Introduction
Women's Health Victoria is a statewide women’s health promotion, information and advocacy service. We are a non-government organisation with most of our funding coming from various parts of the Victorian Department of Health. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women’s Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women’s Health Victoria’s vision is Women living well – healthy, empowered, equal. Our mission is to improve health and reduce gender inequity for women in Victoria by supporting, partnering, influencing and innovating.

Women's Health Victoria welcomes the opportunity to comment on the protocol for the Medicare Benefits Schedule review of vulvoplasty. The protocol provides a comprehensive response for reviewing vulvoplasty within the Medicare Benefits Schedule, and will shed light on how vulvoplasty is being practiced.


Medical indications for surgery
The clinical flow chart on page 10 of the protocol presents the question 'Is labioplasty medically indicated' with a Yes/No response, based on assessment and screening such as measurement of labia width and symmetry, identification of congenital abnormalities, and identification of functional problems.

Medical indications for labioplasty are not always clear. However, the flow chart does not represent this. The flow chart should problematise the notion that medical indications for labioplasty are clear, particularly in relation to size of the labia and related functional issues. Assessment and screening on the basis of these characteristics will not necessarily lead to a clear diagnosis that labioplasty is medically indicated. While some of
these concerns are explored on page 8, the flow chart does not represent the complexities associated with medical indications for these surgeries. These are explored in further detail below.

**Hypertrophy**
Different classifications offer different definitions of what constitutes ‘hypertrophy’, including:

- Equal or more than 4cm, as this is the size is allegedly linked to ‘functional problems’ \(^1,2\);
- 4cm or 3 cm, defined as ‘moderate to large labia minora hypertrophy’ \(^1\);
- 5cm or more from base to tip \(^1,3\).

Others schemes classify the ‘severity’ of hypertrophy in a range. For example:

- Franco’s classification of hypertrophy\(^1,4\) ranges from less than 2 cm (Type I) to more than 6 cm (Type IV);
- Ricci and Pardo’s classification\(^5\) ranges from ‘lacking true hypertrophy’ (up to 2cm) to ‘severe hypertrophy’ (4 cm or more);
- Davison and West’s classification\(^6\) ranges from ‘no hypertrophy’, where the ‘…labia minora are concealed within or extend to the free edge of the labia majora’, to ‘severe hypertrophy’, in which the ‘… labia minora extend to more than or equal to 3 cm beyond the free edge of the labia majora’.

A range of measurements are used, which makes comparison among these classification schemes difficult. For example, some measure the size of the labia horizontally from the midline, while others measure between the base and the free edge\(^6\).

These classifications have been developed by surgeons who work in the field of female genital cosmetic surgery\(^6\), and promote a limited definition of normality. The absence of clinical data on what constitutes hypertrophy\(^2\), lack of consistency between definitions and classification schemes\(^4,6\), and the inability or unwillingness of their proponents to offer an explanation about their derivation\(^7\) has led researchers to conclude that hypertrophic labia minora is a ‘poorly defined diagnosis’\(^8\).

The British Association of Aesthetic Plastic Surgeons notes that:

> As with many aspects of human anatomy, there are a wide variety of shapes, sizes and appearances of the female genitalia, all of which are within the limits of normal. Before undergoing any surgery, it is important to determine whether there really is a problem with the genitalia or whether another solution would be more rewarding\(^9\).

Even surgeons who perform these operations have emphasised that ‘not all patients requesting this surgery may satisfy the arbitrary definition of labia minora hypertrophy’, and therefore suggest that ‘the patient’s perceptions and symptoms’ are a more important
measure when assessing their need for surgery\textsuperscript{10}, and that abnormality can be defined by the individual's own assessment\textsuperscript{11}.

This highlights that the classification schemes themselves represent an arbitrary measure\textsuperscript{2} of what constitutes normality and that there are no objective aesthetic parameters\textsuperscript{12}.

To address the limited information available about what represents normal genital appearance and dimensions\textsuperscript{13, 14}, one study measured the genital dimensions of 50 premenopausal women aged between 18 and 50 years who were attending a teaching hospital in London for routine gynaecological procedures, but did not have complaints regarding their genital appearance\textsuperscript{13}. The authors noted wide variation in dimensions of the labia minora and vaginal length, and no difference in vaginal length among women who had children and those who had not. The results suggest that variation in genital dimensions is much greater than recognised in definitions and classifications of labial hypertrophy\textsuperscript{13}. The authors concluded that:

There is nothing unusual about protrusion of the labia minora or clitoris beyond the labia majora. It is the negative meaning that makes it into a problem - meanings that can give rise to physical, emotional, and behavioural reactions, such as discomfort, self disgust, perhaps avoidance of some activities, and a desire for surgical fix\textsuperscript{15}.

