Unbridled Advertising of Female Cosmetic Genitoplasty Procedures in the Absence of Health Policy-making in the World

An argumentation

Elham Azmoude,1 Nahid J. Shoorab,2,3 *Samira E. Zagami2,3

1 Student Research Committee and 2Nursing & Midwifery Care Research Centre, Mashhad University of Medical Sciences, Mashhad, Iran; 3Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran

*Corresponding Author’s e-mail: ebrahimzadehZS@mums.ac.ir

Female genital cosmetic techniques (FGCTs), as a new treatment/enhancement technology, include a wide range of procedures, such as labiaplasty, G-spot enhancement, hymenoplasty, clitoral hood reduction, Vulval lipoplasty and energy-based vaginal procedures.1-3 Labiaplasty is the most common FGCTs and involves surgical reconstruction of the labia majora or minora and usually a reduction in the size of the labia minora.4 Clitoral hood reduction, which is often performed at the same time as labiaplasty, involves the removal of excess skin in the folds around the clitoris. G-spot augmentation involves injecting autologous fat or collagen into the G-spot area. However, scientific evidence has not proven the existence of this point. Lipoplasty of the vulva means removing fat from the mons pubis or augmentation of the vulva. Vaginal techniques such as perineoplasty and vaginoplasty are also often used to tighten the vagina. Surgical techniques and various energy sources like laser, radiofrequency, or ultrasound are used for this purpose.5

Available statistics indicate that the popularity and demand for FGCTs are expanding rapidly around the world in both developed and developing countries.6 According to the report of the International Society of Aesthetic Plastic Surgery (ISAPS), 138033 cases of labiaplasty were performed worldwide in 2016, an increase of 46% compared to 2015, and its growth rate is much
higher than that of other cosmetic surgeries. In 2020, during the Covid-19 pandemic, 13,697 labiaplasties were registered in the United States. Based on published statistics, the use of these techniques has also increased significantly in Brazil, South Korea and Iran. Between 2008 and 2012, 266 cases of labiaplasty were performed on girls under the age of 14 in the National Health Service (NHS) for unknown reasons. Therefore, The British Society for Pediatric and Adolescent Gynecology (BritSPAG), the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and the Royal College of Obstetricians and Gynecologists (RCOG) expressed concern about the increase in the number of genital cosmetic surgeries, especially among teenage girls.

The purpose of these procedures is considered to improve women’s genitalia appearance and sexual function. However, there is limited evidence about their effectiveness in improving women's performance and psychological status. The functional mechanism of most of these methods is unclear except surgical methods. In addition to, the studies conducted in this field suffer from short outcome data, poor measurement tools, lack of a control group and conflicts of interest arising from the financial gains of the providers of these services.

According to the BAPRAS, the surgery is also not without risks – some women have reported side effects such as severe discomfort and persistent problems with daily functioning. Adhesions, scarring, infection, dyspareunia, permanent deformity, changes in sexual sensation and psychosocial issues are among the complications that should be expressed in detail with women requesting these techniques.

Many physicians warned that cosmetic surgery violated ethical precepts about harming; however, social changes, media attention, and a shift in plastic surgery from a medical model to a commercial model have popularized cosmetic surgery. It has been suggested that the internet, media, provocative fashion advertising and consumerist culture, along with cultural trends in widespread vulvar shaving and waxing and showing the limited variety of the vulva in published images, lead to the demand for an ideal, barbie-like vulva. Women in the United States and Australia reported that their sources of learning about genital appearance were from their physicians, pornography, the internet, and school classes. Therefore, these resources have an important role in women's knowledge about genitalia and their feelings of satisfaction with their genitalia and subsequently request FGCTs.
Furthermore, numerous health professionals, including gynecologists/obstetricians, plastic surgeons, cosmetic surgeons, urologists, general practitioners and midwives, offer services related to FGCTs in different countries.20 Almost all centers and health providers who offer genital beautification services have websites, Instagram pages, blogs or other advertising media that they use for advertising, providing information, showing the satisfaction of clients and photos of the genitals before and after performing beautification techniques.6,18

In line with the expanding phenomenon of commercialized medicine and the marketing of health services, some providers do not provide real data in their advertisements.18 Most of these advertisements do not provide information about the potential complications of these techniques and the absence of evidence about the clinical effectiveness of these techniques.18,21 In these advertisements, FGCTs are introduced as safe, simple and high-efficiency methods.18 They label normal variants of the genitalia as abnormal with a confusing array of terms such as "labial hypertrophy".6,21 They also confuse and deceive searchers by using exaggerated, incorrect and unscientific terms such as "vaginal rejuvenation".1,21 They also consider the normal genital changes that may be associated with the normal aging process, pregnancy and natural childbirth as pathological.18

In addition, while studies have not found any relationship between labia size, parity, age, race and history of sexual activity, these factors are claimed as the cause of large labia minora in their promotional materials.22 They also claim that these procedures improve sexual function and self-image and prevent recurrent infections.6 In addition, it is worrying that industrial manufacturers sometimes deceptively marketed some proprietary devices as a proven treatment, such as vaginal radiofrequency or laser devices.23 Therefore, it is evident that marketing, heavy advertising and growing prosperity have a major contribution to popularizing these techniques.18,19

