Female Genital Plastic and Cosmetic Surgery

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Female Genital Plastic and Cosmetic Surgery
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A women has the opportunity to request alteration of her vulva and/or vagina for a variety of reasons. Clinicians in the office hear of cosmetic and self-esteem rationale, as well as functional complaints. Regarding the vulva, distress with the appearance of “flaps” or “elephant ears” or other protrusions beyond the labia majora; self-consciousness; and distress over potential prominence or slippage of hypertrophic labia from beyond the confines of thong-type undergarments or swimwear predominate on websites, blogs, and office commentary. Discomfort (“chafing”) with sports, sexual, and other activities; discomfort with tight clothing; necessity to “re-arrange” the labia for sexual intimacy; and hygienic difficulties predominate functional complaints heard in the office. Redundant labia majora are described as “droopy,” or the patient dismays over the appearance of “camel toe.”

Sexual issues dominate pelvic floor complaints in women inquiring about a vaginal tightening procedure. They describe a “sensation of wide/smooth vagina” (a term popularized by Jack Pardo S. from Chile and Adam Ostrzenski from the United States) with secondary diminishment of friction, less sensation, and greater difficulty achieving orgasm, at times concomitant with displeasure regarding the visual appearance of the introitus.

Size-reducing labia minoraplasty and/or majoraplasty (LP-m; LP-M), size reduction of redundant clitoral hood folds (RCH), posterior colporrhaphy/perineoplasty (PP), and anterior colporrhaphy/vaginoplasty (VP), the latter two colloquially termed “vaginal rejuvenation” (VRJ), are increasingly common women’s cosmetic genital surgical procedures and have been subject to scrutiny both in the press and by investigators and editorialists. Another genital plastic procedure, hymenoplasty (HP), is usually performed for religious and cultural reasons, although occasionally requested as a “gift” for one’s sexual partner.

In this text, the first to concentrate on plastic and cosmetic procedures specifically designed for elective comfort, self-esteem, and sexuality reasons, the procedures themselves, their rationale and risks, what is presently known regarding outcome, ethical considerations, and psychosexual considerations are discussed. The importance of proper and adequate surgical and sexual medicine training for surgeons is emphasized, along with the specific anatomic adjustments and psychosexual outcomes produced by these procedures.

The specific surgical procedures are defined and described. The importance of proper patient selection and preparation and adequate patient protection are reviewed, along with reminders of the intensely sexual nature of this work and the importance of counseling patients regarding their personal normality, while at the same time acknowledging their right to seek reconstruction.

Above all, this text hopes to familiarize the gynecologic, the plastic and reconstructive, and the cosmetic surgeon with a crucially important area of a woman’s body, the intensity of her concentration and concern about the appearance and function of the area, and the availability and potential pitfalls of methods, predominantly surgical at this time, designed to meet her stated goals. We, your editor, associate editors, and contributors, intend to help raise your awareness of the issue and begin to explore the territories entered with an understanding of women’s body image, feelings about their genitalia, and surgical and non-surgical options to safely and effectively achieve personal goals.

Michael P. Goodman
Davis, CA, USA
First and foremost, I wish to acknowledge Drs. Marco Pelosi II and III and Dr. Red Alinsod. The vision, perseverance, and educational efforts of these friends have resulted in the education and training of hundreds of genital plastic and cosmetic surgeons who are far more likely to accomplish success rather than failure for their patients. They are fine surgeons and educators.

Of course I am indebted to each and every one of the authors and associate editors (especially my friend Dr. Otto Placik) who have worked their behinds off on this project, and without whose efforts this unique book would not be before you. I am personally indebted to Dr. Gary Alter, from whose 1998 publication I initially learned the labiaplasty technique of modified V‐wedge, and Dr. David Matlock, from whom a few years later I learned proper technique for curvilinear resection, and who has carefully trained hundreds of genital plastic/cosmetic surgeons. They are pioneers in the field.

Martin Sugden, publisher of the Scientific Textbook Division at Wiley, is my mentor in this book. Pri Gibbons and Jasmine Chang is my editor and Radjan Lourde Selvanadin is the project manager. They both have worked “above and beyond.” An author could not ask for a more knowledgeable, flexible, and easy to work with pair of professionals.

I offer my thanks to my family, my friends, especially my son, Sam, from whom I was aloof during the full-term gestation of this project. They all hope this is the termination of my writing—at least for a while!

I thank my professional, empathetic, kind, and flexible office staff. Nicole Sanders is our patient care coordinator, office manager, and first assistant. Raechel Davis is our receptionist and first assistant. Elise Eisele and Heather Kochner were our surgical nurses during this text’s gestation. There is absolutely no way I could practice genital plastic surgery without this crew!

And last, but certainly not least, I wish to thank my patients. These intrepid and trusting (!!) souls, women on a mission, wonderfully weave through this text, which would not exist without them.