Female genital cosmetic surgery: Investigating the role of the general practitioner

Tristan Harding, Jenny Hayes, Magdalena Simonis, Meredith Temple-Smith

Background

Labiaplasty, the surgical reduction of the labia minora, has significantly increased in demand in Australia. Although general practice is one gatekeeper for patients requesting labiaplasty, as a referral is necessary to claim Medicare entitlements, there is little information available to assist general practitioners (GPs) in managing these requests for female genital cosmetic surgery.

Methods

Semi-structured interviews were conducted with health professionals, including GPs, gynaecologists and plastic surgeons. Participants were recruited through the Victorian Primary Care Practice-based Research Network (VicReN), clinical teaching hospitals and snowball sampling. All interviews were digitally recorded, transcribed, and analysed using content and thematic analysis.

Results

Twenty-seven interviews were conducted. All participants were aware of genital labiaplasty; many had patients who were concerned about genital appearance, for which information had often been sought opportunistically. All participants agreed on the need for resources to inform women of normal genital appearance.

Discussion

This novel study demonstrates a need for clinical resources for GPs managing requests for genital labiaplasty.
were recruited from clinical teaching sites affiliated with the University of Melbourne, and from snowball sampling. Participants were excluded if they were not currently practising in their designated specialty. The study was approved by the Human Research Ethics Committee (HREC) at the University of Melbourne (project HREC 1341070.2).

Data collection
Semi-structured, individual interviews were conducted and audio-recorded with participants at a time and location convenient to them. The interviews sought information on patients who presented with perceived genital imperfections and how these consultations were managed.

Data analysis
Interviews were transcribed. Thematic analysis was applied to the data, initially by blocking, grouping and labelling, followed by secondary analysis to identify emerging themes. Consensus on themes was reached by the study team, most of whom had different disciplinary backgrounds.

Results
Twenty-seven interviews were conducted with 13 GPs, four gynaecologists, four nurses, three plastic surgeons, one midwife, one sexual health physician and one policymaker.

Demographics
The demographics of interviewees are shown in Table 1. Three of the 13 GPs had completed a Diploma of Obstetrics, one had completed a short course on sexual health, and the remainder had never received formal women’s or sexual health training. The attribution of quotes in the results indicates profession, sex and age.

Experience with patients concerned about their genital anatomy
All participants in this study were aware of FGCS. All practitioners had consulted patients who had questioned whether their genital appearance was normal; a few of these women had subsequently requested a referral for labiaplasty. Some GPs commented that they were unaware of how to best handle these consultations. I’ve seen four … they all presented complaining of a feeling that there was something unusual about the appearance of their vaginal region, and on examination, it all appeared normal to me (GP, female, 31 years). I’ve had a few patients say to me ‘Can you do a labiaplasty?’ – Gynaecologist, female, 37 years of age. I gave [a patient] a referral in February to see a plastic surgeon … the next time she spoke to me was July of that year, and she was extremely unhappy with the surgery … that was my experience at the time, and it wasn’t a great one … I would probably handle it differently now. – GP, female, 46 years of age. [A patient] wanted to know if … actually, maybe, she just said ‘it’s not normal’ … She may have asked for a referral, which I didn’t give her, because I didn’t know who to refer her to, apart from anything else, and I wasn’t sure it was a Medicare-type thing. – GP, male, 39 years of age.

Many queries regarding normality were opportunistic
GPs noted that some patients who presented were determined to receive a referral for labiaplasty; however, the majority of patients asked opportunistic questions regarding genital appearance during vaginal examinations and Pap tests. Of concern, some patients had delayed Pap tests or sensitive examinations because of the fear of being perceived as abnormal. I’ve had a few … probably not that frequently, maybe once every three months, they may have a concern. It’s normally incidental, like with a Pap smear or something … – GP, female, 55 years of age.

Assumptions of age of patients requesting labiaplasty did not always match experience
Many of the practitioners in this study had assumed that younger patients would be more concerned. I would say four, that I have spoken to, who actually expressed concerns … I was doing each of their Pap tests, and they had delayed their Pap tests because it embarrassed them … it did affect their whole body image and their perception of themselves. They thought they were abnormal. – Nurse, female, 53 years of age.

