







# Effects of gynecological cosmetic surgery on sexual function

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## ABSTRACT

**Objective:** Gynecological cosmetic surgery is a surgical approach that has become increasingly popular to improve genital appearance or sexual satisfaction. We aimed to evaluate the effects of gynecological cosmetic surgery operations on sexual function.

**Material and Methods:** In our study, the Female Sexual Function Index (FSFI), Quality of Sexual Experience Scale (QSES), and Body Image Quality of Life (BIQL) scores of 96 patients who underwent gynecological cosmetic surgery in our hospital between January 2019 and 2024 were retrospectively evaluated before surgery and 6 months after surgery. Participants' information such as age, duration of marriage, marital status, body mass index (BMI), parity, gravidity, type of birth, education, and employment status were obtained from the hospital database.

**Results:** In the study, the BIQL and FSFI scores of the women were found to be significantly higher in the post-surgery period ( $p < 0.001$  and  $p < 0.001$ , respectively). The QSES score of the women was also found to be significantly higher in the post-surgery period ( $p < 0.001$ ). Additionally, the desire and arousal scores of the women were significantly higher in the post-surgery period ( $p < 0.001$  and  $p < 0.001$ , respectively). Similarly, the lubrication and satisfaction scores were found to be significantly higher in the post-surgery period ( $p < 0.001$  and  $p < 0.001$ , respectively).

**Conclusion:** The findings from our study showed that women who underwent gynecological cosmetic surgery experienced significant improvements in their body image, sexual function, and satisfaction. Prospective studies with longer follow-up periods and data evaluation from partners are needed.

**Keywords:** Body image, gynecological cosmetic surgery, sexual function.

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## INTRODUCTION

Changing views on beauty are influenced by advances in technology and fashion. Additionally, social and cultural norms vary across countries, contributing to diversity.<sup>[1]</sup> Due to these differences across countries and cultures, it is difficult to accurately represent the typical or aesthetic appearance of female external genitalia.<sup>[1]</sup> Gynecological cosmetic surgery is considered a surgical approach that has recently become widespread to improve genital appearance or sexual satisfaction in response to these demands.<sup>[2]</sup> Gynecological cosmetic surgery operations include various vaginal rejuvenation procedures such as labiaplasty, clitoral hood reduction, vaginoplasty, and perineoplasty.<sup>[1]</sup>

However, there is a lack of published studies on gynecological cosmetic surgical procedures and outcomes, a lack of standardized nomenclature, limited information on incidence and prevalence, and insufficient data on risks and benefits.<sup>[3]</sup> Identifying factors that influence sexual satisfaction and perceived relationship quality is important for determining targets when selecting appropriate treatment for sexual and relationship problems in romantic couples. Many men and women in sex therapy treatment struggle with concerns about their physical appearance.<sup>[4]</sup>

Body image is considered one of the factors affecting both sexual satisfaction and perceived relationship quality. It should be viewed as a multidimensional concept that includes a person's self-perceptions, attitudes, feelings, and behaviors regarding their physical appearance.<sup>[5]</sup> Many studies in the literature have shown that body image is consistently and significantly associated with sexual satisfaction in both men and women.<sup>[6,7]</sup> It has been determined that one of the main reasons women request gynecological cosmetic surgery is their belief that it will improve their body image, sexual satisfaction, and marital relationships after the procedure.<sup>[8]</sup>

In the study conducted by Goodman et al.,<sup>[9]</sup> it was found that genital aesthetic/cosmetic surgery improved sexual satisfaction and genital self-image in women. In the study by Veale et al.,<sup>[10]</sup> approximately one-third of women who had undergone gynecological cosmetic surgery reported recalling specific negative comments about their labia in the past, compared to only 3% of patients with no history of surgery. Many studies have reported that the media is a significant reason for the rising demand for gynecological cosmetic surgery.<sup>[11,12]</sup> Additionally, several studies have highlighted the influence of online photos on women's decisions to undergo these surgeries.<sup>[13,14]</sup> A systematic review of 26 studies showed that frequent exposure to pornography was associated with negatively perceived sexual body image.<sup>[15]</sup>

Although experts suggest that gynecological cosmetic surgeries may have certain complications, the demand for these procedures has increased significantly in recent years. It is thought that the underlying cultural context and the desire to satisfy their partners drive many women to seek gynecological cosmetic surgery. We aimed to evaluate the effects of gynecological cosmetic surgery operations on sexual function.

