

New View Campaign
www.newviewcampaign.org
Female Genital Cosmetic Surgery
Frequently Asked Questions (FAQ)
October, 2008

Why does the New View Campaign object to genital cosmetic surgery?

The promotion and practice of genital cosmetic surgery concerns us for two main reasons:

- (1) These surgeries are medically unnecessary, yet they can cause harm. They commonly include procedures as drastic as labia amputation and yet there is nonexistent or poor research on the consequences. Clever marketing through mass media lifestyle stories¹, snazzy websites, and glossy brochures implies that genital surgery will improve a woman's sexual satisfaction, self esteem, and confidence². Promotional material routinely makes exaggerated and unproven claims about the benefits women can expect, yet at the same time minimizes the risks and potential complications of surgery.

There is no independent published evidence for the safety and efficacy of these procedures, or for any of the promised benefits.³ There is no standard for educating women about genital anatomy, although research repeatedly shows that women are unfamiliar with real genital diversity. Women contemplating these surgeries are in the position of having to make decisions without access to basic information of the kind usually considered necessary for informed consent to any elective surgery. This is worrisome given anecdotal evidence of harm: one doctor touting the superiority of his surgical techniques claims to have seen "many unfortunate examples of terrible, scarred, uneven results of labiaplasty"⁴. Additionally, given evidence that episiotomy, a common surgical procedure performed on healthy genital tissue during childbirth, may lead to "more frequent pain and vaginal dryness at intercourse,"⁵ we would expect that incisions and amputations of women's genitals performed for cosmetic or sexual 'enhancement' reasons would also commonly lead to difficulties.

- (2) The promotion and normalization of genital cosmetic surgery has wider sociocultural implications. Doctors who promote these surgeries market extremely narrow aesthetic and sexual ideals that provide wildly distorted impressions of 'normal' genitalia. In fact the size, shape, and form of women's genitals vary greatly, and change over time. Yet the graphic online display of 'before and after' photographs of women's labia, and the uncritical media coverage around the surgery, invites women to think that any labia other than those resembling prepubescent or airbrushed forms⁶ might be in need of 'beautification' or 'enhancement'. Because most women have little opportunity to see what the genitals of other real women look like, the images surgeons use to advertise their work can easily (mis)inform women (and men) about what women's genitals 'should' look like. Similarly, women's vaginas are described within the publicity and marketing materials in ways that foster the impression that mature women's vaginas are sexually inadequate.⁷

We believe that the aggressive marketing of cosmetic procedures is likely to encourage and exacerbate the anxiety and dissatisfaction that some women may feel about their labia and

their vaginas. Beyond this, through the way in which the promotion distorts people's ideas about what is normal, there is a good chance that uncritical publicity may actually produce discontent among women who had not previously worried about this part of their body.

But isn't it very rare?

These procedures are not widespread yet, although it is difficult to know because no database records all instances of genital cosmetic surgery. The limited data available suggest that the rate has been growing steadily over the past decade. For example, the number of labiaplasties performed in the United Kingdom doubled between 2000-2005, to reach over 800 procedures per year.⁸ Although the American Society for Plastic Surgeons has described procedures such as 'vaginal rejuvenation' as "fringe,"⁹ their statistics show a 30% increase in these operations performed between 2005 and 2006.¹⁰

What about women's right to choose?

The focus of our concern is on the cosmetic surgical procedures and the promotion of these by some doctors. *Real* choice is important, but choice does not exist in a cultural vacuum. In campaigning against genital cosmetic surgery we are calling for critical attention to the cultural conditions that lead women to choose these operations. We want to encourage debate about what is going on in contemporary western society that could produce a woman's desire to surgically alter her genitals? We see the scene being set by trends such as the medicalization of women's sexuality and the way women's bodies continue to be objectified. The business of genital cosmetic surgery exploits this cultural context for its profit opportunities. But aggressive marketing serves not only to advertise surgical solutions for pre-existing problems; it also enlarges the market by normalizing and expanding women's dissatisfaction with their bodies.