Some just ask ‘I don’t know if I’m normal, can you tell me?’, but that’s the minority. I’ve had a few people, while doing other things like a Pap smear, [who] have expressed a lot of relief when I’ve reassured them that they are normal … – GP, female, 33 years of age.

Table 1. Demographics of participants in the study by specialty and sex

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Age (range)</th>
<th>Years worked (range)</th>
<th>Exams per week*</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>28–57</td>
<td>5–35</td>
<td>0–10+</td>
</tr>
<tr>
<td>Nurses</td>
<td>4</td>
<td>–</td>
<td>4</td>
<td>32–50</td>
<td>7–31</td>
<td>0–14</td>
</tr>
<tr>
<td>Gynaecologists</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>37–66</td>
<td>15–35</td>
<td>1–30</td>
</tr>
<tr>
<td>Plastic surgeons</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>47–58</td>
<td>7–20</td>
<td>0–10</td>
</tr>
<tr>
<td>Midwives</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>51</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Policymakers</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>34</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Sexual health specialists</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>54</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>7</td>
<td>27</td>
<td>–</td>
<td>–</td>
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</tr>
</tbody>
</table>

*Includes genital exams and Pap smears performed per week, on average, by each practitioner.
be more likely to request cosmetic vulval surgery; however, their experience was with a range of women. Plastic surgeons reported performing cosmetic labiaplasties on women aged in their 60s. 

... I would say women in their late teens and early 20s; it’s before you have the confidence in your own self, physically and emotionally ... I think you care less and less about it as you get older. – GP, male, 39 years of age

I’m guessing the younger age groups; these are the ones who tend to do more waxing and shaving, and seem to be more concerned with their appearance. – GP, female, 31 years of age

They aren’t just in their twenties like everyone thinks ... I remember one patient I did an operation on was in her 60s ... you get some who are in their 60s. – Plastic surgeon, male, 58 years of age

Some women have a poor understanding of normal genital appearance

Several health professionals in this study commented that many young women had a poor understanding of ‘normal’ genital anatomy. This had an impact on some consultations, with women unable to articulate their concerns. Some noted that because the vulva is hidden, many young women were unaware of what constitutes normal. Some had experiences of relief expressed by women when they were told their genital anatomy was normal.

I think [a patient] was anxious about other things, and where she was in her life, and she implied that this was an issue for her. We talked about it, and she was quite reassured to be told she looked normal. – GP, female, 49 years of age

What do health professionals think is normal?

Health professionals were asked what they believed constitutes normal female genitalia. A wide variety of responses were received, with many acknowledging that there is much variation in normal genitalia. There is a lot of normal variation in the external genitalia. – Gynaecologist, male, 58 years of age

I go off my functional definition: as long as there was nothing about the anatomy that was preventing sexual function, or childbirth, or everyday life, then I would probably say that it is normal. – GP, female, 33 years of age

... it’s because it’s an area that’s hidden, not like ears – you can see that ears are all very different, but you can’t see labia. Despite variation, it’s all very normal. – Midwife, female, 51 years of age

... experience actually gives you the range of normal ... – GP, female, 46 years of age

What is the role of the GP?

Participants in this study identified several ways to improve their management of women requesting FGCS. Importantly, many believed that simply being more aware of the issue would change their practice; the importance of sensitive language was also highlighted.

Gynaecologists in this study consistently affirmed that GPs should examine women who present with concerns about genital appearance, and reassure them of normality. Most participants shared the belief that patients should still be offered a referral should they request one, with some expressing the perception that a gynaecologist would be more likely to reassure a woman of normality and more reluctant to proceed to surgery than a plastic surgeon. Many practitioners highlighted the need for education to raise awareness of FGCS.

