

ORIGINAL RESEARCH—SURGERY

Effects of Abdominoplasty on Female Sexuality: A Pilot Study

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ABSTRACT

Introduction. Changes in the pubic region resulting from abdominoplasty may have a psychosexual impact. Thus, it is important to study the influence of physical changes on the sexuality of patients after abdominoplasty.

Aim. To evaluate the effects of the elevation of the mons pubis and consequent exposure of the clitoris in the vulvar commissure on the sexual functioning and sexual satisfaction of women who underwent abdominoplasty.

Methods. Data were presented as mean $\pm$ standard deviation. Nineteen women with a mean age of 35 ± 7 years, mean body mass index of 23 ± 2 kg/m² and who expressed a desire to undergo abdominoplasty were selected from consecutive patients attending the abdominal plastic surgery outpatient unit of a university hospital.

Main Outcome Measures. Physical change (measured by the distance between the xiphoid process and vulvar commissure [xipho-vc]), sexual functioning, and sexual satisfaction (assessed with the Sexuality Assessment Scale), and body image (measured using the Body Shape Questionnaire [BSQ]) were evaluated preoperatively and 6 months after abdominoplasty.

Results. There was a significant reduction ($P = 0.0004$; $z = -3.53$) in the xipho-vc distance 6 months after abdominoplasty compared with baseline (mean difference 3.63 ± 2.79 cm), corresponding to an elevation of the mons pubis and consequent exposure of the clitoris. All patients reported a significant improvement in sexual functioning and sexual satisfaction 6 months after abdominoplasty when compared with baseline ($P = 0.0001$; $z = -3.83$). BSQ scores indicated an improvement in the patients' concerns about body shape ($P = 0.0003$; $z = -3.58$).

Conclusion. Our results suggest that physical change and the new position of the clitoris may have a positive impact on sexuality. **de Brito MJA, Nahas FX, Bussolaro RA, Shinmyo LM, Barbosa MVJ, and Ferreira LM. Effects of abdominoplasty on female sexuality: A pilot study. J Sex Med 2012;9:918–926.**

Key Words. Plastic Surgery; Abdomen; Genital Self-Image; Genitalia; Female; Clitoris; Sexuality; Sexual Behavior

Introduction

Sexuality can be expressed through appearance, behavior, and interpersonal relationships [1–3]. The appearance of the genitalia plays an important role in the expression of female sexuality and may affect sexual activity, indicating a relationship between aesthetic and psychosexual issues [2,4]. The perception of the female genitalia and its sexual function has been influenced by cultural aesthetic standards and ideals [5,6].

Although aesthetic surgery of the female genitalia is common practice [7–10], this procedure is now viewed under a new light based on the patients' desire for changes, improvement, or rejuvenation of this intimate part of the female body, which may influence genital self-image and sexual function. However, this desire for changes may be associated with a distorted perception of genital image and sexuality itself [3,5]. Sociocultural aspects emphasizing youth and physical fitness may interfere with self-image and sexual behavior [2,7,11,12].

Moreover, some women expect to think and feel about their body in a different way after cosmetic surgery. They also expect to experience a reduction in feelings and emotions associated with different levels of embarrassment, with consequent behavioral changes and improvement in sexuality [1,2,13].

Several issues concerning cosmetic surgery are still under discussion. The indication for cosmetic surgery must take into account cultural standards, beauty ideals, mental disorders such as body dysmorphic disorder [14], and surgical technique, which may lead to discussions of medical ethics. It is important to determine whether the patient's desire for plastic surgery is due to social pressure (repression) or to the patient's own volition (expression) [15]. Controversy also exists regarding the concepts and limits used to differentiate between aesthetic and reconstructive surgery [16].

Abdominoplasty is a procedure frequently performed in cosmetic surgery to improve body contour after pregnancy or major weight loss. It consists in the resection of excess skin and infraumbilical fat, and treatment of the anterior abdominal wall muscles. This surgery treats the aesthetic units of the abdomen, namely, the epigastrium, lower abdomen, flanks, and mons pubis [17–19]. Among these, the mons pubis is the aesthetic unit most commonly associated with sexuality. Changes in this part of the body, resulting from surgical procedures, may have a psychosexual impact [20]. Therefore, the hypothesis of this study was that changes in the position of the clitoris resulting from abdominoplasty may improve sexual functioning and sexual satisfaction.

Because of the lack of studies on this subjective matter, the aims of this study were to evaluate the effects of mons pubis lift and consequent exposure of the clitoris in the vulvar commissure on sexuality, and to investigate postoperative change in sexual functioning, sexual satisfaction, and body image compared with baseline in women who underwent abdominoplasty.

Methods

The present study was approved by the Research Ethics Committee of the Universidade Federal de São Paulo (UNIFESP), Brazil, under the process number CEP 1153/05 and carried out in accordance with the ethical standards laid down in the Helsinki Declaration of 1975, as revised in 1983. The manuscript also conforms to the Journal of Sexual Medicine Publication Ethics Policy.

Table 1 Demographic characteristics of the women who underwent abdominoplasty (N = 19)

Variables	N (%)
Mean age ($\pm$ SD) (years)	35 ($\pm$ 7)
Education	
Less than high school	7 (36.84)
High school	8 (42.11)
College	4 (21.05)
Race/ethnicity	
African-Brazilian	4 (21.05)
Asian-Brazilian	1 (5.26)
Caucasian	14 (73.68)
Number of pregnancies	
1	3 (15.79)
2	9 (47.37)
3	3 (15.78)
4	4 (21.05)
Marital status	
Single	3 (15.79)
Married	14 (73.68)
Divorced	2 (10.53)

SD = standard deviation

Written informed consent was obtained from all participants prior to their inclusion in the study and anonymity was assured.

This study was conducted between January 2004 and December 2006. The participants were selected from consecutive patients who attended the Abdominal Plastic Surgery Outpatient Unit of the São Paulo Hospital, UNIFESP.

The sample consisted of 19 women with a mean $\pm$ standard deviation (SD) age of 35 ± 7 years and mean $\pm$ SD body mass index (BMI) of 23 ± 2 kg/m², who had been pregnant at least once, were sexually active, and expressed a desire to undergo abdominoplasty (Table 1).

Patients with abdominal deformities types III/A, according to the classification of Nahas [17,21], were included in this study. Those with type III deformities have an excess of skin that allows the resection of skin and subcutaneous tissue between the umbilicus and pubic region. Patients with type A deformities display diastasis recti secondary to pregnancy, which can be corrected by plication of the anterior rectus sheath.

Patients who were illiterate and those who complained of sexual dysfunction were under psychiatric medication, and/or patients who were diagnosed with body dysmorphic disorder were excluded from the sample. Women with sexual dysfunction were excluded because this condition would likely contribute to heterogeneity of results, especially in a small-sample study. Sexual dysfunction may be a symptom of a somatoform disorder, such as body dysmorphic disorder, and therefore a variable that could interfere with the objective of

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