



RACGP



## Female Genital Cosmetic Surgery Toolkit for general practitioners and other health professionals

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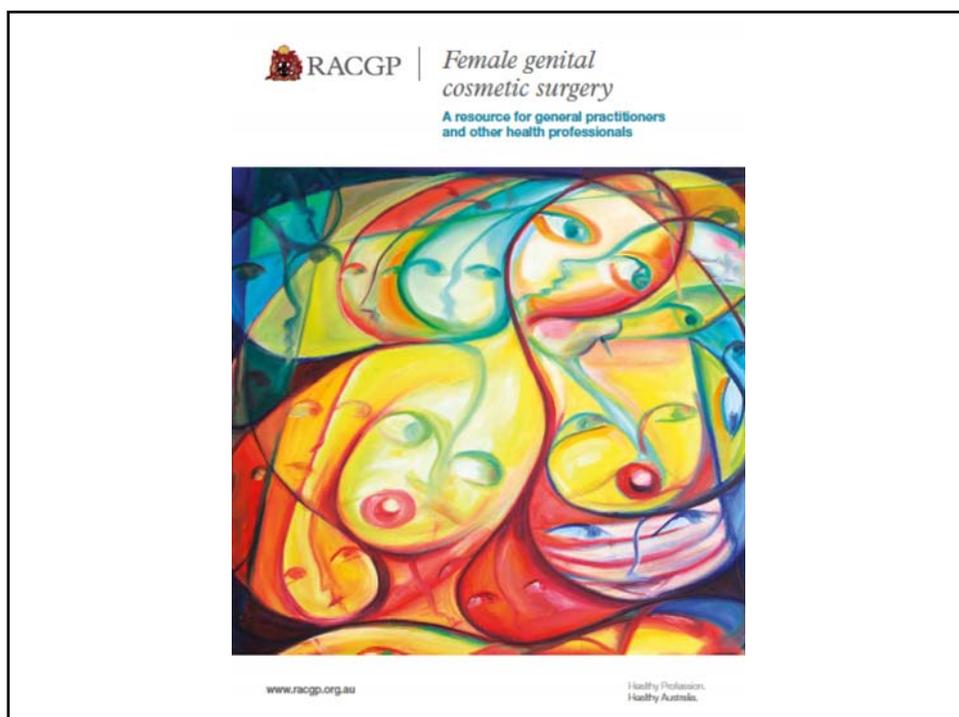
23 September, 2015

### Disclosure statement

- Grants: none
- Consultant: none
- Stock Holder: none
- Participated as *GP informant* with Women's Health Victoria Issues Paper on Women and Genital Cosmetic Surgery
- Participated as *Assistant* with *Labia Library*, a Women's Health Victoria initiative
- As *VicRen Committee Member*, co-supervised research that examined:
  - i) GP's role; and
  - ii) Women's knowledge of genital anatomy

## Disclosure statement

- Author, “Female Genital Cosmetic Surgery - A resource for general practitioners and other health professionals”; published by the RACGP, 2015 – upon which this presentation is based



## What is FGCS?

- Female Genital Cosmetic Surgery (FGCS) is any non-medically-indicated procedure that aims to change aesthetic or functional aspects of a woman's genitalia
- Functional indications: discomfort in clothing during sports, dyspareunia due to invagination of the labia on penetration

## Key facts

- Earliest documented procedure performed 1976
- Currently one of the fastest growing cosmetic procedures being promoted and conducted in UK, USA, Australia, Canada etc
- Number of women undergoing vulvoplasty or labiaplasty in Australia:
  - 640 in 2001, >1500 in 2013 = 140% increase
- Can be performed by any medical practitioner with little formal training
- Currently no criteria that measure/describe 'normal'

## Key facts

- Medicare statistics represent the tip of the iceberg in numbers performed. Most being performed outside of Medicare, especially since November 2014 Medicare review
- No evidence based procedural guidelines
- **Sociocultural forces** seem to be influencing the demand for FGCS, **NOT diseases** of the vulva
- FGCS **should not be performed in girls <18 y.o** as genital maturity is incomplete

## What types of FGCS are there?

- Labiaplasty is the most common form of FGCS: around 50% of the procedures performed
- Clitoral hood reduction
- Perineoplasty: strengthen the pelvic floor; in the FGCS setting, aimed at establishing penile pressure with coital thrust
- Vaginoplasty: vaginal creation in gender reassignment; in the FGCS setting, refers to tightening the vagina and is referred to as 'laser vaginal rejuvenation' or 'designer laser vaginoplasty'