## MATERIAL AND METHODS

The study was designed as a retrospective cross-sectional study. It was conducted in accordance with the Declaration of Helsinki, and informed consent forms were obtained from all patients. Ethics

committee approval was granted by our hospital's ethics committee, non-interventional ethical research department, with protocol number 24/25-9. In this study, 96 patients who underwent gynecological cosmetic surgery at our hospital between January 2019 and 2024 were evaluated retrospectively.

Exclusion criteria included neuromuscular or musculoskeletal diseases, psychological illness, and previous genital aesthetic surgery. Patients who underwent additional procedures such as mesotherapy, platelet-rich plasma, or genital fillers in addition to surgery were not included. The questionnaire data from all patients before surgery and at 6 months postoperatively were evaluated retrospectively. Participants' information such as age, duration of marriage, marital status, body mass index (BMI), parity, gravidity, type of birth, education, and employment status were obtained from the hospital database.

The Female Sexual Function Index (FSFI),<sup>[16]</sup> Quality of Sexual Experience Scale (QSES),<sup>[17]</sup> and Body Image Quality of Life Inventory (BIQLI)<sup>[18]</sup> scores of all patients were retrospectively reviewed from patient files. The FSFI assessed six distinct domains: pain/discomfort, satisfaction, orgasm, lubrication, arousal, and desire. The scale ranged from 0 (no sexual activity in the previous four weeks) or 1 (very unhappy) to 5 (very satisfied). A full-scale score ranging from 2.0 (severe dysfunction) to 36.0 (no dysfunction) was used to assess sexual function, with higher FSFI scores indicating improved symptoms.<sup>[19]</sup>

Higher QSES scores correspond to higher sexual quality; the range of values is 7 to 49.<sup>[20]</sup> This questionnaire also examines several facets of sexual life and the influence of pelvic issues on sexual functioning. Participants were instructed to consider the preceding four weeks when responding to the questions.<sup>[20]</sup>

The BIQLI assesses body image through 19 items that evaluate the impact of body image on an individual's life. It examines feelings about self and life, psychological states, relationships, eating and exercise status, teaching activities, sexual experiences, and family and work/school environments.<sup>[18]</sup> Individuals with higher BIQLI scores have been shown to have higher body satisfaction, less body shame, reduced preoccupation with being fat, less dysfunctional investment in appearance, lower body surveillance, and less internalization of cultural beauty standards.<sup>[18]</sup>

The indications for gynecological cosmetic surgery included various problems such as large or dysmorphic labia majora, a long clitoral hood, a loose genital hiatus, sagging perineal body, cystocele, and rectocele. A wide spectrum of procedures was applied based on these indications, including labiaplasty, clitoral hoodectomy, vaginoplasty, anterior and posterior colporrhaphy, and perineoplasty.

## Statistical Analysis

Statistical analysis was performed using the SPSS 26.0 software package (IBM Inc., Chicago, IL, USA). The normality of the distribution was evaluated using the Kolmogorov-Smirnov test. Categorical variables are reported as percentages, while quantitative variables are reported as mean±standard deviation. The paired samples t-test was applied to compare pre- and post-surgery data. Statistical significance was considered as  $p < 0.05$ , with analyses conducted within 95% confidence intervals (CI).

**Table 1: Evaluation of demographic and obstetric characteristics of women**

Variables	Characteristics of the women	
	Mean±SD	n (%)
Age (year)	38.56±6.4	–
BMI (kg/m <sup>2</sup> )	26.88±6.9	–
Marriage status		
Married	–	61 (63.5)
Single	–	35 (36.5)
Duration of marriage	11.25±4.4	–
Education level		
University	–	66 (68.75)
High school	–	30 (31.25)
Gravidity	1.94±0.72	–
Parity	1.51±0.58	–
Occupational status		
Employed	–	70 (72.9)
Housewife	–	26 (27.1)
Delivery type		
NSVD	–	63 (65.6)
C/S	–	24 (25)
NSVD + C/S	–	9 (9.4)

BMI: Body mass index; SD: Standard deviation; C/S: Cesarean section; NSVD: Normal spontaneous vaginal delivery.

## RESULTS

The average age of the women was 38.56±6.4 years, and the BMI value was 26.88±6.9 kg/m<sup>2</sup>. Of the participants, 61 (63.5%) were married, and 35 (36.5%) were single. The mean duration of marriage was determined as 11.25±4.4 years. A total of 66 (68.75%) participants were university graduates, and 30 (31.25%) were high school graduates. The parity number was determined as 1.51±0.58, and the gravida number as 1.94±0.72. Of the participants, 70 (72.9%) were employed, and 26 (27.1%) were housewives. In terms of birth history, 63 (65.6%) had a history of normal spontaneous vaginal delivery (NSVD), 24 (25%) had a history of cesarean section (C/S), and 9 (9.4%) had a history of both C/S and NSVD (Table 1).

