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Results of Cosmetic Gynecology Surgery of Our Clinic

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ABSTRACT

Despite the increasing demand for the female genital system surgery, the data are insufficient. Our study aims to investigate the operations for female genital cosmetic surgery.
80 patients who underwent female genital cosmetic surgery within the indication in our hospital between 01.05.2018-30.09.2022 at Siirt University Training and Research Hospital were included in our study. Five types of operations were performed on the patients: labiaplasty, vaginoplasty, perinoplasty, hudoplasty, and hymenoplasty. Postoperative six-month satisfaction levels were measured.
80 patients were included in the study. 22 labiaplasty, 16 hudoplasty, 54 vaginoplasty, 64 perineoplasty, 3 hymenoplasty operations were performed. The mean age in the study was 36.2 ± 11 (20-75) and the mean parity was 3.4 ± 1.9 (0-8). The operation time was 49.8 ±9.1 minutes (35-80). No complications were observed in any of the patients. After the operation, these patients were followed up for an average of 6 months. Average patient satisfaction was 86% in labiaplasty, 100% in hudoplasty, 90% in vaginoplasty, 87 % in perinoplasty, and 66% in hymenoplasty.
The results obtained in our study are that cosmetic gynecology can be performed within medical indications. It was observed that complication rates were low and patient satisfaction was good.

Keywords: Cosmetics; genitalia; surgical

Introduction

Female genital cosmetic surgery is rapidly gaining popularity and acceptance as both the functional and aesthetic benefits of these procedures are appreciated. (1, 2) Patients' demand for these techniques is increasing and female genital cosmetic surgery is becoming a sub-branch of gynecology. (3) Despite the increasing interest in cosmetic genital procedures over the past decade, there is a lack of published studies and standard terminology on female genital cosmetic surgery procedures and results, and information on incidence and prevalence (4)

"Female genital cosmetic surgery" includes a great number of procedures, including labiaplasty, hudoplasty, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification. Labiaplasty is the most common of these and typically includes procedures such as reducing or reshaping the labia minora or, less frequently, reshaping the labia major. (6) These procedures can be performed alone or in combination. For example, the combination of vaginoplasty and perineoplasty is frequently combined (7.8)

It is discussed that these surgical interventions may be inappropriate and complicated due to ethical issues. In general, surgery is an intervention performed not only to save the patient, but also to improve the life quality of the person. Thus, the dilemma of how to balance between the patient's desire for surgical intervention and Hippocratic's condition of doing no harm emerges.

Cosmetic gynecology associations universally agree that any female genital cosmetic surgery that is not medically indicated is fraught with difficulties and deprived of evidence of both safety and efficiency (9). Women should be informed about the lack of high-quality data supporting the efficiency of genital cosmetic surgical procedures and about potential complications such as pain, bleeding, infection, scarring, adhesions, sensory changes, dyspareunia, and the need for reoperation (5).

Our study aims to contribute to the limited literature on ever-increasing female genital cosmetic surgery.

Material and Method

Eighty patients who underwent female genital cosmetic surgery within the indication in our hospital between 01.05.2018 and 30.09.2022 at Siirt University Training and Research Hospital were included in our study.The female participants were informed about the study, and their verbal and written consents were obtained. (Ethics committee no: 2022/09/01/05) In addition to various physical complaints such as clothing, exercise, pain, discomfort, irritation, and trauma due to sexual intercourse, vaginal relaxation feeling, and difficulty in sexual intercourse were defined as indications. Five types of operations

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were performed on the patients: labiaplasty, vaginoplasty, perineoplasty, hoodoplasty, and hymenoplasty.

After the operation, these patients were followed up for an average of six months. Operational information and clinical demographic information were obtained retrospectively from the hospital electrical file data system. Postoperative 6th month patients were called for control and evaluated.

Parameters such as age, parity, operation time, preoperative and postoperative hemoglobin level, concomitant operations, incontinence surgery, surgical satisfaction, and postoperative complaints were examined.