## What types of FGCS are there?

- Hymenoplasty – also called ‘revirgination’ and is designed to restore the hymen
- Vulval lipoplasty – removal of fat from mons pubis
- G-spot augmentation – involves autologous fat or collagen transfer via injection into the predetermined G-Spot location
- Orgasm shot (O-shot) – often described as a sexual and cosmetic rejuvenation procedure vagina using the preparation and injection of blood-derived growth factors into the G-spot, clitoris and labia

## **‘Medicalised’ terminology can cause confusion**

- Terms such as ‘vaginal rejuvenation’, ‘designer laser vaginoplasty’, ‘revirgination’ and ‘G-shot’ are commercial in nature
- Cosmetic surgery redefines the patient as a ‘consumer’ and uses advertising to promote the ‘product’
- Consumers at whom they are targeted can then mistakenly believe such official-sounding terms refer to medically-recognised procedures

## Labiaplasty/FGCS

Terms used interchangeably

- Most commonly performed FGCS procedure: involves removal of tissue from labia minora that extends beyond the labia majora and/or removal or increase tissue from the labia majora in order to achieve symmetry
- Consider the following:
  - what constitutes labial hypertrophy?
  - what constitutes 'normal' labia?
  - what is the function of this genital tissue?
  - what are the potential complications?

## Normal vs ideal

### Results from study\*

Few opportunities to view “normal” female genitals.

Despite this lack of knowledge, all 21 participants identified Picture D (hairless with no visible labia minora) as the socially accepted “ideal” vulva



\* Source: Research by Calida Howarth entitled “What are young women’s views on “normal” and “desirable” vulval anatomy?” General Practice and Primary Health Care Academic Centre, University of Melbourne, 2013/4. Supervisors: A/Prof Meredith Temple-Smith, A/Prof Jenny Hayes & Dr Magdalena Simonis

## Normal vs ideal

"Extreme looseness of external tissues-trimmed and rejuvenated"



Patient comment: "I look like a teenager"

From website of Dr Rakesh Kalra

"A new look" vaginal rejuvenation by Labia Minora trimming, Labia Majora fat augmentation, partial hood skin removal, and closing together of the two Labia Majora. No tightening required. Picture less than 8 days post-op



Patient's comment: "I can now be my husband's new wife"

From website of Dr Rakesh Kalra

## Complications of FGCS

- The potential risks associated with FGCS include:
  - bleeding
  - wound dehiscence
  - infection
  - scarring, resulting in lumpy irregular margins of tissue or eversion of inner lining of labia, resulting in an unnatural appearance
  - sensorineural complications secondary to poor healing or scarring
  - dyspareunia
  - removal of too much tissue, resulting in pain with and without intercourse. For example, clitoral
  - hood reductions where too much clitoral tissue remains exposed and rubs onto undergarments and causes pain and discomfort
  - damage due to scarring during childbirth
  - psychological distress
  - reduced lubrication
- The long-term outcomes of FGCS have not yet been researched

## Complications: a market for botched surgical repairs

Gary Alter, MD, is the innovator & acknowledged leader in botched labiaplasty reconstruction surgery. He wrote the ONLY medical paper on botched labiaplasties – published in the most prestigious plastic surgical journal in the world called “*Plastic & Reconstructive Surgery*”



<http://www.labiaplastyrevisionssurgeon.com/botched->

## Factors influencing demand for FGCS

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

## Factors influencing demand for FGCS

- Mental health – Body Dysmorphic Disorder, anxiety, depression, eating disorders etc
- Relationship issues – ‘save the marriage’, new relationship – the ‘new you’, abusive relationship
- Sexual abuse
- Previous surgery (women who have some form of cosmetic surgery have more than one procedure)
- Peer pressure, family pressure (friends, mother, sister)

