



Female Genital Plastic/ Cosmetic Surgery

What Is Female Genital Plastic Surgery or Cosmetic Surgery?

Female genital plastic surgery (FGPS) is surgery that gives women the option of altering the appearance of their external genitals, repairing hymenal tears, and/or tightening their vaginal canal. Women may do this for personal, cosmetic, functional, or sexual reasons.

There are many reasons why women may be interested in FGPS. Some women may experience pain with intercourse from tugging on the vaginal lips (labia). Others may want to reverse changes in the genitals that have occurred after childbirth or with aging. Still others may simply desire a change in the appearance of their genitals. There is no one reason to seek it that applies to everyone; however, it is important that a woman who is interested in FGPS be seeking it for her own benefit and peace of mind.

What Are the Specific Procedures, What Do They Accomplish, and Why Do They Work?

FGPS may include labiaplasty (LP), clitoral hood reduction (RCH), vaginoplasty and perineoplasty (VP/PP), and/or "vaginal rejuvenation." Hymenoplasty, an operation to reapproximate gaps in the hymen to mimic a virginal state, will not be covered in this Patient Highlight as it is seldom (if ever) medically indicated.

LP and RCH are "external procedures," meaning they are performed on the outside of a woman's genitals. LP and RCH are designed to reduce the size of the labia and clitoral hood, respectively. These procedures may be useful for women who experience genital chafing, sexual discomfort, or hygienic difficulties from large labia. They may also be indicated in some cases for purely cosmetic reasons. A particular kind of RCH procedure may be performed in cases where the clitoral hood is phimotic ("too tight"); in this situation, release of the tight skin may improve clitoral sensation by releasing it from dense tissues.

Which Technique for Labiaplasty Is Best?

Although there are other techniques, the most frequently utilized techniques are linear resection/reduction, closely followed by the "modified V-wedge."

In the linear resection, a segment of the redundant labia is removed via a vertical incision. The edges are then carefully reapproximated, giving a straight-edged appearance. The advantage of the linear resection is that more tissue can be removed and your labia may end up "pinker." The downside is that this technique is more likely to have a complication of postoperative edge sensitivity and can, especially in less experienced hands, result in too much labia being removed, with greater risk of discomfort and deformity.

In a wedge resection, a central V-shaped piece of labial tissue is removed and the upper and lower edges reapproximated. This may produce (in some cases) a more "natural" edge, preserving the labial architecture. The advantages of the wedge are more "natural"-looking labia and less potential for loss of sensation and pain; disadvantages include the risk of separation of the edges and sometimes having less tissue removed than desired.

There is no technique that is better across the board. The technique that is best for you depends on your individual anatomy, your cosmetic desires, and your surgeon's training. Ideally, it is best to have a gynecologist knowledgeable in plastic surgery technique or a plastic surgeon with gynecologic training who is skilled in more than one technique, so that either one technique or a combination of techniques may be used to produce the best cosmetic result. If your surgeon knows only one method, you may not get the ideal results for your unique anatomy.

What Are the Risks of Genital Plastic/ Cosmetic Surgery?

All surgery carries known risk; the bar is set higher for cosmetic/plastic procedures. Risks of LP and CRH include continued dissatisfaction with genital appearance, separation of incision line(s), infection, prolonged healing, pain with sex, and delayed bleeding. Risks of VP/PP include poor or protracted healing, over- or under-tightening (if overtightened, expect a 1-3 month time-frame of progressive stretching exercises to put things right), injury to bladder or bowel, infection/abscess formation, and results that are not as good as hoped.

Don't be your own worst enemy! The most important predictor of success, other than the experience and aptitude of your surgeon, is your own ability to strictly rest during the first 2-3 weeks after surgery, as directed by your surgeon. In general, best results are obtained by choosing a surgeon with specialty training in genital plastics. Choosing a surgeon with experience and versatility in a variety of surgical approaches also improves your chance for a good outcome.

Do Vaginoplasty, Perineoplasty, and LP Improve Sexual Function?

After childbirth, the upper vagina and/or vaginal opening may become significantly stretched. In some cases, this may lead to a sensation of "looseness" and loss of friction between a penis, finger, or sexual toy in the vagina. By repairing, elevating, and strengthening the perineum, "perineal body" (the area just outside of and below the vaginal opening), and the pelvic floor muscles, the tightness of the vaginal opening and the angle at which a penis or other object enters may be changed. Potential benefits of this treatment include better "grippability" of a penis or finger at the vaginal opening, more pressure against the clitoral complex, and (possibly) improved ability to orgasm. The best results are typically obtained when surgery is combined with pelvic-floor physical therapy.