As a result, the authors propose that information about genital diversity is made available to women who are considering surgery\textsuperscript{13}. Even some surgeons who perform female genital cosmetic surgeries suggest that there is a need to educate patients regarding normal female anatomy and function\textsuperscript{16}.

**Functional issues**

According to reports describing why women undertake genital cosmetic surgery, some of which are published by surgeons themselves, functional reasons\textsuperscript{4, 17-19} generally include problems that are purported to be related to the size of the labia minora, such as:

- **Hygiene\textsuperscript{5}** concerns. For example, toilet paper sticking\textsuperscript{6} or difficulty maintaining personal hygiene during menstruation\textsuperscript{11}.
- **Pain and discomfort\textsuperscript{7, 20-22}**: This may occur when wearing tight clothing\textsuperscript{4, 5, 15, 23, 24, 6, 14} or bathers\textsuperscript{15}, or when doing up zippers\textsuperscript{6}. Pain may also be associated with sports\textsuperscript{1, 11, 24}, or during activities such as walking\textsuperscript{25}, sitting\textsuperscript{11}, bike riding\textsuperscript{6, 25, 26}, or during intercourse\textsuperscript{1, 4, 6, 11, 24, 25}.
- **Sexual function\textsuperscript{17, 27}**: This includes vaginal 'laxity' during intercourse\textsuperscript{1, 22, 28} and dyspareunia\textsuperscript{22}, sometimes held to be caused by invagination of protuberant tissue\textsuperscript{24}.

However, there has been speculation that the steady increase in Medicare claims is linked to women who are accessing these surgeries to address aesthetic concerns\textsuperscript{29, 30}. A review of internet sources indicates that women are sharing advice about how they can access cosmetic genital surgeries through the Medicare system\textsuperscript{31}. This is consistent with international evidence, which suggests that women recognise medical professionals as gatekeepers, and tailor the reasons they present for surgery accordingly\textsuperscript{32}. For example, women may skew their concerns towards functional, rather than aesthetic, accounts\textsuperscript{4}. This
practice may go some way towards explaining the increasing prevalence of labioplasty and vulvoplasty in Medicare statistics.

The protocol does not capture the possibility that vulvoplasty and labioplasty sought through the Medicare Benefits Schedule on the basis of functional issues or size of the labia may have cosmetic intent at its core. Presumably, this is one of the reasons for concern about the marked increase in utilisation of this service, given that it does not seem to be accompanied by an increase in vulval disease or congenital abnormality.

**Recommendation:** Ensure the clinical flow chart problematises the notion that medical indications for labioplasty are clear, particularly in relation to size of the labia and related functional issues.

**Recommendation:** Include an exploration of the possibility that vulvoplasty and labioplasty sought through the Medicare Benefits Schedule on the basis of functional issues or size of the labia may have cosmetic intent at its core.

**Other reasons for seeking surgery**

Psychological reasons are often listed as reasons for pursuing female genital cosmetic surgery. However, it is difficult to differentiate among aesthetic, functional, and psychological reasons because ‘dissatisfaction with appearance is, by its very nature, a psychological phenomenon’. Nonetheless, the limited evidence suggests that the psychological pain experienced by women who pursue genital cosmetic surgery seems to be a factor that influences their decisions.

Psychological reasons detailed in the literature on female genital cosmetic surgery include addressing embarrassment and self-consciousness, anxiety or depression, mood disturbances, and other psychological symptoms. There is also a suggestion that psychological change associated with these surgeries will lead to improved sexual function and relationships. This is often the focus of media and surgeon’s accounts of the procedures. A qualitative study of six women who had undergone labial reduction found that these women ‘referred to anxiety about their partners seeing or touching their genitals, inhibition in relationships or anxieties about starting a new relationship’. Although there are no studies that have objectively assessed pre- and post-operative sexual pleasure, it is claimed that the impact of the unaltered vulva on a woman’s sexuality is often central to her reasons for seeking surgery.

Women seeking vulvoplasty or labioplasty for psychological reasons should be incorporated into the protocol, if there are circumstances in which psychological reasons could provide a medical indication for surgery.

**Recommendation:** If there are circumstances in which psychological reasons could provide a medical indication for labioplasty or vulvoplasty, ensure that these are incorporated into the protocol.
References


