

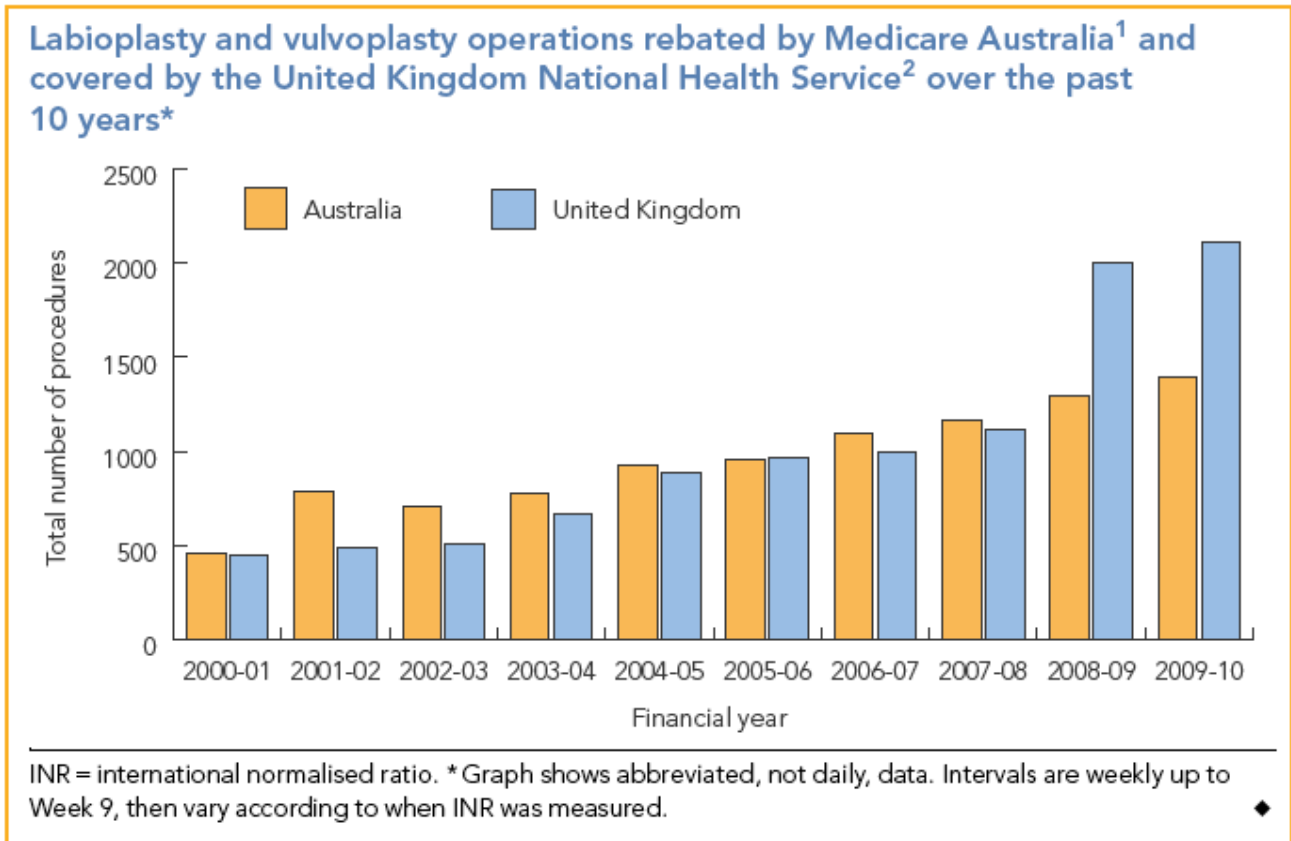
RESOURCES FOR “VULVANOMICS,” THE THIRD FEMALE GENITAL COSMETIC SURGERY (FGCS) EVENT SPONSORED BY THE NEW VIEW CAMPAIGN, NOVEMBER, 2011

I. FGCS STATISTICS

It's very difficult to find good statistics on FGCS procedures, and it has been one of the New View Campaign's major goals to demand that valid statistics be collected systematically by an independent source. The American Society for Plastic Surgeons, which provides annual statistics for dozens of plastic surgery procedures, does not currently include FGCS.

