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EDITORIAL

Unbridled Advertising of Female Cosmetic Genitoplasty Procedures in the Absence of Health Policymaking in the World

An argumentation

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Female genital cosmetic techniques (FGCTs) represent a relatively new form of medical treatment and enhancement, encompassing a broad range of procedures such as labiaplasty, G-spot enhancement, hymenoplasty, clitoral hood reduction, vulval lipoplasty and energy-based vaginal interventions.[1–3] Among these, labiaplasty is the most prevalent, involving the surgical modification of the labia majora or minora, typically resulting in a reduction in the size of the labia minora.[4] Clitoral hood reduction, which is often performed concurrently with labiaplasty, entails the removal of excess skin around the clitoral folds. G-spot augmentation, which lacks scientific validation for the G-spot's existence, involves injecting autologous fat or collagen into the supposed G-spot area. Vulval lipoplasty refers to fat removal from the mons pubis or augmentation of the vulva. Procedures such as perineoplasty and vaginoplasty are also utilised to increase vaginal tightness, using surgical techniques or energy-based modalities like laser, radiofrequency, or ultrasound.[5]

Statistics indicate a rapidly growing popularity and demand for FGCTs globally, across both developed and developing nations.[6] According to the International Society of Aesthetic Plastic Surgery, 138,033 labiaplasties were performed worldwide in 2016, reflecting a 46% increase compared to 2015, and the growth rate for these procedures significantly surpasses that of other cosmetic surgeries.[7] In 2020, during the COVID-19 pandemic, 13,697 labiaplasties were registered in USA.[8] The usage of these procedures has also notably increased in countries such as Brazil, South Korea and Iran.[9,10] Between 2008 and 2012, 266 cases of labiaplasty were conducted on girls under 14 years of age within the UK's National Health Service for unspecified reasons.[11] This trend has prompted concern from several professional organisations, including the British Society for Paediatric and Adolescent Gynaecology, the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and the Royal College of Obstetricians and Gynaecologists (RCOG), particularly regarding the rise in cosmetic genital surgeries among adolescent girls.[11–14]

The intended purpose of FGCTs is often cited as enhancing the appearance of female genitalia and improving sexual function. However, there remains limited evidence regarding their efficacy in enhancing functional outcomes or psychological well-being.[3] For most of these techniques, the underlying mechanism remains unclear, except for surgical procedures.[1] Moreover, existing studies are hampered by inadequate long-term outcome data, substandard measurement tools, lack of control groups and conflicts of interest stemming from the financial motivations of service providers.[15]

BAPRAS has highlighted the risks associated with these surgeries, with some women reporting significant adverse effects, including persistent discomfort and impairment in daily functioning.[13] Potential complications such as adhesions, scarring, infection, dyspareunia, permanent deformities, altered sexual sensation and psychosocial issues must be clearly communicated to women seeking these procedures.[2,3]

Many healthcare professionals have cautioned that cosmetic surgery contravenes ethical principles regarding the potential for harm; however, societal changes, media influence and a shift from a medical to a commercial model in plastic surgery have normalised cosmetic interventions.[16] Factors such as the internet, media, provocative fashion advertising, consumer culture, as well as cultural trends towards widespread vulvar shaving and waxing, combined with the narrow depiction of vulvar aesthetics in published images, have contributed to the demand for an 'ideal' Barbie-like vulva.[17–19] Women in the USA and Australia have reported learning about genital appearance from sources including healthcare professionals, pornography, the internet and formal education.[17,18] Consequently, these sources play a significant role in shaping women's perceptions of genital aesthetics, influencing both their satisfaction and their likelihood of seeking FGCTs.[6]

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In addition, various healthcare professionals—including gynaecologists, plastic surgeons, cosmetic surgeons, urologists, general practitioners and midwives—provide FGCT-related services across different countries.[20] The vast majority of clinics and healthcare providers offering genital enhancement procedures utilise websites, social media platforms (e.g.) Instagram, blogs and other advertising media to promote their services, provide information, display client satisfaction and showcase before-and-after images.[6,18]

As part of the expanding trend of commercialised healthcare and marketing of medical services, some providers present misleading information in their advertisements.[18] These advertisements frequently omit details regarding potential complications and the lack of evidence supporting the clinical effectiveness of FGCTs.[18,21] FGCTs are often portrayed as safe, straightforward and highly effective interventions.[18] Advertisements frequently categorise normal genital variations as abnormalities, using ambiguous terms such as "labial hypertrophy".[6,21] Furthermore, they confuse and mislead consumers with exaggerated, erroneous and unscientific language such as "vaginal rejuvenation".[1,21] They also consider normal genital changes associated with aging, pregnancy and childbirth as pathological.[18]

Despite studies demonstrating no correlation between labial size and factors such as parity, age, race or sexual activity, promotional materials often attribute these as causes of enlarged labia minora.[22] Advertisements also claim that these procedures enhance sexual function, improve body image and prevent recurrent infections.[6] Moreover, it is worrying that industrial manufacturers sometimes deceptively market some proprietary devices as a proven treatment, such as vaginal radiofrequency or laser devices.[23] It is therefore apparent that marketing, aggressive advertising and increasing consumer affluence have significantly contributed to the growing popularity of these procedures.[18,19]