Surgical techniques

Perineoplasty: Hydrodissection was applied to the perineal region of the patient with perineal defects by diluting 0.5% ephedrine isotonic. A sharp dissection was performed up to the vaginal hiatus, holding the perineum with appropriate alles. The perineal defect area was excised, the perineal muscles were elevated and supported with absorbable suture vicryl 0, and then the vaginoplasty was started.

Vaginoplasty: Starting from the vaginal hiatus, the rectovaginal fascia was held with alles and dissected to the posterior to form a triangle. The dissected rectovaginal mucosa was excised, and the defects in the rectovaginal disaster were repaired withabsorbable suture vicryl 0. The rectovaginal mucosa was continuously sutured with absorbable suture vicryl 2/0. The perineal superficial tissue was also sutured with absorbable suture vicry 2/0. After bleeding was controlled, the operation concluded.

Labiaplasty; Hydrodissection was applied to the labia and a bilateral elliptical symmetric incision was made, leaving an area of 1 cm and holding it with appropriate clamps. The labia were vertically subcutaneous sutured with absorbable suture vicryl 4/0. After bleeding was controlled, the operation concluded.

Clitoral Hoodoplasty: Clitoral hypertrophic areas were hydrodissected bilaterally. These areas were resected bilaterally and subcutaneous sutured vertically with absorbable suture vicryl 4/0. After bleeding was controlled, the operation was concluded.

Hymenoplasty: The hymen caruncle was hydrodissected and held with opposing alles, and the tissues between the two caruncles were excised. Hymen caruncle was sutured mutually with absorbable suture vicrylrapid 5/0. After bleeding was controlled, the operation concluded.

Statistical method: In the descriptive statistics of continuous variables, the mean, standard deviation, median, minimum value and maximum value are given, and in the definition of categorical variables, frequency (n) and percent (%) values are given. The IBM SPSS.23 program was utilized in all analyses.

Results

Eighty patients were included in the study. In total, 22 labiaplasty operations, 16 hoodoplasty operations, 54 vaginoplasty operations, 64 perineoplasty operations, and threehymenoplasty operations were performed. The mean age of the study was 36.2 ± 11 (20–75), and the mean parity was 3.4 ± 1.9 (0–8). The operation time was 49.8 ±9.1 minutes (35–80). No complications were observed in any of the patients.

The reasons for applying to the hospital for patients who underwent cosmetic genital surgery were vaginal enlargement, perineal defects, sexual problems, external genital deformity, genital pain, labial hypertrophy, clitoris pain and deformity, and genital trauma.

After the operation, these patients were followed up for an average of six months. Patients with good and very good satisfaction levels were considered successful. Average patient satisfaction was 86% forlabiaplasty, 100% forhoodoplasty, 90% forvaginoplasty, 87% forperineoplasty, and 66 % forhymenoplasty.

In our study, labiaplasty, vaginoplasty, perineoplasty, and hoodoplasty were performed in six patients;labiaplasty, vaginoplasty, and perineoplasty were performed in seven patients; andlabiaplasty and hoodoplasty were performed in eight patients in one surgical operation.

Discussion

In the descriptive statistics of continuous variables, the mean, standard deviation, median, minimum value and maximum value are given, and in the definition of categorical variables, frequency (n) and percent (%) values are given. The IBM SPSS.23 program was utilized in all analyses.

Aging women are vulnerable to social messages; they experience strong pressure to preserve their youth and weakness. As the physiological changes that accompany normal aging lead these women away from the “ideal” image, body dissatisfaction may increase. These women face an impossible task of trying to counter the natural aging process through various means, including fashion,

cosmetics, selective surgeries, and personal food choices. Emerging body image issues, excessive weightlifting and eating disorders, depression, social withdrawal, low self-respect, and irregular eating habits may have a negative impact on the nutritional status and quality of life. (10, 11) Women's self-perception and complaints and the desire of gynecologists to perform surgery within the indication are based on a fine balance.

In our study, vaginal enlargement, perineal defects, sexual problems, external genital deformity, genital pain, labial hypertrophy, clitoris pain and deformity, and genital traumas were the indications.

In recent years, general cosmetic surgery and gynecological cosmetic surgery has become a trend. There is a high demand worldwide. We based our study on medical indications and did not operate on non-medical indications.