The BIQL score of the participants was 28.4±10.6 in the pre-surgery period and 41±8.6 at 6 months post-surgery, which was found to be significantly higher in the post-surgery period ( $p<0.001$ ). The FSFI score was 22.3±5.1 in the pre-surgery period and 25.9±4.7 at 6 months post-surgery, showing a significant increase ( $p<0.001$ ). The QSES score was 36.3±5.1 in the pre-surgery period and 39.1±4.1 at 6 months post-surgery, which was also significantly higher ( $p<0.001$ ) (Table 2).

**Table 2: Comparison of BIQL, FSFI and QSES scores in the pre-surgery and post-surgery periods**

Variables	Pre-surgery	Post-surgery	p
BIQL, Mean±SD	28.4±10.6	41±8.6	<0.001
FSFI, Mean±SD	22.3±5.1	25.9±4.7	<0.001
QSES, Mean±SD	36.3±5.1	39.1±4.1	<0.001

SD: Standard deviation; BIQL: Body image quality of life; FSFI: Female Sexual Function Index; QSES: Quality of Sexual Experience Scale.

**Table 3: Comparison of FSFI evaluation criteria in pre-surgery and post-surgery periods**

Variables	Pre-surgery	Post-surgery	p
Desire, Mean±SD	4.1±0.9	4.8±0.8	<0.001
Arousal, Mean±SD	4±0.9	4.8±0.8	<0.001
Lubrication, Mean±SD	3.8±0.8	4.6±0.7	<0.001
Orgasm, Mean±SD	3.3±0.8	3.4±0.8	0.78
Satisfaction, Mean±SD	3.9±1.1	4.9±1.3	<0.001
Pain, Mean±SD	3.2±0.9	3.4±1.1	0.74
Total score, Mean±SD	22.3±5.1	25.9±4.7	<0.001

SD: Standard deviation; FSFI: Female Sexual Function Index.

The desire score was 4.1±0.9 in the pre-surgery period and 4.8±0.8 at 6 months post-surgery, indicating a significant increase ( $p<0.001$ ). The arousal score was 4±0.9 in the pre-surgery period and 4.8±0.8 at 6 months post-surgery, showing a significant increase ( $p<0.001$ ). The lubrication score was 3.8±0.8 in the pre-surgery period and 4.6±0.7 at 6 months post-surgery, which was significantly higher ( $p<0.001$ ). Lastly, the satisfaction score was 3.9±1.1 in the pre-surgery period and 4.9±1.3 at 6 months post-surgery, demonstrating a significant increase ( $p<0.001$ ) (Table 3).

## DISCUSSION

Our study revealed that women's body image and sexual functions improved significantly after gynecological cosmetic surgery. Significant differences were also found in many sub-criteria of the FSFI scale in the postoperative period. It is thought that the improvement in FSFI subparameters such as desire, arousal, lubrication, and satisfaction in the postoperative period is due to the self-confidence patients gain regarding their genital image and the restoration of optimal anatomical structure in the genital area following physical rejuvenation of the vagina.

No significant difference was found between clinical recovery and sexual indices according to delivery type. However, the limited and heterogeneous distribution of the patient sample constrained our ability to present definitive data on this issue. Sexual function is defined as the absence of difficulty in the stages of sexual desire, arousal,

and orgasm, along with subjective satisfaction with the frequency and outcomes of sexual behavior, either individually or with a partner. Sexual function can also be expressed by individual feelings of satisfaction with sexual desire and behavior frequency and subjective pleasure during sexual activity, either alone or with a partner.<sup>[21]</sup>

Considering these definitions, the significant changes detected in the index criteria used to evaluate sexual function support the potential of gynecological cosmetic surgery to make substantial improvements in this regard. In the study conducted by Goodman et al.,<sup>[9]</sup> sexual dissatisfaction and negative genital self-image were notable complaints among women requesting gynecological cosmetic surgery. In follow-ups conducted up to the 2<sup>nd</sup> year post-surgery, it was reported that these complaints had disappeared. It was revealed that operations performed by an experienced surgeon led to improvements in sexual function and genital self-image.