## How should the GP manage such requests?

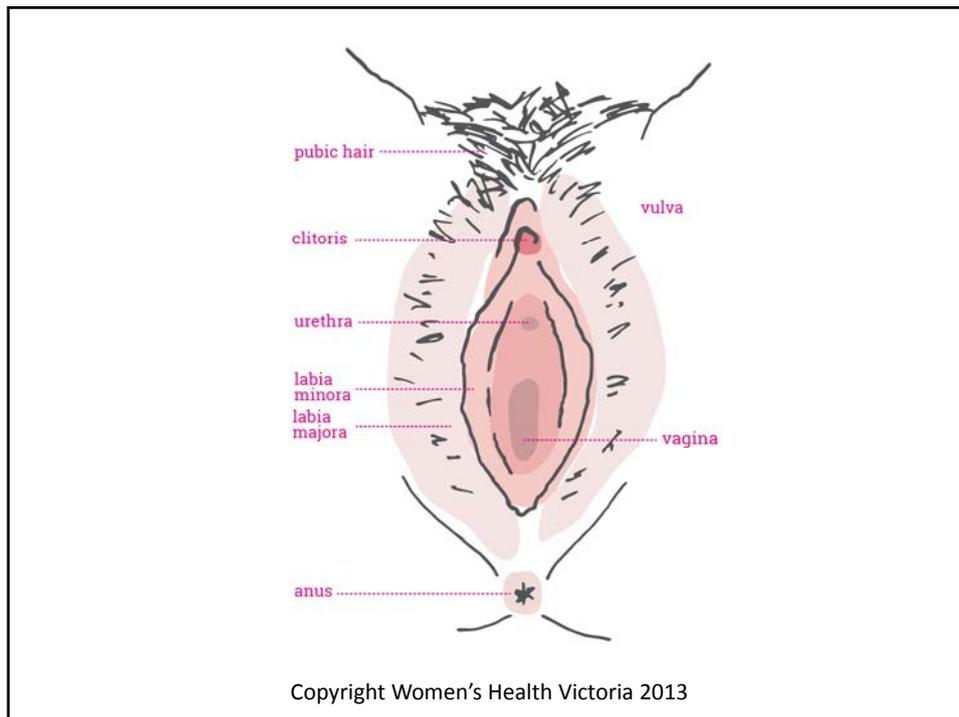
- Listen to the patient: assess the degree of concern
- Address each of the symptoms and concerns. How does it affect her life, intimate and sexual relationships? Do not ‘medicalise’ chafing and irritation in tight or small clothing/sensitivity due to pubic hair removal
- Consider mental health issues, relationship issues, sexual abuse – refer accordingly
- Examine the patient – or refer for examination (medical chaperone offered)

## How should the GP manage such requests?

- Take a psychosexual/gynaecological and medical history: is there physical discomfort with or without sex?
- Ask if the patient's concern is affecting her intimate relationships, self-esteem, confidence and ability to function happily
- Use non judgmental language and terminology. What you say, has an enormous impact

## How should the GP manage such requests?

- Refer patients to appropriate online resources, such as the *Labia Library* or other publications including *101 Vaginas* and *Femalia*, in which there has been no digital enhancement
- When discussing female anatomy, it is important to focus on the sensorineural and functional aspects and to clarify the differences in terminology
- Use simple diagrams



## The GP Role

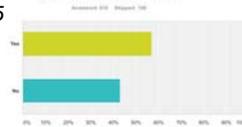
**The GP who addresses a woman's concerns is in a position to educate and relieve unfounded anxiety thereby deflecting a climb in unnecessary surgical procedures**

## FGCS Health Professional Questionnaire

M. Simonis, J. Ong and R. Manocha, 2015

- 716 respondents (as of 23 Sept 2015)
  - 65% GPs
  - 6% O&G
  - 23% nurses
  - 6% Other (0.7% urologist, 0.42% plastic surgeon, 0.7% cosmetic surgeon)
  - 2.5 allied health professional
- 57% had seen patients requesting information/referral regarding FGCS
- 58% rated their knowledge as poor
- Only 2.6% said very comprehensive
- 75% had an interest in women's health
- The majority (57%) had described themselves as 'not confident' in advising regarding FGCS
- 1/4 had seen patients younger than 18 requesting referral for an FGCS procedure

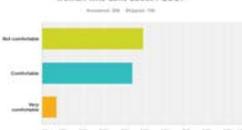
Have you seen patients who have asked you about any form of FGCS?



How would you rate your knowledge of the FGCS procedures?



How comfortable do you feel advising a woman who asks about FGCS?



## How should the GP manage such requests?

- Where patient requests referral for 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**

## How should the GP manage such requests?

- 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*)

## Peak Body Statements

- RANZCOG
- Royal College of Obstetricians and Gynaecologists
- American College of Obstetricians and Gynaecologists
- British Society of Paediatric and Adolescent Gynaecologists
- Society of Obstetricians and Gynaecologists of Canada
- Medical Women's International Association

## What does the Medical Board say?

- Public consultation paper and Regulation Impact Statement – Registered medical practitioners who provide cosmetic medical and surgical procedures

*Released: 17 March 2015*

The Board is consulting on the best way to protect consumers seeking cosmetic medical and surgical procedures provided by medical practitioners

## What does the Medical Board say?

- Cooling off periods for all patients and mandatory psychological assessment for under 18s
- 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*