According to the literature, making decisions based on incorrect information leads to unfavorable results. Improper criteria and lack of attention to the real advantages and disadvantages of the available solutions also lead to deviation in decision making24. These issues can also exist in the decision-making process to use FGCTs25. In this regard, Walden et al found that the Internet is an important tool in the decision-making process for women considering breast augmentation. Deciding to perform FGCTs does not necessarily solve women's problems26. According to the literature, the desire to change the appearance of the genitals may be based on false assumptions about the natural dimensions of the body and false received information21.
The lack of supervision of the content presented in advertisements by government healthcare authorities is one of the reasons why FGCTs has become a business that is guided by market structures. While it seems possible to address this emerging problem through extensive policy-making and clinical guidelines at the national and local levels, only a few scattered recommendations have been made by some professional medical associations.\(^2,^3\)

In this regard, the American College of Obstetricians and Gynecologists (ACOG) stated that advertisements should be precise and not misleading and deceptive. In addition, this organization stated that changing the brand name of some surgeries to market genital beautification procedures is confusing.\(^1\) In a policy statement published in 2008 entitled "The Obstetrician's Role in Cosmetic Procedures," this organization states that if an obstetrician-gynecologist provides procedures that are commonly performed by other specialists, he or she must have an equivalent level of competency\(^27\). In addition, the RCOG and the ACOG recommend that women should be given detailed information about the natural variability of genital anatomy and that advertisements for female genital cosmetic surgery should not mislead women about the natural variations of genitalia.\(^1,^14\)

In criticizing the lack of codified regulation of genital plastic surgery, the Society of Plastic Surgeons states: "As part of our role in establishing professional standards, we would like to see stricter central regulation of the cosmetic surgery industry to crack down on anyone performing these unnecessary procedures and does not contribute to patient care".\(^13\) The organization calls for the banning of all advertising that has a persuasive role in routine genital beautification techniques.\(^13\) In addition, the American Medical Association emphasizes its opposition to advertising and acknowledges that medicine is not a business and that advertising undermines the professional dignity of the field and patient trust.\(^19\) However, many of these international recommendations and statements will not be required to be implemented until they are included in the codified policies and guidelines of a country or state by regional health legislators.

Based on the literature and findings related to the reasons for the increasing popularity of these procedures, it seems that some matters should be included in the national guidelines of each country.\(^2\) For example, it is important to avoid inducing demand for these services at all levels of the health system. For this purpose, health workers should commit to informing women about the naturalness of genital diversity, possible side effects of treatments, the possibility of treatment
failure and the lack of reliable evidence about the effects and long-term benefits and harms of these procedures at all levels.\textsuperscript{2,20,28} In the support of this point, Michala et al. acknowledged that defining normative pelvic anatomy and female genital appearance, educating about genitalia diversity, and disclosing the limited scientific evidence of FGCTs are essential steps to protect ethical medical practices.\textsuperscript{20} Therefore, for this purpose and based on the available evidence it is essential that health professionals and clinicians increase their knowledge and confidence to educate and support girls and women.\textsuperscript{12}

On the other hand, it is important to mention that while some referrals to higher levels may have been made in the hope that specialists would convince women that they were normal and dissuade them from surgery, based on studies, immediate uncertainty and referral to a specialist may be interpreted as evidence of the need for surgery by women.\textsuperscript{21}

In addition, in these guidelines, the necessity of psychological screening and referral of women to a psychologist or psychiatrist should be considered in cases of possible mental problems such as body image distress.\textsuperscript{1,14} This is because cosmetic surgery not only does not solve the problem of women with mental disorders, especially body dysmorphic disorder, but may also lead to a worsening of their outcomes.\textsuperscript{28}

In addition, given that labial growth and development are part of the puberty process and may last until early adulthood, if there is no identifiable disease, labiaplasty should not be performed on girls under 18 years of age.\textsuperscript{12} This is because when a girl undergoes labiaplasty at a younger age, the number of procedures over her lifetime increases, and the risk of scarring and loss of sensation increases.\textsuperscript{12}

In addition, the way to advertise the services provided in this field should be considered in the ethical guidelines of governments and societies. The first step is the prevention of marketing blandishments by banning the inclusion of false, unscientific and misleading information in the advertisement.\textsuperscript{29}

The mentioned items were only a limited number of recommendations taken from the limited studies available in this field, which are recommended for health policymakers to consider in designing national and local guidelines. It is recommended to understand the current culture of each region and conduct field-based studies to design successful guidelines\textsuperscript{30}. In addition to
developing guidelines, it is recommended to conduct multidisciplinary and evidence-based studies without conflicts of interest in funding to investigate the complications and short-term and long-term consequences of these techniques.

**Conclusion**

Taken together, this paper emphasizes the importance of policy-making and developing codified guidelines for how to present and promote female genital cosmetic procedures. To gain a fuller understanding of other dimensions related to monitoring the provision of these services, health politicians must pay attention to this health cultural problem and hold multidisciplinary meetings. It is hoped that basic steps can be taken to solve this problem by using the results of these meetings and the high-quality research done in this field, along with the points mentioned above.

**Author Contributions**

EA and SEZ conceptualized and drafted of the manuscript. EA and NJS contributed to the literature review. SEZ performed a critical review. All authors approved the final version of the manuscript.

**References:**


