



P84. DEMAND FOR FEMALE GENITAL COSMETIC SURGERY (LABIAPLASTY) IS SUCCESSFULLY REDUCED BY COUNSELLING AND USE OF THE GREAT WALL OF VAGINA ARTWORK

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Context: Gynaecologists are increasingly faced with demands for labia minora reduction mostly by young women who have been misled, shamed or bullied into believing that their labia are too large, unsightly, or in some way misshapen. Much of this misinformation comes from imagery in pornography or plastic surgery websites, and/or from peer group pressure. Most national and international gynaecology societies and colleges have produced ethical guidelines on female genital cosmetic surgery (FGCS) criticising the practice as being almost always unnecessary, inappropriate and having substantial risks of adverse side effects.

Objective: To educate women about the normal range of labial anatomy and thereby allay demand for unnecessary genital surgery.

Methods: Each woman had a full sexual history taken and reasons for their concerns discussed by one clinician, with a nurse or other advisor present and contributing. Following genital examination and infection testing, counseling about the normality of her anatomy included demonstration of imagery from the Great Wall of Vagina: This artwork consists of several panels each assembled from plaster casts of vulvae of 40 different women, illustrating the full range of normal female genital anatomy in an accurate, non-pornographic way.

Patients: 68 women, median age 20 years (range 16 to 38), attended two sexual health clinics between 2009 and 2014 with sufficient concern about labia minora size to request referral for surgical reduction.

Intervention: Counseling and visual imagery of the Great Wall of Vagina.

Main Outcome Measures: Number of women persisting in or ceasing request for labiaplasty.

Results: None of the patients had abnormal labia and none had clinically significant labial asymmetry. 61 of 68 women finished the consultation reassured and satisfied that their vulva was normal and no surgery was needed. Of the remaining 7, one was referred to a gynaecologist and 6 to psychosexual counseling, three of whom defaulted. No surgery was performed in those who attended these referrals.

Conclusions: Substantial patience and consideration is needed in counseling women who have been coerced into believing that labiaplasty is the answer to their problems. Exposure to and explanation of appropriate visual imagery is key to the educational process. The Great Wall of Vagina was instrumental in reassuring some 90% of women, and is probably the simplest, cheapest and most effective means of reducing demand for FGCS.

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