The literature indicates that decision-making based on inaccurate information often leads to unfavourable outcomes. Using improper criteria and neglecting to adequately consider the true advantages and disadvantages of available options can also result in poor decision-making.[24] These challenges are also relevant in the decision-making process for undergoing FGCTs.[25] Walden *et al.* found that the internet plats a significant role in the decision-making process for women considering breast augmentation. However, opting for FGCTs does not necessarily address women's concerns.[26] The desire to alter genital appearance is frequently rooted in misconceptions about the natural dimensions of the body, driven by misinformation.[21]

The lack of regulatory oversight by governmental healthcare authorities regarding the content of advertisements is one reason why FGCTs have become a commercialised enterprise governed by market dynamics. While this emerging issue could be addressed through comprehensive policymaking and clinical guidelines at national and local levels, only a few scattered recommendations have been made by professional medical associations.[2,3]

The American College of Obstetricians and Gynecologists (ACOG) has stated that advertisements must be accurate, avoiding misleading or deceptive information. Furthermore, ACOG criticised the practice of rebranding surgeries to market genital enhancement procedures, labelling it as misleading.[1] In its 2008 policy statement entitled "The Obstetrician's Role in Cosmetic Procedures,", ACOG emphasised that if an obstetrician-gynaecologist offering procedures typically performed by other specialists must possess equivalent competency.[27] Additionally, both the RCOG and the ACOG advocate for providing women with comprehensive information regarding the natural variability of genital anatomy, emphasising that advertisements should not mislead women about normal anatomical differences.[1,14]

The Society of Plastic Surgeons, in criticising the lack of formal regulation of genital plastic surgery, stated: "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 organisation also calls for a ban on all advertising intended to persuade individuals toward routine genital enhancement procedures.[13] Moreover, the American Medical Association has expressed opposition to advertising in this context and acknowledged that medicine is not a business and that such advertising undermines both the professional dignity of the field and patient trust.[19] However, many of these international recommendations and statements are unlikely to be enforced until they are formalised into codified policies and guidelines by regional health legislators.

Based on the literature and the factors contributing to the rising popularity of these procedures, several key elements should be incorporated into national guidelines for each country.[2] For instance, it is vital to avoid creating demand for these services at all levels of the healthcare system. Healthcare professionals should commit to educating women about the natural diversity of genital anatomy, the possible side-effects

of treatments, the potential for treatment failure and the lack of robust evidence regarding the long-term benefits and harms of these procedures.[2,20,28] Supporting this view, Michala *et al.* highlighted that defining normative pelvic anatomy and female genital appearance, educating about genital diversity and disclosing the limited scientific evidence related to FGCTs are essential steps in safeguarding ethical medical practices.[20] Therefore, based on the available evidence, it is crucial that healthcare professionals improve their knowledge and confidence to better educate and support girls and women.[12]

It is also important to note that, while some referrals to specialists may be intended to reassure women that their anatomy is normal and dissuade them from undergoing surgery, studies have shown that such referrals can sometimes be interpreted as validation of the women's perceived need for surgery.[21]

Furthermore, national guidelines should include the need for psychological screening and referral to a psychologist or psychiatrist for women experiencing mental health issues, such as body image distress.[1,14] Cosmetic surgery often fails to address the underlying issues in women with mental health disorders, particularly body dysmorphic disorder, and may even exacerbate their condition.[28]

Additionally, considering that labial growth and development are part of the puberty process, which can extend into early adulthood, labiaplasty should not be performed on individuals under the age of 18 unless a medical condition is present.[12] Undergoing labiaplasty at a young age increases the likelihood of needing additional procedures throughout one's life, as well as the risk of scarring and loss of sensation.[12]

The manner in which these services are advertised should be addressed in the ethical guidelines established by governments and societies. A crucial first step is to prohibit misleading marketing practices by banning the use of false, unscientific and deceptive information in advertisements.[29]

The recommendations provided here represent only a limited number of suggestions based on the available literature, which healthcare policymakers should consider when formulating national and local guidelines. It is essential to understand the cultural context of each region and to conduct field-based studies to design effective guidelines.[30] In addition to creating guidelines, conducting multidisciplinary and evidence-based studies—free of conflict of interest in funding—is recommended to evaluate the complications and both short-term and long-term effects of these techniques.

Conclusion

This article underscores the need for policymaking and the development of comprehensive guidelines for the presentation and promotion of female genital cosmetic procedures. To better understand various aspects of regulating these services, health policymakers should recognise this as a cultural health issue and convene multidisciplinary discussions. By utilising the outcomes of these discussions, alongside high-quality research and the aforementioned recommendations, it is hoped that fundamental steps can be taken to address this issue.

AUTHORS' CONTRIBUTIONS

EA and SEZ conceptualised 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.

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