<http://www.plasticsurgery.org/Documents/news-resources/statistics/2010-statistics/Top-Level/2010-US-cosmetic-reconstructive-plastic-surgery-minimally-invasive-statistics2.pdf>. The American Society for Aesthetic Plastic Surgery, which also lists statistics for all cosmetic procedures, does not include FGCS http://www.surgery.org/sites/default/files/Stats2010_1.pdf

In Australia and the UK statistics are available from the National Health services, but not from private surgeons (see chart below, published in *Medical Journal of Australia*, 2011, v. 195, p. 99). Keep in mind that the NHS only authorizes FGCS for “medical reasons,” including “pain during intercourse, discomfort due to rubbing on clothes, rare hormonal disorders, and damage after giving birth” (<http://www.healthcentre.org.uk/cosmetic-surgery/labiaplasty-nhs.html>). We can assume that many additional procedures are done privately.



II. SAMPLES OF GOOD JOURNALISTIC COVERAGE OF FGCS ISSUES

2004-2008 articles available on earlier New View resource lists:

<http://newviewcampaign.org/userfiles/file/Resource%20list%20on%20FGCS.pdf>

Hungry Beast video and investigative journalism (2009)

<http://vimeo.com/9924049>

Hugely important Australian investigation of legally required censorship of labia in public images and its possible contribution to rise of labiaplasty. Interviews with women, surgeons, graphic artists. Absolutely essential.

Designer Vagina Surgery: snip, stitcj, kerching!

By Marie Myung Ok-Lee, *Guardian* newspaper (UK), October 14, 2011

<http://www.guardian.co.uk/lifeandstyle/2011/oct/14/designer-vagina-surgery>

Girls check in for genital mutilation

By Miranda Devine, *The Daily Telegraph* (Australia) September 29, 2011

<http://www.dailytelegraph.com.au/news/opinion/girls-check-in-for-genital-mutilation/story-e6frezz0-1226149726288>

Women pursue labioplasty even when they're 'normal' down there: study

By Zosia Bielski, *Toronto Globe and Mail*, August 25, 2011

<http://www.theglobeandmail.com/life/the-hot-button/women-pursue-labioplasty-even-when-theyre-normal-down-there-study/article2142296/>

Designer vagina NHS operations unwarranted

By Michelle Roberts, *BBC News*, August 23, 2011

<http://www.bbc.co.uk/news/health-14627659>

Labioplasty complications may result from cookie-cutter approach

By Cheryl Guttman Krader, *Modern Medicine*, Aug 1, 2011

<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Labioplasty-complications-may-result-from-cookie-c/ArticleStandard/Article/detail/733113?ref=25>

Looking Through the Bushes: The Disappearance of Pubic Hair

By Roger Friedland *Huffington Post*, June 13, 2011

http://www.huffingtonpost.com/roger-friedland/women-pubic-hair_b_875465.html?ref=email_share#es_share_ended

Too young? Preteen girls get leg, bikini waxes

By Vidya Rao; MSNBC, August 13, 2008

<http://today.msnbc.msn.com/id/26182276#.TotlYxyRscM>

Male pubic (and other) hair removal

By *Bitch magazine* blogger Cristen Conger

<http://bitchmagazine.org/post/isnt-he-lovely-bare-down-there-and-everywhere-else>

The Last Triangle: Sex, Money and the Politics of Pubic Hair

Blogger: Meredith Dault

<http://www.thelasttriangle.com/>

Philosophical waxing eases the ouch

By Stephanie Clifford

New York Times April 17, 2010

[Http://www.nytimes.com/2010/04/18/fashion/18sisters.html](http://www.nytimes.com/2010/04/18/fashion/18sisters.html)

The Vagina Dialogues: BUST examines your lady parts and looks into why women are going under the knife in the hopes of procuring "prettier" genitalia

By Gohmann, Johanna

Bust magazine, June-July, 2009 P. 48-53

http://www.bust.com/component/option,com_zine/id,2/view,article/

April, 2011 The Vagina Catalogues: Modern Lady

Spoof video on all the products now available to clean, decorate, and make presentable your vagina.

http://www.youtube.com/watch?v=mVib9J6_4cs

Women worried by Genital Abnormality

By Stark, Jill, *The Age*, Dec 10, 2010

<http://www.theage.com.au/national/women-worried-by-genital-abnormality-20101211-18ti9.html>

Preliminary results of Australian PhD project survey of 800 women shows the majority don't like partners looking at their genitals, and that they would consider genital surgery.