VP, PP, and “vaginal rejuvenation” are “internal procedures,” typically designed to bring together lax musculature along the length of the vagina to provide more tightness and friction during intercourse. Physical therapy to aid in vaginal muscular strength may be useful to improve outcomes before and/or after surgery.

What Are the Psychosexual Issues with FGPS?

A woman’s feelings about and comfort with her genitals directly affect her enjoyment of sex. Some women have strongly held negative feelings and/or perceptions about their genitals. While genital surgery is not always the solution to these negative feelings, for some (not all) women cosmetic procedures may help.

Many women are concerned that their genitals are not “normal” based on what they have seen or absorbed from popular culture. It is important to recognize that there is enormous variation in the appearance of the clitoris, labia, and vagina. The vast majority of women are “normal” whether or not they or their sexual partners recognize it.

Women who have negative perceptions about their body image (body dysmorphia), who have an untreated eating disorder, or who are searching for “another body dissatisfaction to correct” are not candidates for FGPS. Likewise, FGPS will not relieve a sexual dysfunction; it will not correct low libido, poor arousal, or orgasmic dysfunction unless the specific cause of these problems is related to the variation in labial appearance. Finally and most importantly, no woman should have FGPS if she is being pressured into it by a sexual partner.

What Is the “Normal” Size of a Woman’s Labia?

Like faces and noses, labia come in an amazing array of shapes, sizes, and colors. There is a wide range of normal; no two women’s labia look exactly alike, and few women have perfectly symmetrical labia.

The “average” width of a woman’s labia is ~1 inch, but there is a lot of variability. Some women’s labia begin as multiple folds from a large clitoral hood; others’ clitoral hoods are smaller with only one fold. Some women have labial edges that are pink, whereas others may have tan or brown labia. Some women have labia that are thick; others have labia that are thin. Labia may or may not be folded in on themselves. Sometimes the labia end well above the base of the vaginal opening, and with other women, the labia extend to well below the vaginal opening.

All of these variations are normal. At the same time, “normal” doesn’t necessarily mean that a given woman is satisfied with the appearance of her genitals. Just as some women may want breast size augmented or reduced, some women may want to change the appearance of their genitals.

What Are the Outcome Data?

Every study published on the outcome after FGPS shows that about 95% of women undergoing external cosmetic procedures were happy with the results, and about 85–90% of women undergoing vaginal tightening reported enhancement of sexual function. A single study examining men’s experience showed that >80% of these women’s male partners noted enhanced sexual experience.

It is important to note that all of the studies demonstrative of good results were from experienced genital plastic/cosmetic surgeons. The results from non-specially-trained surgeons may not be as favorable. When considering any sort of FGPS, it is important to seek out a fully trained and experienced surgeon who has expertise in female genital cosmetic surgery. Be sure to ask about your doctor’s experience and outcomes with any planned procedures.

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With regards to LP, if the procedure reduces the need for “rearranging” during sexual activity and/or improves the woman’s self-esteem, self-confidence, and satisfaction with genital appearance, improvements in sexual function can be expected.

How Long Does It Take to Recover from Genital Plastic/Cosmetic Surgery?

It is advisable to keep activity light for at least 8–10 days post-surgery. At 10–14 days after surgery and/or after you have been given clearance from your surgeon, you may begin modest exercise and return to normal basic activities. Most surgeons recommend no swimming or heavy exercise for at least 4 weeks and no biking or sexual activity for 4–6 weeks. These are estimates only, and you should follow the specific instructions given to you by your surgeon.

How Do I Choose a Surgeon to Do My Work?

Look for a surgeon who has performed at least 25 of the procedures in which you are interested or has advanced training in genital plastic surgery to be able to handle complex cosmetic procedures. It is wise to find a surgeon who is experienced with a variety of surgical techniques so that the surgery can be adapted to your unique anatomy. Having the procedure in an office or surgicenter may lead to lower costs and more expeditious treatment.

Look at “before and after” photos of your surgeon’s work; look for anatomy similar to yours to see what results might be expected. Choose a surgeon who is aware of the sexual aspects of your situation and is comfortable asking specific questions about your sexual life.