

**From:** Clare Holberton [REDACTED]  
**Sent:** Thursday, 28 May 2015 8:00 PM  
**To:** medboardconsultation  
**Subject:** Consultation - Cosmetic medical and surgical procedures provided by medical practitioners

Dear Medical Board members,

I found it interesting that the document doesn't appear to address cosmetic genital surgery an area of rapid growth if the Medicare rebates for labioplasty can be used as a guide.

Regards

Dr Clare Holberton  
Med0000965510

# MUTILATION OR SURGERY?



**DR MAGGIE KIRKMAN** PHD MAPS  
Jean Hailes Research Unit,  
Monash University.

## Concern is increasing about the pathologising of normal female genitalia.

IN VIEW of a growing trend for women to use surgery to modify their genitals, medical practitioners have an important role to play in reassuring patients about the diversity of normal genital appearance.

Medicare claims for labioplasties increased threefold 2001–11. However, most modifications are undertaken as cosmetic procedures in the private sector and are thus underestimated.

The trend has aroused concern among women's health professionals. In 2008 the Royal Australian and NZ College of Obstetricians and Gynaecologists (RANZCOG) published a statement discouraging female genital cosmetic surgery (FGCS) in the absence of a good evidence base. A similar caution was published more recently by the Australian Federation of Medical Women (AFMW).

Although we lack evidence of why girls and women seek to modify their genitals, there are strong opinions about why this may be so. One suggested reason is that men make disparaging comments about visible or asymmetrical labia minora and a 'large' clitoral hood.

Another popular explanation is the fashion for hairless vulvas: The Brazilian wax suddenly exposed usually hidden anatomical details.

A youth culture – and thus a Barbie vulva – and the 'pornification' of social media through, for example, sexting, have also been blamed for FGCS. The popularity of compression tights for sports has been claimed as a reason for embarrassment when genital geography is outlined in Lycra, although no-one suggests why surgery rather than shorts should be the preferred solution.

Cosmetic surgical modification is occurring to all parts of women's genitals. The labia

minora and clitoral hood are minimised, the labia majora are plumped, liposuction is performed on the mons pubis, the vagina is tightened and the 'G-spot' amplified using collagen. Among cosmetic surgeons, FGCS is known as female genital enhancement surgery or rejuvenation and normal genital variation is pathologised by describing visible labia minora as 'hypertrophic'.

There is no credible evidence of benefit from FGCS. Assertions that aesthetic and functional outcomes are satisfactory for most women were made after evaluations by the surgeons who performed the procedures.

The line is blurred between aesthetics and function, where vaginal rejuvenation to improve sexual pleasure may be sought in conjunction with labioplasty and clitoral hood reduction to alter appearance – which might actually reduce sexual sensation.

Actual or potential harm specified by RANZCOG and AFMW includes scarring, disfigurement, wound dehiscence, adhesions, infection, dyspareunia, genital prolapse, altered sexual sensation and psychological harm. Like female genital mutilation, FGCS can be understood as a means of regulating a culturally-determined construction of the female body. It may well be that, if FGCS causes injuries, it could come to be classified as 'mutilation'.

Marketing of FGCS on the internet is pervasive. My recent Google search using the term 'labia reduction Australia' yielded more than 293,000 results; most of the top 50 were advertisements from clinical providers. On YouTube there are

videos about labioplasty posted by surgeons seeking patients, with many before-and-after photo galleries. There are at least five dedicated online health message boards where opinions and experiences of FGCS are shared.

Women's genitals are as varied in appearance and symmetry as faces. The 'normal' vulva is as difficult to characterise as the 'normal' face and equally subject to cultural and social expectations.

Nevertheless, there appears to be limited knowledge of genital diversity, despite publicity about artist Jamie McCartney's plaster moulds of vulvas known as *The Great Wall of Vagina*.

It may be surprising that healthcare professionals can also be ignorant of genital diversity. They are, of course, exposed to the same cultural discourses about gender and aesthetics as their patients. Doctors' aesthetic preferences can govern their assessment of normality. Plastic surgeons are significantly more likely than other doctors to regard larger labia minora as distasteful and unnatural.

While bodily adornment and alteration can give pleasure and are culturally important aesthetic activities, female genital cosmetic surgery should be concerning. ■

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. [www.jean-hailes.org.au](http://www.jean-hailes.org.au)

## Seeking info

EVIDENCE is needed about female genital cosmetic surgery in Australia.

I lead a team recently awarded an ARC Linkage Grant to investigate the practice.

Researchers from Monash and Deakin universities will partner with the Australian Federation of Medical Women, Jean Hailes for Women's

Health, Family Planning Victoria, Monash Health, and Women's Health Victoria.

The research, to begin in 2014, will include in-depth interviews with women, consultation with doctors and beauty therapists, an online survey and analysis of social media.

**Dr Maggie Kirkman**

