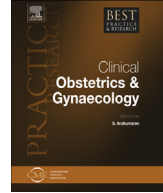




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# Cosmetic genital surgery in children and adolescents

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Q1 Q5 Paul L. Wood

Woodland Hospital, Rothwell Road, Kettering, Northamptonshire NN16 8XF, United Kingdom

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Clinicians are faced with increasing requests for female cosmetic genital surgery and prominent amongst these is labiaplasty. The implications of labiaplasty in adolescence are explored with emphasis on what is known about normal genital appearances, pubertal development, anatomy and physiology and the options for surgical intervention including risks and implications. Faced with what is known to date on female cosmetic genital surgery then such interventions should be avoided in adolescence in the absence of defined medical indications until at least the age of 18 years.

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## Introduction

The golden rule of medicine is first do no harm. Nowhere are the challenges of this approach more important when considering cosmetic surgery, and in particular cosmetic genital surgery in adolescents. This is against a background of an increasing number of requests for cosmetic labiaplasty, often from soon after the menarche, when there has been no concurrent rise in vulval pathology that may account for an increase in this demand. Labial reduction surgery or labiaplasty is the most common form of female cosmetic genital surgery and refers to surgical procedures to alter the structure and function of the healthy vulva [1]. This chapter aims to define the normal structure and function of the labia minora, consider the request for labiaplasty in the adolescent and manage a request for adolescent labiaplasty on the basis that surgery is not the easy option in this age group.

## Background

Requests for surgical correction have been suggested based on the length, appearance and functional symptoms. Increasing trends in pubic hair removal, exposure to idealized images of genital anatomy and increasing awareness of cosmetic vaginal surgery have been proposed for the increased

E-mail address: [p.wood7@btinternet.com](mailto:p.wood7@btinternet.com).

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interest in labial surgery [2,3]. In effect in many cases this is essentially seen as a simple lifestyle choice in the absence of any underlying pathological process.

This is against a background of Cosmetic-Plastic Gynecologists seeking recognition of their field in mainstream gynecological practice. Cosmetic practice has become a huge and expanding area of medicine where some patients need improved protection. The British Association of Aesthetic and Plastic Surgeons (BAAPS) have advocated an advertising code to help protect the public and particularly the young from unethical practice. Their code of conduct state that aesthetic procedures on patients under the age of 18 years should be exceptional and only undertaken after a full assessment of the risks and benefits, including the health and psychosocial consequences. It is recommended that the patient include their parents or guardians in the consent process. Parents/guardians' written consent is not legally required above the age of 16 but their verbal agreement is recommended but not essential if the patient refuses.

Prominent among these aesthetic concerns in the case of the female genitalia is external pressures into thinking that all labia need to look the same way and that any variation is an indication for surgery. Intensive marketing of labiaplasty as an unproblematic life-style choice has been identified as a reason for increased dissatisfaction with vulval appearance [4]. Little information is given in marketing published by providers on the surgical risks (both in the short and the long term) and unsubstantiated claims of physical, psychological and sexual benefits are evident on their websites [5] with resultant poor quality of clinical information and in some cases with frankly erroneous information.

In the United Kingdom the National Health Service has seen a five-fold increase (Figure. 1) in state-funded labiaplasty over a ten year period [3], although this is now being restricted by Clinical Commissioning Groups when cases are perceived to be linked primarily to cosmetic indications.

Between 2008 and 2012 there were 267 labial reduction operations in children under the age of 14 years within the National Health Service in Britain for unknown reasons and with unknown consequences [6].

Other countries such as Australia have also seen an increase in labiaplasty procedures [7] but what is not known is the number of such cases being carried out in the private sector often by plastic surgeons and not gynecologists and this is particularly exemplified in the United States of America where no such figures exist. In Australia there has been a three-fold increase in labiaplasty between the ages of 15–24 years. There has however not been any increase in this surgery in children under the age of five years in either the United Kingdom or Australia, indicative of the premise that there has been no concomitant increase in medical indications leading to this type of surgical intervention as a result of disorders of sex development.

Referrals are often instigated by parents with concerns over their daughter's physical genital appearances, and are based on little knowledge. It is therefore incumbent on the attending clinicians, be it a Primary Care Physicians, Gynecologist or Pediatric Gynecologist to be aware of the available knowledge base on the subject in order to be able to advise the patient and her family accordingly.

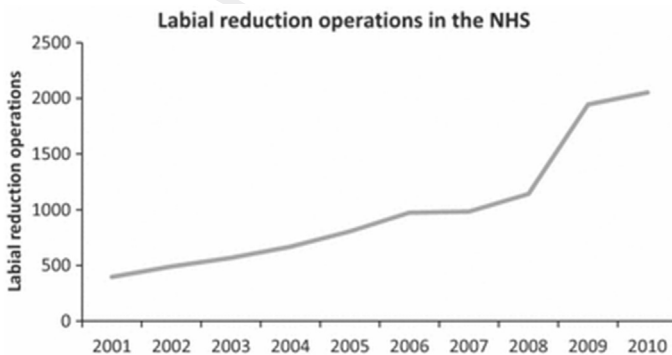


Figure. 1. Trend in labial reduction operations.

Source National Health Service Hospital Statistics.

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