Table 1: Clinical Features

Clinical features	Mean ± SD	(Min – Max)
Age (years)	36.2 ± 11	20–75
Parity (n)	3.4 ± 1.9	0–8
Preoperative hemoglobin(mg/dL))	12.5 ± 1.2	9.8–15
Postoperative hemoglobin(mg/dl)	11.9 ±1.2	8.7–13.9
Operation time (minutes)	49.8 ±9.1	35–80

However, there is no distinct view on this issue, and there is still uncertainty in the indications. Sensory and sexual image purposeful subjective indications are a matter of debate. In some countries, non-medical operations are not recommended, while in other countries, sexual, emotional, and private reasons do not hinder these operations. In its recent bulletin, the American College of Obstetricians and Gynecologists(ACOG) reported that surgery aimed only at changing sexual appearance or function is not medically indicated. Some indications, however, are excluded. These indications are diagnosed female sexual dysfunction, pain in sexual intercourse, athletic activities, previous congenital injury, and correction of female genital mutilation, vaginal prolapse, and incontinence or sex surgeries (12, 13, 14). Kalaaji et al. reported the indications for surgery as cosmetic (69.8%), physical/practical (62.3%), sentimental (54.7%), and private (49.1%). (15)

The mean age of the study was 36.2 ± 11 (20–75), and the mean parity was 3.4 ± 1.9 (0–8).Notably, cosmetic gynecology operation is not recommended for women under the age of 18 in the ACOG bulletins (16, 17). Krissi et al. reported that there was no relationship between external genitalia measurements and age, parity, or sexual activity.

The mean age in our study was 36.2 years,which is considered middle age. Body sense of the patients tends to be negatively perceived after middle age. During this period, women's desire for fertility is declining, and simultaneously, negative physical progress in their bodies with advancing age increases the fear of being disliked, anxiety, and fear. These changes persist throughout the middle age period when the demand for these operations increases. Patients generally delay the complaint that they are uncomfortable for a long time, and the decision-making process for the operation is time-consuming. During this period of middle age and relatively low fertility, patients apply to gynecologists with greater frequency. (18)

The operation time was 49.8 ±9.1 minutes (35–80). Infection in the labium was observed in two patients. Most cosmetic gynecology operations have a short duration. However, since it is a delicate and demanding operation, in some cases, the operation may require a longer period. Although there is minimal information about the average operation time in the literature, 49 minutes is a relatively short operation time. Wound site infection developed after labiaplasty in two of the patients in our study. Infections improved with treatment. It was observed that the patients suffered more pain at the wound site during the treatment processes compared to other gynecological procedures. The extensive neural network of the operated area may cause more painful complications in these patients.

Sinno et al. reported complications in 11 patients (28.2%) among a series of 39 patients. Labial asymmetry and separation were the most common complications. Despite higher complication and

revision surgery rates, 97.4% reported that the surgery was a good experience and that they were satisfied with the results. (19)

Wilkie et al. reported that complications appeared mostly after the labiaplasty operation. The authors expressed scarring, loss of sensation or hypersensitivity, dyspareunia, infection, and separation of sutures and stated that hypersensitivity and scarring may occur in the case of damage to the glans in hoodoplasty operations. They also reported that infection abscess and hematoma could be seen after these operations. (20)

After the operation, these patients were followed up for an average of six months. Patients with good and very good satisfaction levels were considered successful. Average patient satisfaction was 86% in labiaplasty, 100% in hoodoplasty, 90% in vaginoplasty, 87% in perineoplasty, and 66% in hymenoplasty.

