

ORIGINAL RESEARCH—EPIDEMIOLOGY

Physicians' Attitude toward Female Genital Plastic Surgery: A Multinational Survey

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ABSTRACT

Introduction. The demand for female genital plastic surgery (FGPS) has increased over the last few decades. Yet, to date, there are no objective explicit measurements to define “abnormal” appearance of genital organs. Using the results of this study, we aimed to produce a statement of the European Society for Sexual Medicine (ESSM) on FGPS practice.

Aims. To evaluate the prevalence of demand for FGPS and to explore the attitudes of sexual medicine specialists toward indications for FGPS.

Methods. Attendees of the 2012 Annual Congress of the ESSM in Amsterdam, the Netherlands, were asked to participate in a survey during the congress.

Main Outcome Measure. A 25-item self-report, closed-question questionnaire subdivided into three sections: sociodemographic data, professional background, and personal attitudes toward FGPS.

Results. Overall, a total of 360 physicians (mean age 48 years; range 23–72) from different medical disciplines completed the survey. There were diverse responses among participants regarding the definition of abnormal labial appearance and the techniques for labial reduction they perform. Overall, 65% responded that FGPS is frequently or occasionally demanded by the patients they treat. Likewise, most physicians (63%) reported that they never perform FGPS. Conversely, only 14% reported that they either frequently or occasionally perform FGPS. Almost one-third of participants believe that FGPS (labial surgery) improves sexual function. Fifty-two percent of participants answered that they believe that self image is the main reason for women to ask for labial surgery.

Conclusions. Self-image was regarded as the main factor in the demand for FGPS. Many practitioners in the field of sexual medicine recommend that women be referred for consultation with a psychiatrist or psychologist before undergoing FGPS. **Lowenstein L, Salonia A, Shechter A, Porst H, Burri A, and Reisman Y. Physicians' attitude toward female genital plastic surgery—A multinational survey. J Sex Med 2014;11:33–39.**

Key Words. Cosmetic Surgery; Female Genital Plastic Surgery; Labial Plastic Surgery; Self-Image; Survey

Introduction

Female genital plastic surgery (FGPS) includes a range of procedures that aim to change cosmetic or functional aspects of women's external genitalia. FGPS includes labia minora reductions, vaginal tightening (“rejuvenation”), labia majora “augmentations,” pubic liposuction (mons pubis,

labia majora), clitoral hood reductions, hymen “reconstruction,” perineum “rejuvenation,” and “G-spot amplification.” Since Hodgkinson and Hait reported in 1984 on cosmetic labiaplasty procedures [1], the number of women seeking labiaplasty and vaginal rejuvenation has increased. Based on data collected and published by the British National Health Service (NHS), the

number of labiaplasty operations performed in the UK increased threefold over the course of one decade (from less than 400 between 1998 and 1999 to nearly 1,200 between 2007 and 2008) [2]. A similar trend was observed in the United States; data from the American Society of Plastic Surgeons (ASPS) showed a 30% increase (specifically, from 793 to 1,030) in “vaginal rejuvenation” surgeries between 2005 and 2006 [3]. These figures probably underestimate the magnitude of the phenomenon, as records from gynecologists and urologists were not included in the surveys, and neither were data from private clinics and hospitals.

In 2007, the American College of Obstetrics and Gynecology published a committee opinion regarding vaginal “rejuvenation” and cosmetic vaginal procedures. The members of the committee expressed their concerns with the increasing number of physicians offering cosmetic surgery to women without clear medical indication and the lack of data-based evidence regarding the safety and effectiveness of such procedures [4].

A retrospective study by Miklos and Moore reported that 37% of women who decided to undergo labia reduction surgery did so for exclusively aesthetic reasons, another third did so because of functional impairment, and the rest for a combination of functional and aesthetic reasons [5].

There are currently no explicit criteria defining “abnormal” protrusion of the labia minora. A number of authors have focused on defining “hypertrophic” labia minora—usually based on arbitrary criteria without apparent biological basis in evidence. The definition varies substantially, with some researchers giving 5 cm or more from the base to the tip [6,7] and others suggesting 4 cm [8,9]. Some have provided more detailed classifications, such as de Alencar Felicio’s list of four types (type I, <2 cm; type II, 2–4 cm; type III, 4–6 cm; type IV, >6 cm) [10] or Hodgkinson and Hait’s more simplified classification system (“lacking true hypertrophy,” <2 cm; “moderate hypertrophy,” 2–3 cm; and “severe hypertrophy,” 4 cm) [1]. Pardo et al. proposed an even simpler definition, defining labia minora of <2 cm as “normal size,” thus implying that anything larger should be considered abnormal [11]. Based on the great variability of the definition of labial abnormality in the literature, Likes et al. concluded that “the definition itself of labial hypertrophy lacks scientific evidence” [12].

While the term “enlargement” indicates a state beyond normal, the term may apply to normal

variation. The great differences in definitions of normal labial size pose a challenge for both patients and surgeons who need to decide whether and how to treat and their goals for surgery.

This study presents the responses to a self-report survey that was distributed to all attendees of the annual congress of the European Society for Sexual Medicine (ESSM) in Amsterdam, the Netherlands, in December 2012.

Aims

The survey aimed to reveal the attitudes of specialists in the field of sexual medicine regarding criteria and indications for FGPS, definitions of abnormal genital appearance, and the type of preparation (e.g., psychological support) needed for patients who are candidates for FGPS. Using the results of this study, we aimed to produce a statement of the ESSM on FGPS practice.

Methods

Participants at the 2012 ESSM Annual Congress in Amsterdam, the Netherlands, were invited to anonymously complete a self-report questionnaire comprising 25 closed questions (Supporting Information Appendix 1).

The survey included a short introduction asking participants to complete the questionnaires regarding their attitudes toward female genital cosmetic/plastic surgery. It was stated that from the findings of the survey the researchers hoped to develop an ESSM statement regarding this compelling matter.

Main Outcome Measures

The survey consisted of three sections: The first assessed sociodemographic characteristics of the respondents; the second consisted of four Likert-scale items inquiring about professional background; the third consisted of 18 Likert-scale items to assess the participants’ personal attitudes toward FGPS (Supporting Information Appendix 1).

Statistical Analyses

Differences in proportions between independent respondent groups for categorical variables were assessed using Pearson’s χ^2 test. All statistical tests were performed using SPSS v. 18 (IBM Corp.,

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