Australian blog entry (Kate magazine a feminist magazine no longer available)

Loveliness and the Labia

By Mythily Meher, *Kate Magazine*, April, 2010

http://kate-magazine.blogspot.com/2010/04/loveliness-and-labia_29.html

III. EXCELLENT BOOKS/FILMS WITH PHOTOGRAPHS AND DRAWINGS OF DIVERSE FEMALE GENITALIA (in addition to resources listed in 2008)

Robertson, Wrenna (2011) *I'll Show You Mine* (self-published by Show-Off Books)

<http://www.showoffbooks.com/products/ill-show-you-mine-hardcover-book>

Nice background article: <http://www.straight.com/article-376210/vancouver/reality-check-vulva>

Karras, Nick (2003) *Petals* (self-published)

<http://www.nickkarras.com/> Also has poster with array of diverse genitalia

Severson, Anne (1971) 17 minute silent film "Near the Big Chakra" available on DVD

<http://www.imdb.com/title/tt0158020/>

<http://canyoncinema.com/catalog/film/?i=2057>

Barnes, Andrew and Lumsden, Yvonne (2010) *Heart of the Flower* (Pangia Publishing Foundation, Brisbane, Australia).

Camphausen, Christina (2009) *Yoni Portraits: The Intimate Art of Christina Camphausen* (Published by RCC Design, Leiden, The Netherlands). Drawings, not photographs.

The Visible Vagina. Catalog based on an exhibition in New York, January - March, 2010. Francis M. Naumann, 24. W. 57th St., New York, NY 10019. Huge range of types of art, including painting, photography, drawing, collage, craft.

IV. ANNOTATED FEMALE GENITAL COSMETIC SURGERY (FGCS) BIBLIOGRAPHY OF RECENT STUDIES

Braun, V (2009) "THE WOMEN ARE DOING IT FOR THEMSELVES: The Rhetoric of Choice and Agency around Female Genital 'Cosmetic Surgery' *Australian Feminist Studies*, 24: # 60, 233-249 Thorough analysis of the language of choice and agency deployed on all sides in the FGCS debates. Great references.

Braun, V (2010) *Female Genital Cosmetic Surgery: A Critical Review of Current Knowledge and Contemporary Debates. Journal of Women's Health*, 19: 1393-1407. Thorough overview of the emergence, prevalence, experience, evaluation, rationale, ethics of FGCS. Braun concludes, "[FGCS] can be seen as disempowering for women as a group. Thus, whereas surgery might provide "genital liberation" for individual women, it does nothing to improve the context in which women "choose" these procedures." Excellent references on the "science" of the debates.

Braun, V, Tiefer, L (2010) *The 'Designer Vagina' and the pathologisation of female genital diversity: Interventions for change. Radical Psychology*, 8. Overview of issues surrounding FGCS and feminist critique similar to Braun, 2010, but more emphasis on critique. Also summarizes the New View Campaign activist campaign to challenge

FGCS.

Crouch, NS, Laio, L-M, Woodhouse, CRJ., Conway, GS, Creighton, SM (2008). Sexual Function and Genital Sensitivity Following Feminizing Genitoplasty for Congenital Adrenal Hyperplasia. *The Journal of Urology*, 179, 634-638.

This study is the first to evaluate both sexual function and genital sensitivity of women born with congenital adrenal hyperplasia (CAH). Female sex assignment, followed by consequent genital feminizing surgeries, are performed on infants with CAH but the effects of these surgeries have not been evaluated. In this study, 28 women with CAH, 24 of whom had undergone feminizing surgery, were examined. The results show significant clitoral sensitivity loss in the 24 women who had undergone surgery compared to non-operated controls. There was no sensitivity loss in non-operated areas. The 24 women who had undergone surgery also had low scores on intercourse frequency, and reported vaginal penetration difficulties compared to the controls and the 4 CAH women who had not undergone surgery. This study argues against cosmetic sexual assignment surgeries in infancy.

