

# Confusion over 'normal' drives surge in demand for female genital cosmetic surgery

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Medicare data shows rebate claims for labiaplasty have doubled in the past decade.

A poor understanding of what constitutes normal genitals is driving women to go under the knife for cosmetic surgery, researchers say, as the number of publicly funded labiaplasties has more than doubled in a decade.

Researcher Tristan Harding from Melbourne University told a conference in Brisbane there was limited knowledge of female genital structure among doctors and that women themselves did not have a good understanding of the diversity of its appearance.

"If [GPs] are able to provide adequate, accurate information to patients, this may prevent unnecessary surgery and alleviate patient anxiety," he said "GPs should also consider referring women to a gynaecologist rather than a cosmetic surgeon when they wish to have surgery."

Medicare data shows there were 1584 labiaplasty claims lodged in 2013-14, compared with 774 a decade ago. Over the same period, the benefits paid also surged five-fold.

In Victoria, 402 women underwent the Medicare-rebated procedure in the last financial year, compared with 143 in 2003-04.

These figures do not include women who opted to get the procedure done privately outside Medicare.

A 2014 health department review found there were no standard methods for determining why a woman was getting a labiaplasty. The report also noted in about one in five cases the procedure was being carried out by GPs and "other providers" rather than gynaecologists and plastic surgeons.

Non-therapeutic cosmetic surgery does not receive Medicare benefits, but the report raised concerns some women were making claims for cosmetic rather than clinical reasons.

As a result, last November the Medicare guidelines for the procedure were tightened so it could only be used to repair genital mutilation or major anomalies, which could result in a lower number this year. Surgeons now need to apply to Medicare on why a patient would require the surgery for non-cosmetic reasons.

Plastic and reconstructive surgeon Paul Belt said the change now meant women he said had valid reasons for undergoing the procedure were not being covered.

"Because of the increasing number and the increasing cost to the taxpayer, Medicare has dramatically restricted the use of this procedure subsidised by Medicare," he said.

Dr Belt, a spokesman for the Australian Society of Plastic Surgeons, said all eight women he had recommended for the surgery since November had been denied access to the procedure under Medicare.

He said there had been an increase in labiaplasty more than some other forms of cosmetic surgery over the past decade, but that the number of people getting plastic surgery had increased across the board.

Dr Belt said many women got the procedure because of pain but that some did so to boost self-image. He said the censoring of pornography so that labia were not shown or blurred contributed to confusion.

He estimated the out-of-pocket costs for the Medicare-subsidised procedure were about \$3000, while one carried out for cosmetic reasons by a private surgeon could cost double that.

A labiaplasty involves a reduction in size of the flaps of skin around the vagina, and carries a small risk of complications including infection and scarring.

Additional research presented at the conference, which was a joint event of the British and Australian Royal Colleges of Obstetricians and Gynaecologists, examined the link between pubic hair removal and genital cosmetic surgery.

The University of New South Wales study, which analysed the attitudes of Australian university students, found there was no connection between the removal and requests for labiaplasties.

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