

Designer Vaginas

The Very Private Plastic Surgery
that's on the Rise

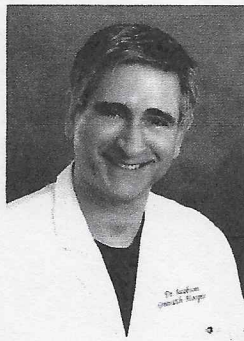
By Christine Cioppa

Women have long been going to plastic surgeons to feel better about themselves. Now, a controversial category of surgery is gaining popularity, all the while remaining the most taboo of plastic surgeries to talk about: vaginal rejuvenation. Whether to fix a medical-related or sexual-related problem, or both, more and more women are having plastic surgery "down there." Vaginal rejuvenation includes procedures to tighten loose vaginal tissue, making sex more satisfying, and to reduce excess labial tissue, making women feel better about themselves and/or experience less discomfort.

What's more, vaginal surgery is rapidly increasing in the U.S. According to the most recent statistics from the

American Society for Aesthetic Plastic Surgery (ASAPS), vaginal rejuvenation has increased 64 percent from 2011 to 2012. Though just a fraction of vaginal rejuvenation procedures were performed in 2012, compared to say facelifts or breast lifts, vaginal rejuvenation is the fastest growing category of all plastic surgeries ranked by the ASAPS. However, plastic surgeons aren't the only doctors performing these procedures. Gynecologists are performing them as well, although statistics aren't being kept.

Robert A. Jason, M.D., FACOG, president and medical director of the Laser Vaginal Rejuvenation Institute of New York, who has done over 1,000 vaginal rejuvenation procedures over the years, says he has helped many women, who just don't feel good about themselves down



Left: Dr. Edward Jacobson, Right: Dr. Robert A. Jason

ical director of the Laser Vaginal Rejuvenation Institute of New York, who has done over 1,000 vaginal rejuvenation procedures over the years, says he has helped many women, who just don't feel good about themselves down

there, feel much more comfortable. But, Dr. Jason doesn't simply fix the cosmetic. As a gynecologist, he is also able to simultaneously fix other gynecologic problems. For example, with vaginal loosening—which is common after childbirth and with aging—women may also have pelvic organ prolapse. So a woman whose sex life has become ho-hum after having children, and who also suffers from urinary incontinence, can go in and have both procedures taken care of at the same time. Dr. Jason repairs the bladder with sutures and the patient's own tissue instead of using a foreign mesh—an added benefit of doing both surgeries at once.

Coinciding medical issues are pretty common. More than 30 million American women have symptoms of sexual dysfunction due to medical issues from aging and or vaginal childbirth. Cystocele (bladder prolapse), rectocele (vaginal tissue bulging from the rectum), enterocele (small bowel prolapse), uterine prolapse, and stress urinary incontinence are some.

Aside from the medical reasons, some women just want to look better and feel better during sex. But, because these surgeries can increase women's sexual gratification in the end, there's a stigma that has been hard to get rid of. "The whole concept of vaginal restoration, as I would call it, or vaginal rejuvenation, really had a rocky start the way it was originally marketed in 2000. It was marketed for sexual enhancement with a pornographic overtone and as a cosmetic procedure," explains Edward Jacobson, M.D., FACOG, of Greenwich Center for

Restorative Vaginal Surgery. "It's not cosmetic. It is functional—to restore sexual function," he adds. "When a woman has her children, the birth of the child increase the diameter of the vagina, causing less friction; with intercourse, there is less sexual gratification," explains Dr. Jacobson. With vaginoplasty (to tighten vaginal tissue), "the decrease in vaginal diameter increases friction and leads to sexual gratification."

Labiaplasty, which is the reduction or reconstruction of external

tissue, is also considered functional 50 to 90 percent of the time. While once considered a strange procedure for doctors to do, Dr. Jacobson says, in the past few years the procedure is becoming more mainstream within the medical community.

"There's a much greater interest in labiaplasty—four to five times more interest compared to vaginal tightening. There's a wide variation in labia size and symmetry and I tell my patients whatever they have is normal. Question is, how they perceive it and how it affects their

lives," says Dr. Jacobson. He adds, "Most women come in saying that when they exercise they get swelling and discomfort, and they can't fit into bathing suits or thongs, and it interferes with sex. They don't like the way it looks." Although the procedure typically does not increase sexual satisfaction as would vaginoplasty, Dr. Jacobson says it does help in a way if it affects sexual arousal, timidity and self-image, which then results in that satisfaction.

Sometimes it does improve how a woman feels physically during sex. Reducing some of the external tissue does have a direct impact on sexual satisfaction when it comes to surgical removal of excess prepuce—or the clitoral hood tissue covering the sensitive part of the clitoris. Dr. Jason says that a lot of women, when they have sex, have to pull apart the skin covering the clitoris. "When it is removed, they don't need to pull it apart anymore. Patients tell me that sex before was like having sex with underwear on and now they took their

underwear off. They feel a lot more. Sex is more intense for them."

Because the surgeries that fall under vaginal rejuvenation are so controversial, they are not currently recognized by the American College of Obstetricians and Gynecologists (ACOG). The position of ACOG is that these procedures are not "medically indicated." An official ACOG committee opinion, published in the journal *Obstetrics & Gynecology* in 2007, states: "Women should be informed about the lack



of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia [painful intercourse], adhesions, and scarring.”

Despite the controversy, some research shows that a lot of women are happy with the results. A study, published in the International Society for Sexual Medicine, describes 258 patients who had one or more types of vaginal surgery. The procedures, which included vaginoplasty, clitoral hood reduction and labiaplasty, were performed by a dozen different doctors (plastic surgeons, gynecologists, and gynecologic urologists) around the country between 2005 and 2008. Patient surveys and medical records were evaluated and revealed that more than 90 percent of patients were satisfied with their surgeries, some reporting better sexual satisfaction for themselves and their partners. Serious complications were considered to be “minimal.”

Dr. Jacobson, who does about 8 to 12 vaginal surgeries a month, says it is extremely important that women do their due diligence, review doctors’ qualifications, look at before-and-after pictures on their websites, and get testimonials. Another important point: Women should make sure their prospective surgeons have had adequate training, along with at least dozens of these surgeries under their belt.

“More people are starting to do this without adequate training,” Dr. Jacobson warns. With labiaplasty, some of the consequences of this can be irregularities—one side being bigger than the other—or too much tissue is taken off/left on. With vaginoplasty, needs differ between women since not all men have the same size genitals. So women could end up

with vaginal tissue that is too tight or too loose, making intercourse painful or not as pleasurable. Add to that the regular concerns of plastic surgery, such as the risk of infections and going under anesthesia, it becomes all the more important for women to do their research.

On average, surgeries range from \$6,000 to \$8,000, but can start as low as \$3,800 and run as high as \$16,000 (depending on how many procedures are performed at one time and how many hours are required for surgery). Only medically necessary portions of the procedure (e.g., organ prolapse) are covered by insurance. And as for sexual satisfaction... women have to wait six weeks before returning to sexual activity.

Both of the local doctors interviewed for this story, Dr. Jason and Dr. Jacobson, are gynecologists with expertise in vaginal plastic surgeries. For more information from Dr. Jacobson’s Greenwich, CT, practice go to www.cosmeticvagasurgery.com; for Dr. Jason’s New York City practice, visit www.lvri-ny.com.

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