ACOG COMMITTEE OPINION

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Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures

Committee on Gynecologic Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

ABSTRACT: So-called "vaginal rejuvenation," "designer vaginoplasty," "revirgination," and "G-spot amplification" are vaginal surgical procedures being offered by some practitioners. These procedures are not medically indicated, and the safety and effectiveness of these procedures have not been documented. Clinicians who receive requests from patients for such procedures should discuss with the patient the reason for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring.

There have been an increasing number of practitioners offering various types of vaginal surgeries marketed as ways to enhance appearance or sexual gratification. Among the types of procedures being promoted are so-called "vaginal rejuvenation," "designer vaginoplasty," "revirgination," and "G-spot amplification." Often the exact procedure performed is not clear because standard medical nomenclature is not used. Some procedures, such as vaginal rejuvenation, appear to be modifications of traditional vaginal surgical procedures. Other procedures are performed to alter the size or shape of the labia majora or labia minora. Revirgination involves hymenal repair in an attempt to approximate the virginal state. G-spot amplification involves the injection of collagen into the anterior wall of the vagina.

Medically indicated surgical procedures may include reversal or repair of female genital cutting and treatment for labial hypertrophy or asymmetrical labial growth secondary to congenital conditions, chronic irritation, or excessive androgenic hormones. Other procedures, including vaginal rejuvenation, designer vaginoplasty, revirgination, and G-spot amplification, are not medically indicated, and the safety and effectiveness of these procedures have not been documented. No adequate studies have been published assessing the long-term satisfaction, safety, and complication rates for these procedures.

Also of concern are ethical issues associated with the marketing of these procedures and the national franchising in this field. Such a business model that controls the dissemination of scientific knowledge is troubling.

Clinicians who receive requests from patients for such procedures should discuss with the patient the reason for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. A patient's concern regarding the appearance of her genitalia may be alleviated by a frank discussion of the wide range of normal genitalia and reassurance that the appearance of the external genitalia varies significantly from woman to woman (1). Concerns regarding sexual gratification may be addressed by careful evaluation for any sexual dysfunction and an exploration of nonsurgical interventions, including counseling.

It is deceptive to give the impression that vaginal rejuvenation, designer vaginoplasty, revirgination, G-spot amplification, or any such procedures are accepted and routine surgical practices. Absence of data supporting the safety and efficacy of these procedures makes their recommendation untenable. Patients who are anxious or insecure about their genital appearance or sexual function may be further traumatized by undergoing an unproven surgical procedure with obvi-

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ous risks. Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring.

Reference

1. Lloyd J, Crouch NS, Minto CL, Liao LM, Creighton SM. Female genital appearance: "normality" unfolds. BJOG 2005;112:643–6.

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