## Female Genital Mutilation and FGCS – treading a fine line

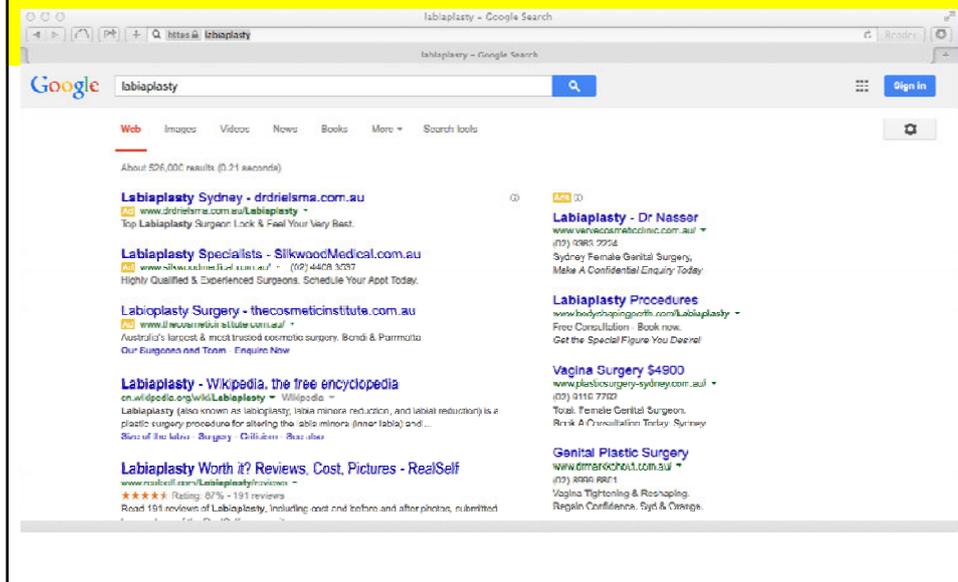
- The World Health Organization (WHO) defines female genital mutilation/cutting (FGM/C) as ‘all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons’
- There is some debate about whether FGCS is covered by legal definitions of FGM/C and therefore illegal under existing regulations. The adequacy of outcome data considered is central to informed consent for FGCS, as for all medical procedures



## Sociocultural forces

- Are women being subjected to yet another form of control that undermines their self worth and reinforces the notion that their primary role is to be ‘desirable’?

# LABIAPLASTY ADVERTISING ONLINE



## Sociocultural forces

### Plastic surgeon used pornographic images in 'vaginal rejuvenation' presentation at Melbourne conference

GRANT MCARTHUR  
HERALD SUN  
MARCH 18, 2015 5:53PM



## Sociocultural forces

As the College went into damage control following a week of claims of industry sexual harassment it released a statement saying the presentation "was not run by or in association with the College".



The presentation sparked several complaints.

The RACS statement also indicated the presentation did not relate to the College's training program, however it failed address its wider endorsement of the congress it was presented at.

"If the presentation was as described, it was clearly in violation of any acceptable standard for a scientific meeting," the RACS statement said.

"If complaints had been raised at the time, they would have certainly been investigated." Victorian Equal Opportunity and Human Rights Commissioner Kate