In a study by Alter, 93% of 166 women reported that their self-esteem improved at least “somewhat” after labiaplasty, and 71% reported improvements in their sex lives.<sup>[22]</sup> A study by Gress found that 90% of 812 patients reported a decrease in psychological distress after surgery.<sup>[23]</sup> In the study conducted by Geynisman-Tan et al.,<sup>[24]</sup> it was revealed that sexual function and satisfaction improved significantly in the 3-month period following pelvic organ prolapse surgery. They found that improved sexual function was closely related to improvements in pelvic floor symptoms.

Women’s sexual satisfaction can be described as both the absence of sexual problems and the experience of satisfaction during sexual intercourse.<sup>[25]</sup> Women who are satisfied with their sexual lives and partner relationships generally report higher levels of well-being and better overall health.<sup>[26]</sup> Sexual satisfaction, sexual function levels, frequency of sexual activity, and relationship satisfaction between partners should be evaluated as a multifactorial structure that includes both dyadic and interpersonal dimensions.<sup>[27]</sup> When evaluating sexual satisfaction, the sexual pleasure component is also considered, which is recognized as a sexual right by the World Sexual Health Association.<sup>[28]</sup>

Studies in the literature have shown that women’s sexual dysfunction is strongly associated with sexual dissatisfaction and that both play a crucial role in women’s sexual health.<sup>[29,30]</sup> In our study, significant improvements were found in the BIQL, FSFI, and QSES scores of women after gynecological cosmetic surgery, with notable improvements in sexual function parameters. No significant difference was found in the pain score, one of the FSFI subscales, between the pre-surgery and post-surgery periods. We believe this may be due to the evaluation being conducted at the 6<sup>th</sup> month post-surgery. The sensitivity of scar tissue in the operated area during the postoperative period may have had a confounding effect on the pain score. We suggest that re-evaluation at later follow-ups would provide more accurate results.

In the present study, no significant difference was found between the pre-surgery and post-surgery periods in the orgasm score, another FSFI subscale. We attribute this to the multifactorial nature of orgasm. Literature data indicate that the orgasm rate among women is lower than among men and that approximately 50% of women experience orgasm.<sup>[31,32]</sup> Considering these studies, it is considered acceptable that no significant change was detected in postoperative orgasm scores.

Women who seek gynecological cosmetic surgery often have concerns related to body image. Various aspects of body image, including an individual’s current physical condition, sexual attractiveness, and thoughts about their body during sexual activity, can influence sexual satisfaction in women. Studies suggest that women with low sexual satisfaction may benefit from treatments that alter their body image. Interventions focused on developing and maintaining a positive body image have been found to help create a more satisfying sex life and improve perceived relationship quality. Various types of cosmetic surgery have been shown to impact body image as well as physical and mental health. Negative body image has been found to improve significantly after female genital cosmetic surgery.<sup>[33–37]</sup>

In the study conducted by Qiang et al.,<sup>[38]</sup> 81.4% of women with psychological problems such as loss of self-esteem, anxiety, and negative body image were found to be university graduates. However, in the study conducted by Herbenick et al.,<sup>[39]</sup> they stated that female genital self-image was unrelated to educational background. In our study, similar to some findings in the literature, the rate of university graduates was found to be high among women requesting gynecological cosmetic surgery.

One strength of our study is that it evaluated the effects of gynecological cosmetic surgery on body image and sexual function, an area that has been examined in only a limited number of studies in our country. Additionally, the exclusion of psychiatric diseases, which could act as confounding factors, provided a clearer evaluation of the cause-effect relationship. However, the retrospective design of our study can be considered the most important limitation. Furthermore, considering the importance of partner harmony for a healthy sexual life, the lack of partner evaluation in our study is another limitation. Although we have obtained short-term results from the participants, it is not possible to draw definitive conclusions or generalize the long-term positive or negative outcomes without extended follow-up.

## CONCLUSION

The findings from our study showed that women who underwent gynecological cosmetic surgery experienced significant improvements in their body image, sexual function, and satisfaction. Prospective studies with longer follow-up periods and evaluations including data from partners are needed.

## Statement

**Ethics Committee Approval:** The Buca Seyfi Demirsoy Training and Research Hospital Ethics Committee granted approval for this study (date: 27.03.2024, number: 24/25-9).

**Author Contributions:** Concept – Aİ; Design – OY; Supervision – AB; Resource – UA; Materials – CA; Data Collection and/or Processing – HAA; Analysis and/or Interpretation – UA; Literature Search – OY; Writing – UA; Critical Reviews – AB.

**Conflict of Interest:** The authors have no conflict of interest to declare.

**Informed Consent:** Written informed consent was obtained from patients who participated in this study.

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