Although individual choice is an important cultural value that we endorse, the ethics of this issue cannot be reduced to 'an individual's right to choose.' This is because the promotion and normalization of these practices has implications for *all* women. The business opportunity afforded by genital cosmetic surgery rests on creating, inflaming and inflating genital discontent among the wider population of women. It does this by distorting notions about normal and desirable labia and vaginas, with the insidious effect of shifting cultural norms so that the acceptable range of genital diversity is drastically reduced.

The fact that some women in some *non-Western* cultures 'choose' to undergo traditional practices of genital cutting rarely works as a bottom line argument to persuade critics of 'female genital mutilation' that it is any less objectionable. Yet when the lens turns to our own western cultures it can be more difficult to see how individual choices are shaped and constrained by

problematic (sexist) cultural mores and values. We cannot foreclose the debate, therefore, by simply deferring to the mantra of individual choice.

What is the difference between female genital cosmetic surgery and female genital cutting or ‘mutilation’?

The World Health Organization uses the term “female genital mutilation” (FGM) to refer to “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”¹¹ The operations are performed as traditional practices, mainly in parts of Africa. Usually the term does not explicitly include elective surgical procedures (FGCS) performed in ‘the west’ though they could be incorporated within this definition. *The range of procedures carried out in the name of genital cosmetic surgery is not identical to those defined as FGM, but there is definite overlap.* Both involve cutting that includes full or partial amputation of the labia or clitoris, and both include procedures to ‘narrow’ or ‘tighten’ the vagina.

There are three important differences between FGM and FGCS: FGM is carried out on young girls as well as women, it can be performed against a girl’s or woman’s will, and in places where it is widely practiced there can be enormous pressure on women to undergo such cutting even when it is theoretically possible to choose otherwise. Cosmetic genital cutting in western countries, by contrast, is always an elective procedure and it is still, at this point, a marginal cultural practice.

But both FGM and FGCS are supported by complex cultural norms and social values. In societies where FGM is common it may be fostered by women, and even reportedly desired by some girls.¹² Even so, the practice of FGM is internationally condemned as a form of violence against women that violates women’s and girls’ human rights. The fact that some girls and women may ‘choose’ to be cut is not considered to legitimate the practice; rather it is understood that such choices are the product of highly constrained choices determined by cultural values. Yes, despite an alarming degree of overlap between FGM and FGCS in terms of what is done to women’s bodies, doctors are willing to defend a woman’s right to choose this surgery in the west.¹³ Advocates go so far as to claim it ‘empowers’ women.¹⁴ The dangerous western cultural body aesthetics and sexual norms that support these practices has yet to receive the same widespread outrage generated by female genital mutilation performed in non-western cultures.

But doesn’t surgery provide a good solution for women who experience dissatisfaction?

Recommending surgery as a solution for genital dissatisfaction is a dangerous argument. Instead of supporting a woman, it can perpetuate and reinforce her anxiety and self-criticism. The alternative is to legitimate women’s bodies through showing that real women’s genitals exist in

in diverse forms, that self-hatred is socially caused, and how women can learn to accept and appreciate their genitals.¹⁵ Much of what is presented in the promotional ‘before’ photographs, and thus implied to be abnormal and/or unattractive, is well within the normal range of natural diversity.

Why is the business of this ‘medicine’ a problem?

