

# Labiaplasty

## uncovered

LONG CONSIDERED TABOO, LABIAPLASTY HAS BECOME ONE OF THE FASTEST-GROWING PLASTIC SURGERY PROCEDURES. CLAIRE COLEMAN INVESTIGATES

It might be the least exposed part of the body, but in cosmetic surgery circles it's rapidly becoming the most talked about. Labiaplasty, an operation that reduces the size of the vaginal lips, and frequently the labia minora, to create a neater silhouette, is, so it's quietly rumoured, on the increase.

As it's an operation that's done almost exclusively within the private sector, and not one that the British Association of Aesthetic Plastic Surgeons (BAAPS) cover in their annual audit, there are no official statistics available. However, the surgeons that I approached have certainly seen a rise in operations of this type.

Mr Paul Banwell trained with one of the pioneers of cosmetic gynaecology and specialises in the procedure. 'The numbers of women expressing interest in intimate surgery are definitely on the increase,' he says. 'Even compared to last year, I'd say I've seen a 300 per cent growth in cases of this type.'

Consultant plastic surgeon Anita Hazari agrees. 'A few years ago a television programme highlighted the procedure and there was

a surge in requests. Up until then, women thought it was taboo and didn't realise they could seek treatment.'

A labiaplasty operation is relatively straightforward; the surgeon trims away any excess tissue, redresses any asymmetry and then stitches the incision closed. However, as with any operation, it's not one to be taken lightly. Potential problems include asymmetry, bleeding, infection, numbness and thrush, and, if you choose to have a general anaesthetic, rather than a local, all the associated risks. Furthermore patients are told to expect to take between seven and ten days off work and to abstain from sex for eight weeks to avoid aggravating the wound.

It's little wonder that for many of us labiaplasty represents cosmetic surgery's final frontier, and the ultimate in vanity. Perhaps one could justify all this, and the cost (from £3500 upwards when all consultation and hospital fees are included), for surgery on a part of our body that we display to the world on a regular basis, but can it all really be worthwhile to transform the appearance of an area only seen by our most intimate acquaintances? →



*'The idea that thousands of women are undergoing surgery to please their porn-obsessed partners is a media myth'*

It would be very easy to assume that women who are opting to undergo this type of surgery are being pressured into it by the expectations of their partners. We often hear that the internet has made pornography more accessible, so is it simply the case that, as well as having flat stomachs and implausibly high round breasts, thanks to porn, women are now expected to have picture-perfect vulvas as well?

The experts I spoke to insist not. 'Enlarged labia, which can be congenital, the result of a hormone surge in puberty, or something that has happened post-childbirth, can cause very real problems for some women,' explains Paul Banwell. 'While around half of my patients are solely looking for aesthetic improvement, for many there are genuine functional problems. They report discomfort in clothing – especially in tight underwear, swimwear or sports equipment – and can suffer chafing and inflammation when running, cycling, or even just walking around.'

While it's a relief to discover that the idea that thousands of women are undergoing surgery to please their porn-obsessed partners is a media myth, there are concerns that by normalising the notion of labiaplasty, we're actually overlooking a far more fundamental problem. In his book, *Body Dysmorphic Disorder: A Treatment Manual* (Wiley-Blackwell), consultant psychiatrist David Veale touches on the idea that some patients seeking labiaplasty may in fact be suffering from an issue better served by a psychologist than a surgeon.

Indeed, writing in the *BMJ* in 2007, consultant clinical psychologist Lih Mei Liao and consultant gynaecologist Sarah M Creighton suggest that even when patients present with a physical issue, this may not tell the whole story. Their research revealed that patients always requested something 'similar to the prepubescent aesthetic featured in advertisements' with no protrusion beyond the labia majora.

But, as they point out, there is actually nothing unusual about protrusion of the labia minora beyond the labia majora and they suggest that any pain that this apparently causes could actually be psychological, especially given that men, who would have more reason to complain about pain from protruding genitalia, usually don't.

'I will not operate on any woman who doesn't have a genuine problem,' says Anita Hazari. 'And by that I mean labia minora that are two to three times the size of the labia majora – that isn't something that's "just in someone's head". But from my experience, in women seeking labiaplasty, the body image aspect of things is far less of an issue than it is with, say rhinoplasty or breast augmentation.'

'As with every part of the body, there is a spectrum of what is normal,' says Paul Banwell. 'But because they don't see other people's genitalia, women can believe that they are abnormal when they're not. Part of what I do is to reassure them that they don't need surgery. If that means referring them to a psychologist, then that's what I'll do.'

Ultimately, he says that while many women have an issue that may be surgically correctable, surgery is not necessarily the right answer for all of them.



However, sex educator and academic Dr Petra Boynton worries that despite such assurances, too many patients presenting concerns about their genitalia are referred to surgeons as a first point of call. She cites a recent episode of Channel 4's *Embarrassing Bodies* where Alison, a 45-year-old who was concerned about her large labia minora, consulted a doctor.

Alison made no reference at all to physical discomfort, saying, 'The debilitating factor for me is psychological, it's what I will and won't do in the intimacy of my bedroom. Maybe I'm neurotic but it matters to me and that's all I care about really.'

After examination, Dr Pixie McKenna tells Alison that although she has excess skin, the skin itself looks healthy and that in fact she has a 'normal variant' that the doctor has seen in other women who have not been bothered by it. Despite this, she refers her to a cosmetic surgeon.

There's no doubt that patient satisfaction following operations like this appears to be very high. Caroline Jones\*, 38, had a labiaplasty in February this year. 'Since I was a teenager, I've known that my body looked different from other girls. It's not something that ever bothered my husband, who I met when I was 21, or that stopped me from doing anything, but I just didn't like the way I looked. When I finally had the money to do something about it, I did, and I'm delighted with the results. I just feel so much happier when I see my body, and for me, that means the cost was definitely worth it.'

However, despite this, in their research, Liao and Creighton failed to find any compelling clinical evidence to validate this type of procedure. They concluded that 'interventions that produce enduring psychological and functional benefits should not be dismissed. However, surgery is an extreme and unproved intervention in this instance.'

So while it's good to know that surgical intervention is an effective option, it's even better to realise that it's not the only option. **B**

\*Name has been changed.

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