarean section rates were 30% higher in these women, presumably due to planned birth interventions and birth related perineal trauma due to previous FGCS appeared not to increase (Ampt, 2016).
- ▶ Overall complication rates 4-8%

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Labiaplasty and girls <18

- ▶ Medical Board of Australia issued the Cosmetic Surgery Guidelines in March 2016:
- ▶ 'for major cosmetic procedures', which encompasses FGCS, 'patients under the age of 18 should be referred for mandatory psychological evaluation and have a 3 month cooling off period'.
- ▶ The psychological evaluation can now be conducted by a GP (who does not perform cosmetic procedures), or by a psychologist or psychiatrist.
- ▶ The guidelines do not directly address the RCOG/BritsPAG call for consideration of delayed genital maturation which occurs around the age of 18.

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Labiaplasty is not just like 'trimming hair'

- ▶ **Cosmetic procedures are different** from other medical procedures
- ▶ **Guidelines** for registered medical practitioners who provide cosmetic medical or surgical procedures are the Board's preferred option for managing risk to patients
- ▶ **"We want to do what we can to keep the public safe"** *Board Chair, Dr. Joanna Flynn AM* March 17, 2015

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Helping GPs deal with requests

- ▶ **RACGP** female genital cosmetic surgery- A resource for general practitioners and other health professionals
- ▶ <http://www.racgp.org.au/your-practice/guidelines/female-genital-cosmetic-surgery/>
- ▶ refer first to **gynaecologist for second opinion**, they see more female genitals in a professional lifetime and have a good knowledge of the range of diversity
- ▶ **Referral should state** it is not necessarily for surgery but for an **opinion**
- ▶ Where **mental health** issues exist, refer for **counselling** first
- ▶ **<18 years old should be referred to specialist adolescent gynaecologist only** (BritsPAG/RCOG)

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Helping GPs deal with requests

- ▶ Get a **baseline psychosexual history**
- ▶ **Warn women against going overseas** for cosmetic surgery. Little can be done if they are dissatisfied with the outcome
- ▶ **Assess the woman's knowledge** of her own anatomy including its sensorineural and lubricating purpose
- ▶ **New research** reveals 'more tissue gives more sensory stimulation' (Schober et al 2015)
- ▶ What support is there for women when **surgery goes wrong**?

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Thank you

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