

General Commissioning Policy

Treatment	Labiaplasty and Vaginaplasty
Background	This commissioning policy is needed because many requests for labiaplasty / vaginaplasty may be deemed as cosmetic. As cosmetic surgery is not routinely commissioned, requests are thus currently considered via the Individual Funding Request (IFR) process.
Commissioning position	<p>NHS Hull Clinical Commissioning Group (CCG) routinely commissions labiaplasty and/or vaginaplasty ONLY where medically necessary AND secondary to another underlying medical condition such as:</p> <ul style="list-style-type: none"> • cancer • congenital malformation • significant developmental or endocrine abnormalities • or repair after trauma (including tears / scars from childbirth). <p>NHS Hull CCG does not commission refashioning of the vagina or labia in other circumstances unless there are exceptional clinical reasons for doing so. This is because labiaplasty is generally a cosmetic procedure to improve appearance alone and non-reconstructive vaginaplasty is used to restore vaginal tone and appearance.</p> <p><i>(NB. This policy does not apply to genital reconstruction for gender dysphoria which is covered by a separate policy.)</i></p>
Effective from	May 2016
Summary of evidence / rationale	<p>Labiaplasty is a surgical procedure where the folds of the labia minora are partially removed. The labia minora are inner lip-like folds of skin surrounding the entrance to the vagina.</p> <p>The number of requests for this procedure and the number of surgeons offering it has dramatically increased in recent years (Ref 1). The majority of labial reduction operations take place in the private sector where there is no requirement to provide activity and outcome data, so the total number of operations performed is thus unknown. In the NHS there has been a fivefold increase in the number of procedures in the past ten years, with over 2000 operations having been performed in 2010. Furthermore, between 2008 and 2012, 266 labial reduction operations were performed on girls under the age of 14 years in the NHS for unknown reasons with unknown consequences. (Refs 2 & 3)</p> <p>Reasons for requesting labiaplasty are often to alleviate functional discomfort, improve appearance and increase self-esteem. Many women seeking labial reduction opt for the</p>

procedure because they feel stigmatised by distorted perceived social norms about how they should look, based on a cultural bias towards a 'neater' 'pre-pubescent look' being more desirable (Ref 11). In reality the size range of normal adult labia minora shows a wide variation. The lack of teaching material for trainee doctors and surgeons has not helped them to be able to convince women of the diverse range of normal anatomy that exists. (Ref 4) Women may also have unrealistic expectations of the surgery, and be disappointed with the outcome which may include adverse effects like scarring and loss of sensitivity. (Ref 5)

Surgery for labia minora is being marketed as an effective treatment for women's complaints, such as recurrent urinary tract infections (UTIs), or to enhance sexual functioning, but as there is a lack of high quality evidence for a beneficial effect, it should be considered as medically non-essential surgery and thus not routinely commissioned. Indeed, in one large multicenter study (Ref 6), it was noted that although over 90% of patients were satisfied with the results of their surgery in the short term, it was stated that sexual dysfunction before surgery and enhancement after surgery is highly subjective and difficult to quantify.

Some case series also point to re-operation rates following labiaplasty of up to 7% for reasons such wound dehiscence, infection and dissatisfaction with appearance. (Ref 7)

None of the studies found in a literature review looked at the potential for long term obstetric complications after such surgery. As with any surgical procedure, labiaplasty carries short-term risks of bleeding and wound infection. However, there are no data on the potential physical and psychological risks in the medium and long term. Long-term damage to sensitivity and sexual function may also occur after labiaplasty, as surgery will disrupt nerve supply with consequences for sensitivity.

In a 2013 paper (Ref 3) on the Ethics of female genital cosmetic surgery (FGCS) , the Royal Collage of Gynaecology states:

“Clinicians have a duty of care to provide these women with accurate information on the diversity of morphology and appearance of the female genitalia and to suggest simple measures to relieve genital discomfort where no pathology can be identified. The importance of education, support and advice should be at the heart of clinical practice, with sympathetic appreciation of the female body insecurities that are rife in western society. The presentation of female genital cosmetic surgery as an unproblematic lifestyle choice is undesirable because it misleads women as to the need for and the efficacy of such surgical techniques.”

The RCOG recommends that FGCS should **not be undertaken within the NHS unless it is medically indicated**, and (owing to anatomical development during puberty) **should not normally be offered to individuals below 18 years of age**.

The Ethics paper (Ref 3) emphasis how important it is to distinguish *between “situations in which a woman’s labia give rise to functional problems that provide therapeutic grounds for the procedure, and situations in which there are no such functional*

	<p><i>problems and a woman’s motivation for asking for labiaplasty is primarily a concern about her genital appearance.”</i></p> <p>A 2011 editorial (Ref 9) suggests that women and girls who are concerned about any part of their genitals should have an examination, and where the genitalia are healthy and normal, this should be made “unambiguously clear” to the women and girls. In this respect, GPs and other front-line staff have a crucial role in educating and reassuring women and girls.</p> <p>All professionals involved in labiaplasty and vaginoplasty should remain vigilant to the safeguarding issues of Female Genital Mutilation (FGM). Reporting advice can be found here; https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare/how-to-report-female-genital-mutilation-guidance-for-health-professionals</p> <p>All professionals involved in labiaplasty and vaginoplasty should remain vigilant to the safeguarding issues of Female Genital Mutilation (FGM). Reporting advice can be found here; https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare/how-to-report-female-genital-mutilation-guidance-for-health-professionals</p>
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