Entangling business interests with medical practices creates several big problems. One concerns the deliberate creation of a market for the services offered. Critics of *disease-mongering* have described the insidious ways in which normal human experiences and bodily states can become redefined as abnormal and pathological as part of developing new markets.¹⁶ In the case of genital cosmetic surgery, medically unnecessary, potentially dangerous surgeries are advertised with exaggerated and unrealistic claims that in some cases seem to promise the complete transformation of a woman’s life. For example, Dr. David Matlock, a Los Angeles gynecologist, has trademarked a ‘Wonder Woman Makeover’ package of surgeries, claiming: “As our patients put it, cosmetic surgery may make you look good, however laser vaginal rejuvenation® will make you feel good; one without the other is like the cake without the icing.”¹⁷ This same doctor, who uses a franchise model to spread and control his trademarked surgical procedures,¹⁸ advertises training and business opportunities to physicians by noting that “LVR/DLV ... has established a new and profitable sub-specialty in the booming aesthetic and cosmetic surgery segment.”¹⁹ Is this empowerment of women, as many of the doctors claim, or is it merely modern humbug selling women potentially harmful procedures they do not need?

Medical ethics and commercially oriented practices have incompatible values. Science and medicine value knowledge for the benefit of all. Well established principles like peer review, open debate, and collaboration foster scientific growth and safe and effective medical practice. A business model, by contrast, justifies secrecy to protect one’s ‘market share’. Dr. Matlock has been quoted as saying “If this is intellectual property, why should I give it away?”²⁰ This kind of secrecy prevents open and independent peer scrutiny that is necessary to safeguard the public.

It is worth noting that an international interagency report published by the World Health Organization stated that “Health professionals must never perform female genital mutilation,” citing not only the fundamental medical ethic against doing harm, but also the danger that medicalization legitimates these harmful practices.²¹ Ironically while the international campaign to eliminate female genital cutting continues to gather support and momentum, female genital cosmetic surgery is proliferating in the west.

¹ Dr Matlock, a pioneer of some of the more widely known surgeries, has been cited as saying that coverage in magazine articles has been “the best commercial for the surgery” (Kemp, Vivek. 2005. Vaginal rejuvenation: the

new wave of cosmetic surgery. <http://jscms.jrn.columbia.edu/cns/2005-04-19/kemp-vaginalrejuvenation> [Accessed 10 October 2008]

² There are many examples of this on doctors' websites. For example:

"The goal of the surgery is to increase the fiction [sic] experienced by sexual partners during intercourse, hence improving pleasure. Women often feel greater self esteem after the procedure and improved confidence." ("Frequently Asked Questions About Labiaplasty and Vaginoplasty,"

<http://www.labiaplastysurgeon.com/faq.html> (see also: "Labiaplasty (Large Labia Reduction & Beautification)," Homepage, [http://www.cosmeticsurgery.com/research/cosmetic-surgery/Labiaplasty-\(Labia-Rejuvenation\)/](http://www.cosmeticsurgery.com/research/cosmetic-surgery/Labiaplasty-(Labia-Rejuvenation)/) Accessed 14 October 2008)

"The bottom line is that aesthetic surgical labial reduction & beautification can greatly improve the aesthetic appearance of abnormally enlarged labia, and improve a woman's self-esteem."

<http://www.labiaplastysurgeon.com/> Accessed 13 October 2008)

(For further discussion and examples, see Braun, V. (2005). In search of (better) sexual pleasure: female genital 'cosmetic' surgery. *Sexualities*, 8, 407-424.)

³ E.g., a small independent study based on interviews with six women who had undergone 'labial reduction' surgery suggests that the surgery does not always deliver according to the advertising hype. (Bramwell, R., Morland, C., & Garden, A.S. (2007). Expectations and experience of labial reduction: a qualitative study. *BJOG: An International Journal of Obstetrics and Gynaecology*, 114, 1493-1499.)

⁴ "We have seen many unfortunate examples of terrible, scarred, uneven results of labiaplasty from other physicians who have attempted labia reduction surgery with typically poor results, which are usually permanent." <http://www.labiadoctor.com/labiaplasty.html> Accessed 17 October 2008)

⁵ Ejegård, H., Ryding, E. L., & Sjögren, B. (2008). Sexuality after Delivery with Episiotomy: A Long-Term Follow-Up. *Gynecologic and Obstetric Investigation*, 66(1), 1-7.

