



Key messages: Q&A document for women

1. What are the key messages for women from this RCOG ethics paper?

- This paper focuses on women of all ages undergoing female genital cosmetic surgery for non-medical reasons.
- The female genitalia come in all shapes and sizes.
- There is little research and evidence into how effective these procedures are.
- In general, FGCS should not be undertaken under the NHS for aesthetic reasons alone.
- Advertising for these procedures by private clinics is often misleading and not based on robust evidence.
- As with any surgical procedure, there are short-term risks such as bleeding and wound infection and unknown longer term problems.
- These procedures are irreversible.
- Women requesting female genital cosmetic surgery may benefit from counselling or talking therapies on issues such as body image distress, sexual difficulties, low self esteem and social anxiety.
- Full genital development for girls is not normally achieved before 18 and surgery should not be available before development has completed.

2. What is FGCS?

Female genital cosmetic surgery (FGCS) refers to non-medically indicated cosmetic surgical procedures which change the structure and appearance of the healthy external genitalia of women. It can also be done internally to tighten the vaginal walls. This definition includes the most common procedure, labiaplasty (reduction of the labia minora), as well as others, such as hymenoplasty (restoration of the hymen) and vaginoplasty, also known as vaginal reconstruction or vaginal rejuvenation.

3. How common are these procedures?

According to Hospital Episode Statistics (HES), the number of labial reduction procedures has risen five-fold in the NHS over the past decade, with over 2000 operations having been performed in 2010.

However, there is no requirement for surgeons in the private sector to record numbers of procedures performed and so activity data are unavailable.

The extent of advertising by a large number of private clinics suggests that the availability and practice of labiaplasty are now widespread. Similarly, operations carried out by private providers are not captured in official statistics so there is no way of knowing the true extent of these procedures, nor do we know if patients receive follow-up care when things go wrong.

4. Is there any research on the efficacy of these procedures?

There are currently no controlled trials or prospective studies investigating the clinical effectiveness or risks of labiaplasty procedures.

There are no data on the efficacy of treatment for functional problems, such as problems concerning hygiene, difficulties during sexual intercourse, discomfort when wearing tight clothes, exercising or inserting tampons.

There is a need for more data to inform women about short- and long-term outcomes to allow true informed consent for these procedures.



5. What are the risks involved with these procedures?

Labiaplasty carries short-term risks of bleeding and wound infection. Other potential complications include; altered sensation, pain during sexual intercourse and scarring. There are no data on the potential physical and psychological risks in the medium and long term.

6. Should such procedures be provided on the NHS?

Labiaplasty for cosmetic reasons alone is not a proper use of public resources and should not be provided by the NHS.

7. Should labiaplasty be performed on girls under 18 years?

Even though children aged 16 or over can consent to surgical procedures, FGCS should not normally be carried out on women and girls under 18 years of age, irrespective of consent, because full genital development is not normally achieved before the age of 18.

8. Does this paper apply to women undergoing these procedures for clinical reasons?

Women request labiaplasty to alleviate problems arising from labia minora which, when abnormally large, may lead to problems concerning hygiene, difficulties during sexual intercourse and discomfort when wearing tight clothes, exercising or inserting tampons. For these reasons there are no ethical concerns beyond those that arise for any surgical procedure.

9. How can I find out what the normal range of female labia look like?

The female genitalia come in all shapes and sizes and healthcare professionals should be able to provide women with accurate information about the normal variations in female genitalia. If women have concerns they should talk to their GP.

10. What support is available for women who are concerned about the aesthetic appearance of their genitalia?

Women requesting labiaplasty should be provided with accurate information about the normal variations in female genitalia and offered counselling and/or psychological assessment for problems such as body image distress.

Doctors will be able to provide women with education, support and advice. The offer of counselling should be part of the process of obtaining informed consent.

Useful resources:

- Two short films funded by The Wellcome Trust exploring women seeking labial surgery, and commentary from two professionals working in the field: www.thecentrefoldproject.org
- The Great Wall of Vagina - a plaster cast piece of artwork of 40 women: www.greatwallofvagina.co.uk