

10 November 2015

Mary Warner
Director, Medical Services Section
Medical Specialist Services Branch
Department of Health

Dear Ms Warner,

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to provide comment on the proposed removal of Medicare Benefits Schedule (MBS) item 35534 - vulvoplasty or labioplasty for localised gigantism. The RACGP welcomes the proposed removal of the item and offers the following comments.

Rising demand for female genital cosmetic surgery (FGCS)

Between the period of 2001 – 2013, Medicare statistics indicated a threefold increase in requests for labioplasty. There does not appear to be a concomitant rise in congenital female genital abnormalities and other diseases of the genitalia. The highest number of claims were in women aged 15-24, 25-34 and 35-44.² This trend is not unique to Australia with similar findings in the UK and US.³

Although evidence based research exploring women's reasons for seeking this surgery is limited, there are several postulated reasons for the climb, including:

- a patients lack of basic genital anatomy knowledge regarding the range of normality
- a trend towards pubic hair removal exposing delicate genital tissue to undergarments
- changing aesthetic standards due to fashion being tight fitting thereby highlighting the genital contour
- exercise in tight sportswear resulting in chafing and discomfort
- access to online images of female genitalia that promote a prepubescent 'neat slit' where the labia minora are 'tucked away'.^{6,7}

The lack of research showing the long-term clinical effectiveness of FGCS procedures is a major concern. Surgical procedure development in this area may be based on inadequate information and cosmetic genitoplasty has been criticised and debated. It can also result in discomfort and impaired sexual function.⁵

The RACGP supports the view that the MBS should not provide FGCS if used for primarily cosmetic purposes. The rising demand for FGCS is best addressed by health professionals following evidence based recommendations and established referral pathways.

The role of GPs and recommended referral pathways

To address the rising demand in these procedures, the RACGP developed '*Female genital cosmetic surgery – A resource for general practitioners and other health professionals*'. This resource supports GPs and other health professionals in addressing patient concerns regarding their genitalia. This was launched in July 2015 and can found online at www.racgp.org.au/your-practice/guidelines/female-genital-cosmetic-surgery/

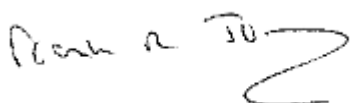
GPs play a central role in addressing patient concerns regarding their genitalia. If a patient is considering having a FGCS procedure performed, the GP is in a position to discuss simple measures that address symptoms of chafing and discomfort. They can discuss the lack of long term data that exists and the potential for injury or complications.

Mental health and body image concerns should be also be explored and appropriate counselling arrangements provided.³ Referral to a gynaecologist, rather than directly to a plastic or cosmetic surgeon, is recommended.

Item 35533

The RACGP supports continued access to item 35533, for the repair of female genital mutilation or anomalies associated with major congenital anomalies of the uro-gynaecological tract. Female genital mutilation/cutting (FGM/C) is generally performed on children or adolescents who are not able to provide informed consent.

Yours sincerely,



Dr Frank R Jones
President

References

1. Australian Government Department of Human Services. Medicare Item Reports. Available at http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp [Accessed 20 January 2015].
2. *Female genital cosmetic surgery – A resource for general practitioners and other health professionals* <http://www.racgp.org.au/your-practice/guidelines/female-genital-cosmetic-surgery/>
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4. McDougall LJ. Towards a clean slit: how medicine and notions of normality are shaping female genital aesthetics. *Cult Health Sex* 2013;15(7):774–87.
5. Davison SP, Baker C, West J. Labioplasty and labia minora reduction. *Medscape* 2014. Available at <http://reference.medscape.com/article/1372175-overview> [Accessed May 2015]