Al-Jumah et al. reported that, in a series of 196 patients, the satisfaction rate was 64% for vaginoplasty and 73% for other cosmetic procedures and that most participants reported improvement in overall satisfaction and sexual function, genital appearance, and self-respect (21). Despite higher complication and revision surgery rates, these patients were satisfied with the postoperative results and reported significant improvements in their physical, psychosocial, and sexual health after surgery. (19)

Tablo 2: Operational Features

	Operational Features				
	Labiaplasty n: 22	Hoodoplasty n: 16	Vaginoplasty n: 54	Perineoplastiy n: 64	Hymenoplasty n: 3
Indications					
Vaginal enlargement	0	0	8	4	0
Perineal defects	0	0	41	47	0
Sexual problems	0	0	3	5	0
Deformity of external genitalia	10	2	0	0	0
Genital pain	18	2	0	8	0
Labial hypertrophy	3		0	0	0
Clitoral pain and deformity	0	12	0	0	0
Genital trauma	1	0	2	0	3
Accompanying operation					
Vaginal winding	0	0	3	2	0
Rectocele repair	2	1	20	26	0
Cystocele repair	0	0	3	7	0
Labiaplasty	0	16	10	8	0
Hoodoplasty	15	0	6	4	0
Vaginoplasty	10	6	0	49	0
Perineoplasty	10	6	49	0	0
Hymenoplasty	3	2	0	0	0
Post op					

Patient satisfaction					
None	0	0	1	2	0
Minimal	1	0	1	2	1
Average	2	0	3	4	0
Good	5	3	9	11	1
Very good	14	13	40	45	1

Figure 1: Perinoplasty Operation **Figure 2: Vaginoplasty Operation**

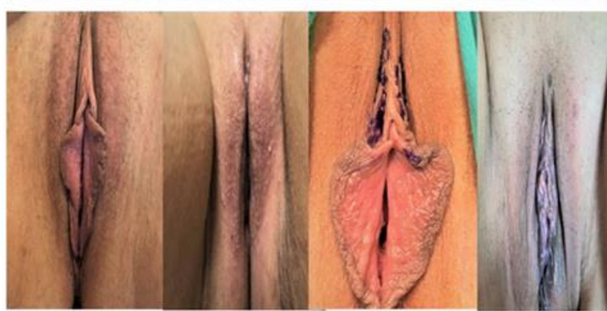

Figure 3: Labioplasty Operation **Figure 4: Hoodoplasty Operation**

In our study, labiaplasty, vaginoplasty, perineoplasty, and hoodoplasty were performed in six patients;labiaplasty, vaginoplasty, perineoplasty were performed in seven patients;and labiaplasty and hoodoplasty were performed in eight patients in the same session in combination. Combined surgery can be performed in cosmetic gynecology operations. In our results, complications and dissatisfaction were not reported with two or more surgical procedures to the vulvar region in the same session.

Over the past decade, both patient interest and performance in cosmetic genital procedures have increased. The lack of published studies and standardized terminology on female genital cosmetic surgery procedures and results means a lack of clear information about incidence and prevalence and limited data on risks and benefits. Women should be informed about the lack of high-quality data supporting the efficiency of genital cosmetic surgical procedures and about potential complications such as pain, bleeding, infection, scarring, adhesions, sensory changes, dyspareunia, and the need for reoperation. Gynecologists should have adequate training to recognize women with sexual dysfunction, as well as women with depression, anxiety, and other psychiatric conditions. Persons, if indicated, should be evaluated for body dysmorphic disorder. Before surgery is considered for women with psychological concerns, a referral for evaluation should be given. As with all operations, obstetricians and gynecologists performing genital cosmetic surgery should inform potential patients about their experience and surgical results. (12)

Although numerous studies address cosmetic gynecology surgical techniques and short-term complication rates, the terminology and outcome criteria are heterogeneous. To address this issue, standardized terminology should be developed with monotype cosmetic and functional endpoints (22, 23).

Our study has some limitations: it is retrospective in nature, there is no sexual evaluation, and the sample size is heterogeneous and small.However, our study also has many strengths: information about five different procedures was utilized, access to data on patient satisfaction was gained and it will contribute to the limited research available on female genital cosmetic surgery.

The results obtained in our study are that cosmetic gynecology can be performed within medical indications. It was observed that the complication rates were low and the patient satisfaction was good. In these surgical procedures, which have become increasingly widespread in recent years, gynecologists should adhere to medical indications. Cosmetic gynecology still has subjective and uncertain domains only due to a lack of data and non-standardized definitions and outcome criteria. Gynecologists should have experience and ethical concerns to eliminate the uncertainty in situations on demand arising from medical indications and other sexual and physical perceptions.

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