⁶ "Many people have asked us for an example of the aesthetically pleasing vulva. We went to our patients for the answer and they said the playmates of Playboy." ['Designer laser vaginoplasty', The Laser Vaginal Rejuvenation Institute of Los Angeles. <http://www.drmatlock.com/dlv.htm> Accessed 10 October 2008]

⁷ "Women throughout the world have told us that they want to be 'like 16 years old, 18 years old, or as if they never had children.' LVR[®] is the answer." ['Laser Vaginal Rejuvenation[®] for the enhancement of sexual gratification.' The Laser Vaginal Rejuvenation Institute of Los Angeles. <http://www.drmatlock.com/overview.htm> Accessed 16 October 2008]

⁸ Liao, L. M., & Creighton, S. (2007). Requests for cosmetic genitoplasty: how should healthcare providers respond? *BMJ*, 334, 1090-1092.

⁹ "'Fringe' Plastic Surgery Procedures More Hype than Reality, ASPS Says". ASPS Press Release, 2006. American Society for Plastic Surgeon's website. http://www.plasticsurgery.org/media/press_releases/fringe-procedures.cfm Accessed 15 October 2008)

¹⁰ See the American Society for Plastic Surgeon's website. <http://www.plasticsurgery.org>.

¹¹ World Health Organization. (2008). *Eliminating female genital mutilation: An interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO*. Geneva: WHO Press, World Health

Organization, p. 1 (NB: Some groups use the term 'genital cutting' as a term considered more non-judgemental, although this UN Statement continues to use the term "mutilation" to emphasize "the gravity of the act," p. 3). This report is available at http://www.who.int/reproductive-health/publications/fgm/fgm_statement_2008.pdf Accessed 18 October 2008.

¹² See WHO (2008), *ibid.*

¹³ For example, see: Goodman M.P., Bachmann G., Johnson C., Fourcroy J.L., Goldstein A., Goldstein G., & Sklar S. (2007). Is elective vulvar plastic surgery ever warranted, and what screening should be done preoperatively? *Journal of Sexual Medicine*, 4, 269–276.

¹⁴ The language of empowerment is a common trope used in the publicity. For instance, "Our mission is to empower women with knowledge, choice, and alternatives." "Laser Vaginal Rejuvenation® for the Enhancement of Sexual Gratification," The Laser Vaginal Rejuvenation Institute of Los Angeles. <http://www.dermatlock.com/dlv.htm> Accessed 20 October 2008

¹⁵ Betty Dodson, sex educator and artist, has several educational videos that serve these healing and educational ends. <http://www.dodsonandross.com/boutique/videos> (accessed 23 October 2008) See especially, "Viva La Vulva."

¹⁶ Moynihan, R. & Cassels, A. (2005) *Selling Sickness*. New York: Nation Books

¹⁷ "Services." The Laser Vaginal Rejuvenation Institute of Los Angeles. <http://www.dermatlock.com/services.htm> [Accessed 20 October 2008] (This is only one of several trademarked procedures he offers.)

¹⁸ For further discussion of these issues see: Tiefer, L. (2008). Female Genital Cosmetic Surgery: Freakish or Inevitable? Analysis from Medical Marketing, Bioethics, and Feminist Theory. *Feminism Psychology*, 18(4), 466-479.

¹⁹ Laser Vaginal Rejuvenation Institute of America, <http://lvria.org/PhysicianHome.html> [Accessed 20 October 2008]

²⁰ "If this is intellectual property, why should I give it away?' he asks. 'Medicine is a business too. Doctors want in because it's a cash business. Insurance, you might get paid nine months, six months, three months at best. But here, they're coming in and they're paying cash.'" Klein, S. (2005). "Does this make my labia look fat? Medicine and marketing collide below the belt" *Detroit Metro Times*, 3.9.05. Available <http://metrotimes.com/editorial/story.asp?id=7405> [Accessed 20 October 2008]

²¹ World Health Organization. (2008). *ibid*, p. 12