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

9 *An argumentation*

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17
18 Female genital cosmetic techniques (FGCTs), as a new treatment/enhancement technology,
19 include a wide range of procedures, such as labiaplasty, G-spot enhancement, hymenoplasty,
20 clitoral hood reduction, Vulval lipoplasty and energy-based vaginal procedures.¹⁻³ Labiaplasty is
21 the most common FGCTs and involves surgical reconstruction of the labia majora or minora and
22 usually a reduction in the size of the labia minora.⁴ Clitoral hood reduction, which is often
23 performed at the same time as labiaplasty, involves the removal of excess skin in the folds
24 around the clitoris. G-spot augmentation involves injecting autologous fat or collagen into the G-
25 spot area. However, scientific evidence has not proven the existence of this point. Lipoplasty of
26 the vulva means removing fat from the mons pubis or augmentation of the vulva. Vaginal
27 techniques such as perineoplasty and vaginoplasty are also often used to tighten the vagina.
28 Surgical techniques and various energy sources like laser, radiofrequency, or ultrasound are used
29 for this purpose.⁵

30
31 Available statistics indicate that the popularity and demand for FGCTs are expanding rapidly
32 around the world in both developed and developing countries.⁶ According to the report of the
33 International Society of Aesthetic Plastic Surgery (ISAPS), 138033 cases of labiaplasty were

34 performed worldwide in 2016, an increase of 46% compared to 2015, and its growth rate is much
35 higher than that of other cosmetic surgeries.⁷ In 2020, during the Covid-19 pandemic, 13,697
36 labiaplasties were registered in the United States⁸. Based on published statistics, the use of these
37 techniques has also increased significantly in Brazil, South Korea and Iran⁹⁻¹⁰. Between 2008 and
38 2012, 266 cases of labiaplasty were performed on girls under the age of 14 in the National Health
39 Service (NHS) for unknown reasons.¹¹ Therefore, The British Society for Pediatric and
40 Adolescent Gynecology (BritSPAG), the British Association of Plastic, Reconstructive and
41 Aesthetic Surgeons (BAPRAS) and the Royal College of Obstetricians and Gynecologists
42 (RCOG) expressed concern about the increase in the number of genital cosmetic surgeries,
43 especially among teenage girls.¹¹⁻¹⁴

44
45 The purpose of these procedures is considered to improve women's genitalia appearance and
46 sexual function. However, there is limited evidence about their effectiveness in improving
47 women's performance and psychological status.³ The functional mechanism of most of these
48 methods is unclear except surgical methods¹. In addition to, the studies conducted in this field
49 suffer from short outcome data, poor measurement tools, lack of a control group and conflicts of
50 interest arising from the financial gains of the providers of these services.¹⁵

51
52 According to the BAPRAS, the surgery is also not without risks – some women have reported
53 side effects such as severe discomfort and persistent problems with daily functioning.¹³
54 Adhesions, scarring, infection, dyspareunia, permanent deformity, changes in sexual sensation
55 and psychosocial issues are among the complications that should be expressed in detail with
56 women requesting these techniques.^{2,3}

57
58 Many physicians warned that cosmetic surgery violated ethical precepts about harming; however,
59 social changes, media attention, and a shift in plastic surgery from a medical model to a
60 commercial model have popularized cosmetic surgery.¹⁶ It has been suggested that the internet,
61 media, provocative fashion advertising and consumerist culture, along with cultural trends in
62 widespread vulvar shaving and waxing and showing the limited variety of the vulva in published
63 images, lead to the demand for an ideal, barbie-like vulva.¹⁷⁻¹⁹ Women in the United States and
64 Australia reported that their sources of learning about genital appearance were from their
65 physicians, pornography, the internet, and school classes.^{17,18} Therefore, these resources have an
66 important role in women's knowledge about genitalia and their feelings of satisfaction with their
67 genitalia and subsequently request FGCTs.⁶

68

69 Furthermore, numerous health professionals, including gynecologists/obstetricians, plastic
70 surgeons, cosmetic surgeons, urologists, general practitioners and midwives, offer services
71 related to FGCTs in different countries.²⁰ Almost all centers and health providers who offer
72 genital beautification services have websites, Instagram pages, blogs or other advertising media
73 that they use for advertising, providing information, showing the satisfaction of clients and
74 photos of the genitals before and after performing beautification techniques.^{6,18}

75

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

86

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

94

95 According to the literature, making decisions based on incorrect information leads to unfavorable
96 results. Improper criteria and lack of attention to the real advantages and disadvantages of the
97 available solutions also lead to deviation in decision making²⁴. These issues can also exist in the
98 decision-making process to use FGCTs²⁵. In this regard, Walden et al found that the Internet is an
99 important tool in the decision-making process for women considering breast augmentation.