My biggest concern for health practitioners is the lack of awareness of the issue; their lack of understanding ... can have devastating effects. – GP, male, 57 years of age

I think any kind of casual remark in this circumstance risks having a very disproportionate effect on someone’s psyche ... and particularly us blokes, who are pretty dopey about this sort of thing ... ‘But this is all I’ve said’ ... But to her, it may have an incredible impact. – GP, male, 57 years of age

... maybe it would be safer to go to a gynaecologist first, because I do feel that referring to a plastic surgeon would run the risk of leading to them offering surgery for something that is actually within the realms of normal. – GP, female, 33 years of age

I think that primary healthcare providers ... [if] they have a good understanding of normal, can short-circuit some of these concerns at the outset ... – Gynaecologist, male, 48 years of age

Discussion

All participants in the study were aware of FGCS, a testimony to the increasing popularity of procedures such as labiaplasty and associated media coverage. Many GPs had patients who expressed concern over their genital appearance, and many were surprised at being asked about this by women; however, on reflection, GPs were aware that there are resources for women to use in order to gain a real understanding of normal female anatomy. One such resource is the Labia Library. Further advice from participants in this study is summarised in Table 2.

Some of the health professionals in this study were able to satisfactorily reassure...
women of normality. Lack of immediate reassurance of normality from a healthcare provider, and referral to a specialist, may be interpreted by women as proof of the need for surgery. As part of their approach, the healthcare providers suggested that the normal range of female genitalia is defined and conveyed to patients, along with the notion of limited evidence for benefit of modification of genital morphology. It is therefore critical that healthcare providers are aware of the vast range of normal female genitalia. Participants in this study noted that their own view of normal was based on experience only, suggesting that in the absence of educational material, registrars and GPs with a limited female patient base may be less confident in reassuring women of normality.

The largest increase in FGCS in Australia is in the 15–24 age group, suggesting that young women need to be informed about normal genitalia, and to ensure that health professionals are in a position to inform and possibly reassure about the appearance to prevent potentially unnecessary surgery. External labia are likely to change during puberty, and this should be taken into consideration. The Labia Library, a new initiative from Women’s Health Victoria, is a website depicting the range of normal female genital anatomy. It can be used to inform practitioners and women, and is appropriate as a take-home resource to reduce discomfort in the clinical setting.

It is important to note that not all women presenting with concerns about their genitalia will be cosmetic in nature, nor are we suggesting that this surgery should be restricted. Each patient needs to have this issue explored on its merits. Some of the GPs in this study believed that reassuring women that their genitals were of normal appearance allayed their fears and did not result in a request for surgery.

From the participants in this study, a number of suggestions can be made to benefit GPs in their management of these presentations. This novel study, which explored the role of the GP in managing FGCS, has demonstrated that the education of GPs on FGCS may enable better outcomes for women with concerns regarding their genital appearance. Access to visual resources, such as the Labia Library, and the development of guidelines for GPs on FGCS, would go some way to addressing this.

Implications for general practice

This study has:
- been the first to explore views of Australian health professionals around FGCS
- taken a multidisciplinary approach to determine how GPs might manage patients requesting FGCS.

Authors

Tristan Harding MD, MSc, BSc, Intern, Western Health, Department of General Practice. tristan.harding@vh.org.au

Jenny Hayes MBBS, Associate Professor, Department of Anatomy and Neuroscience, University of Melbourne, Parkville, VIC

Magdalena Simonis MBBS, FRACGP, DipObst (RANZCOG), Member, Victorian Primary Care Research Network; Clinical Tutor, Department of General Practice, University of Melbourne, Carlton, VIC

Meredith Temple-Smith BSc, Dip App Child Psych, Dip Mord Dance, MPH, DHCs, Associate Professor and Director, Research Training, Department of General Practice, University of Melbourne, Carlton, VIC

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References


Table 2. Advice for GPs when managing patients concerned about genital appearance, based on participants’ responses in this study

- Be aware that this is an increasing issue and women may present with concerns regarding genital appearance.
- If patients are comfortable with being examined, do so, and, if appropriate, reassure them that their genital appearance is within the normal range.
- Use the Labia Library to inform young women about the range of genital appearance.
- Carefully consider appropriate body language and choice of words while discussing this sensitive issue, as seemingly benign remarks may be misinterpreted.
- Refer where appropriate, keeping in mind that some surgeons may operate on patients with normal genital anatomy.

Correspondence afp@racgp.org.au