

Anatomy of the Vulva and the Female Sexual Response



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KEYWORDS

• Vulva • Clitoris • Anatomy • Female sexual pleasure • G-Spot • Arousal • Orgasm

KEY POINTS

- The vulva is a complicated anatomic structure intricately involved in the female sexual response cycle.
- The structures extend inferiorly from the pubic arch and include the mons pubis, labia majora, labia minora, vestibule, and clitoris.
- The clitoris is widely accepted as the most critical anatomic structure to female sexual arousal and orgasm.
- The female sexual response cycle is very complex, requiring emotional and mental stimulation in addition to end organ stimulation.
- With the increase of cosmetic procedures to alter the vulva, obstetricians and gynecologists are the experts in vulvar anatomy and function.

INTRODUCTION

The female vulva is an elaborate organ. Comprising several components, the vulvar structures act synergistically with mental well-being to enhance sexual response. Recent advancements in characterizing this intricate anatomy using both cadaveric dissection and MRI have furthered our knowledge. Nevertheless, the interplay of each part and their physiologic significance remain controversial.

Alongside these scientific advancements has been mounting interest regarding genital appearance. Complete pubic hair removal is widespread,¹ and labial photos and pornography are pervasive due to ease of Internet navigation.^{2,3} Among Western cultures, studies have reported that nonprotruding and symmetric labia minora are perceived as normal for most men and women.^{1,4} Resultant societal pressure to fit a particular physical ideal can harm female confidence and lower body image.

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Mirroring this heightened scrutiny, cosmetic procedures to alter the vulva are on the rise. In fact, labiaplasty procedures in the United States increased 49% from 2013 to 2014; the second largest growth of a single surgical procedure over that period.⁵ Furthermore, labiaplasty is only one of many procedures that are categorized as female genital cosmetic surgery, alongside vaginoplasty, perineoplasty, clitoral hood reduction, labial augmentation, and G-Spot amplification. Notably, more than half of US cosmetic surgeons now offer labiaplasty.⁶

Nevertheless, the providers with the most knowledge of the female anatomy and physiology remain the obstetricians/gynecologists. Surgical procedures may be harmful or unnecessary. Thus, the onus is on the obstetricians/gynecologists' field to remain the experts on counseling women about their bodies, sexual function, and appropriate options.⁷

VULVA

The structures that comprise the vulva extend inferiorly from the pubic arch and can be divided into nonerectile and erectile parts. Nonerectile parts include the mons pubis, labia majora, and vestibule of the vagina. Erectile parts include labia minora, clitoris, and clitoral bulbs (Fig. 1). The clitoris is of paramount importance and is discussed separately from the other structures.

Mons

The mons pubis is an inverted triangular area of fatty tissue covered with hair-bearing skin overlying the anterior aspect of the pubic bone. It extends from the glans clitoris inferiorly to the pubic hairline (the base of this triangle). The primary composition of the mons pubis is adipose tissue overlying fascia, which is a continuation of the Camper and Scarpa fascia from the anterior abdominal wall. The average length of the base is reported as 16 cm, and the average height of the triangle is 13 cm.^{8,9}

Labia Majora

The labia majora (labium, singular) are prominent paired cutaneous lateral folds of hair-bearing skin and adipose tissue that extend inferiorly from the mons pubis and merge

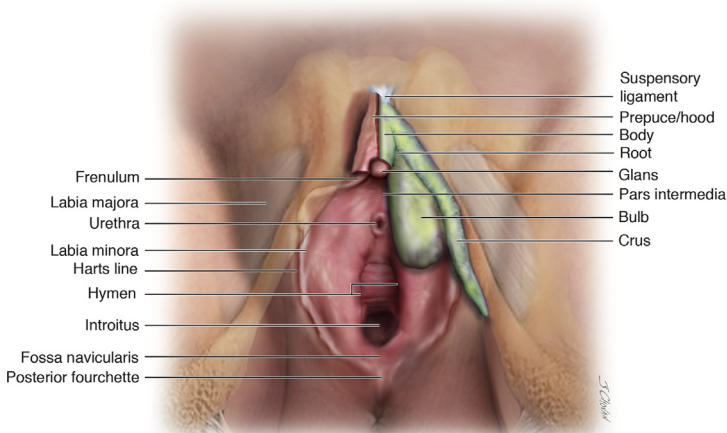


Fig. 1. Female vulva and clitoris. (Adapted from Pauls RN. Anatomy of the clitoris and the female sexual response. Clin Anat 2015;28(3):377; with permission.)

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