100 Deciding to perform FGCTs does not necessarily solve women's problems²⁶. According to the

101 literature, the desire to change the appearance of the genitals may be based on false assumptions
102 about the natural dimensions of the body and false received information²¹.

103

104 The lack of supervision of the content presented in advertisements by government healthcare
105 authorities is one of the reasons why FGCTs has become a business that is guided by market
106 structures. While it seems possible to address this emerging problem through extensive policy-
107 making and clinical guidelines at the national and local levels, only a few scattered
108 recommendations have been made by some professional medical associations.^{2,3}

109

110 In this regard, the American College of Obstetricians and Gynecologists (ACOG) stated that
111 advertisements should be precise and not misleading and deceptive. In addition, this organization
112 stated that changing the brand name of some surgeries to market genital beautification
113 procedures is confusing.¹ In a policy statement published in 2008 entitled "The Obstetrician's
114 Role in Cosmetic Procedures," this organization states that if an obstetrician-gynecologist
115 provides procedures that are commonly performed by other specialists, he or she must have an
116 equivalent level of competency²⁷. In addition, the RCOG and the ACOG recommend that women
117 should be given detailed information about the natural variability of genital anatomy and that
118 advertisements for female genital cosmetic surgery should not mislead women about the natural
119 variations of genitalia.^{1,14}

120

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

131

132 Based on the literature and findings related to the reasons for the increasing popularity of these
133 procedures, it seems that some matters should be included in the national guidelines of each
134 country.² For example, it is important to avoid inducing demand for these services at all levels of

135 the health system. For this purpose, health workers should commit to informing women about the
136 naturalness of genital diversity, possible side effects of treatments, the possibility of treatment
137 failure and the lack of reliable evidence about the effects and long-term benefits and harms of
138 these procedures at all levels.^{2,20,28} In the support of this point, Michala et al. acknowledged that
139 defining normative pelvic anatomy and female genital appearance, educating about genitalia
140 diversity, and disclosing the limited scientific evidence of FGCTs are essential steps to protect
141 ethical medical practices.²⁰ Therefore, for this purpose and based on the available evidence it is
142 essential that health professionals and clinicians increase their knowledge and confidence to
143 educate and support girls and women.¹²

144
145 On the other hand, it is important to mention that while some referrals to higher levels may have
146 been made in the hope that specialists would convince women that they were normal and
147 dissuade them from surgery, based on studies, immediate uncertainty and referral to a specialist
148 may be interpreted as evidence of the need for surgery by women.²¹

149
150 In addition, in these guidelines, the necessity of psychological screening and referral of women to
151 a psychologist or psychiatrist should be considered in cases of possible mental problems such as
152 body image distress.^{1,14} This is because cosmetic surgery not only does not solve the problem of
153 women with mental disorders, especially body dysmorphic disorder, but may also lead to a
154 worsening of their outcomes.²⁸

155
156 In addition, given that labial growth and development are part of the puberty process and may
157 last until early adulthood, if there is no identifiable disease, labiaplasty should not be performed
158 on girls under 18 years of age.¹² This is because when a girl undergoes labiaplasty at a younger
159 age, the number of procedures over her lifetime increases, and the risk of scarring and loss of
160 sensation increases.¹²

161
162 In addition, the way to advertise the services provided in this field should be considered in the
163 ethical guidelines of governments and societies. The first step is the prevention of marketing
164 blandishments by banning the inclusion of false, unscientific and misleading information in the
165 advertisement.²⁹

166
167 The mentioned items were only a limited number of recommendations taken from the limited
168 studies available in this field, which are recommended for health policymakers to consider in

169 designing national and local guidelines. It is recommended to understand the current culture of
170 each region and conduct field-based studies to design successful guidelines³⁰. In addition to
171 developing guidelines, it is recommended to conduct multidisciplinary and evidence-based
172 studies without conflicts of interest in funding to investigate the complications and short-term
173 and long-term consequences of these techniques.

174

175 **Conclusion**

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

183

184 **Author Contributions**

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

188

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