## Sociocultural forces

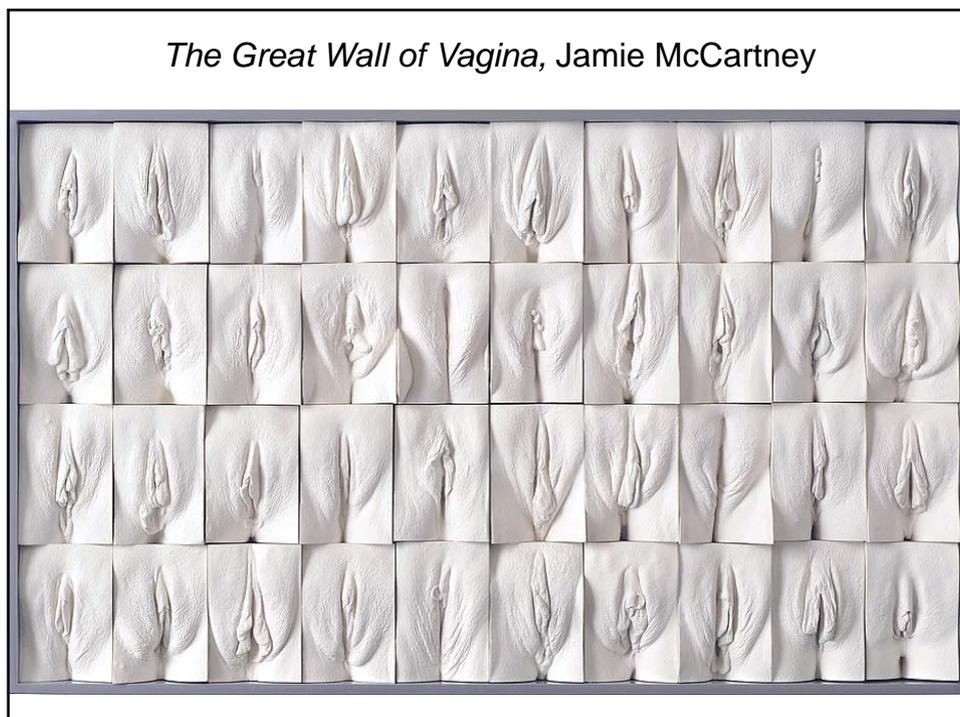
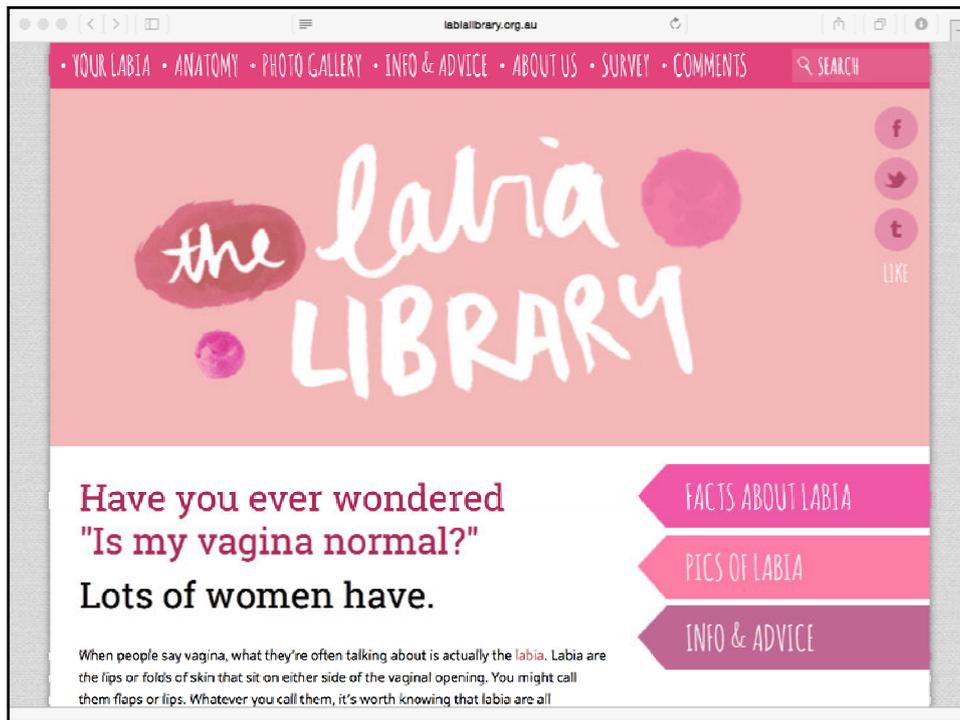
- Health professionals are influenced by similar sociocultural forces that skew preferences for desirable versus normal
- Be mindful of this when addressing women who present requesting FGCS or have concerns regarding their own appearance
- Most women who are contemplating any form of FGCS are likely to seek information from provider websites. These sites often describe aesthetically pleasing or desirable genitalia as the neat single slit

## Sociocultural forces

- 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

## GP resources

- RACGP Female Genital Cosmetic Surgery Guide for GPs and health Professionals
- Peak Body Statements
- Women's Health Victoria *Labia Library* website
- *Femalia*, Jodie Blank
- Changing female body perception through art *The Great Wall of Vagina*, Jamie McCartney
- *101 Vaginas*, book and website, Philip Werner



## GP guidelines

FGCS incidence is climbing. Informed GPs can reduce unnecessary anxiety regarding vulval/genital anatomy, thereby deflecting a climb in FGCS.

Patient examination should be performed by the GP or referred to a doctor experienced in women's health. This is an opportunity to educate female patients about genital anatomy.

It is important to consider mental health and relationship abuse issues and refer accordingly.

Educate patients about genital diversity, using tools such as the online resource Labia Library and the publication *Femalia*, and possible complications of surgery.

It is recommended GPs initially refer patients for a gynaecological assessment.

If the patient is younger than 18, they should be referred to a specialist adolescent gynaecologist.

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