Crouch, NS, Deans, R, Michala, L, Liao, L-M, Creighton, SM (2011) Clinical characteristics of well women seeking labia reduction surgery: A prospective study. *BJOG: An International Journal of Obstetrics and Gynecology*. Published online 24 August, 2011.

This study evaluates reasons and expectations of 33 women who elected labia reduction surgery. Reasons include both physical (discomfort of wearing tight clothing, certain athletic activities) and psychological complaints (shame and embarrassment about their genital appearance). The majority of the women and girls (age range 11-45 years, mean age 23) were referred by their general practitioner; only 2 referred by a gynecologist. 28 women self identified as white, 2 as Black, 1 as Asian, 1 as South-East Asian and 1 as Mixed Race.

Participants' goals were largely to improve genital appearance, while a few wanted to reduce discomfort. Only 3 participants had significant labia asymmetry, yet these women were all referred by their doctors to have surgery that lacks research on safety and postoperative satisfaction. The researchers suggest that clinicians need criteria for deciding to treat or not treat, but more research is needed to determine these criteria. **Results show that complaints about genital appearance are the overriding concern for doctors to refer for surgery, including for patients as young as 11 years old.**

Deans, R, Liao, L-M, Crouch, NS and Creighton, SM (2011) Why are women referred for female genital cosmetic surgery? *Medical Journal of Australia*. 195 (2): 99

Prevalence of labioplasties has more than doubled in 10 years in Australia. A Table showing similar data to UK is provided. 48 letters recently submitted to NHS gynecology clinic in London are reviewed. Mean age 25. Appearance complaints dominant (71%). Only 77% of referring doctors reported examining the woman. One third said the labia were normal but referred anyway. Pejorative language was used in 25% of the letters. Authors conclude that "there is a blurring between disease and dissatisfaction" and "referral for operations may not be the most appropriate way of managing women's body insecurities." This paper is a letter to the editor.

Howarth, H, Sommer, V, Jordan, FM (2010). Visual depictions of female genitalia differ depending on source. *Journal of Medical Ethics; Medical Humanities*, 36, 75-79.

This article discusses whether visual representations of the vulva vary based on source. While many people gain knowledge of other people's bodies by looking at them, the female genitalia are difficult to see because of location and pubic hair obstruction. This paper looked at 3 sources: human anatomy textbooks, feminist publications and online pornography.

Results showed that **online pornography depicts less protuberant labia minora than feminist publications**. Medical textbook depictions of the labia minora did not significantly differ from online pornography or feminist textbooks. When comparing mean ratios of genital morphology, **medical textbook illustration show reduced proportions overall compared to online pornography and feminist publications**. Medical textbook genital images may be reduced for labeling needs. Different ideals of normality are transmitted by these representations.

Karkazis, K (2010). Looking at and talking about genitalia: understanding where physicians and patients get their ideas about what's normal and what isn't. *Medical Humanities, 36, 68-69*

Karkazis argues that **deeming certain genital appearance as a 'problem' or 'abnormal' encourages elective genital surgeries that may not be medically necessary.** However, many papers on genital imagery do not accurately represent human genital variation and inadvertently normalize certain morphology. Karkazis goes on to address the **concerns of letting doctors operate based on the 'norm' they have conjured up in their own imaginations since measurements are not widely available or referenced.** One of the last issues Karkazis brings up is the problem of leading surgeons and patients to believe that surgery can produce the 'normality' that these women desire.

Komisaruk, BR, Wise, N, Frangos, E, Liu, W-C, Kachina, A, Brody, S (2011) Women's Clitoris, Vagina, and Cervix mapped on the sensory cortex: fMRI evidence. *J. Sexual Med., 8, 2822- 2830.*

Clitoral, vaginal, and cervical self-stimulation by women in MRI equipment activated differentiable regions of the sensory cortex. This mapping has not been previously reported. Personal communication with the senior author indicated that labial stimulation was usually involved and will be identified in future research. This type of research will identify regions affected by FGCS.

Komisaruk, BR, Frangos, E, Whipple, B. (2011) Hysterectomy improves sexual response? Addressing a crucial omission in the literature. *J. Minimally Invasive Gyn., 18, 288-295.*

Hysterectomy affects sexual response and pleasure via injury to genital regions. Pelvic, hypogastric and vagus nerves "are more likely to be damaged or severed" in the course of hysterectomy. Personal communication with the senior author indicated that labial and clitoral thresholds before and after hysterectomy will be measured in future studies, opening up wider interest in the role of labial sensitivity.

Lloyd, J, Crouch, NS, Minto, CL, Laio, L-M, Creighton, SM (2005). Female genital appearance: 'normality' unfolds. *BJOG: an International Journal of Obstetrics and Gynaecology, 112, 643-646.*

This landmark study measured genital sizes in 50 women (18-50) undergoing gynecological procedures that did not involve external genitalia. While under general anesthesia, participants' external genitalia were photographed and measured, producing a Bell-shaped curve of wide variation in labial and clitoral size, clitoral-vaginal-distance, labial thickness, etc.. **The study demonstrates that there is no 'standard' vulva, and that FGCS is based on arbitrary definitions of "normal."**

In addition, this early critical FGCS research suggested that the unhappiness felt by women desiring these surgeries might not be cured by medical means since there is no evidence that these procedures actually enhance psychological or relationship health. Non-surgical alternatives should be explored.

Liao, L-M, Michala, L, Creighton, SM (2010). Labia surgery for well women: a review of the literature. *BJOG: An International Journal of Obstetrics and Gynaecology, 117: 20-25.*

A search of the **literature published on labia surgery on well women between 1950 and 2009 produced 40 articles**, only 18 of which had patient data. The first labial reduction procedure was published in 1976; only 6 papers were published between 1976 and 2000. Of the 18 published studies including patient data, none was randomized, controlled or prospective. The follow-up methods found in these articles are all self report by the patients.

Five of the 18 articles did not address complications with the procedures, 8 specified no complications and 6 reported complications such as infection and bleeding. Dissatisfaction with genital appearance and, to a lesser extent, experience of genital discomfort were given as indications for surgery. **The authors point out that few men complain about physical discomfort associated with genital protrusion.** The researchers also suggest that doctors

perpetuate a new norm that there is something 'wrong' with their patient's genitals by agreeing to surgically operate. The authors emphasize that consumers and doctors are basing their decisions about FGCS on anecdotes rather than medical research.

Michala, L, Koliantzaki, S, Antsaklis, A (2011) Protruding labia minora: Abnormal or just uncool. *J. Psychosomatic Obstetrics & Gynecology*, 32: 154-156.

This prospective study included 16 adolescent girls in Greece (10-17) who presented between 2009 and 2010 to a specialty referral service for assessment of perceived abnormal genitalia. In six girls, the reason was inequality of labia size ranging between 6 and 35 mm (mean: 20 mm), all within the normal range. Among the other 10 girls, concern had arisen through comparison with a prepubescent sibling (one case), change of genitalia during puberty (four cases), looking at internet pictures (four cases), and looking at an anatomy book (one case). External genitalia are likely to change during puberty, though little developmental data are available. Girls and young women are at serious risk of destroying sensitive genital tissue out of misinformation; any genital operation in the absence of clear pathology should be deferred until adulthood. Even then, women should have clear expectations of what will be achieved with the operation in terms of appearance and function.

Reistma, W, Mourits, MJE, Koning, M, Pascal, A, van der Lei, B (2011) No (Wo)Man is an Island - The Influence of Physicians' Personal Predisposition to Labia Minora Appearance on their Clinical Decision Making: A Cross-Sectional Survey. *J. Sexual Med.*, 8: 2377-2385.

Dutch doctors were asked if they had performed a labia minora reduction (39/43 plastic surgeons and 24/41 gynecologists said yes). These specialists plus 80 GPs were shown photos of vulvas of different sizes and asked to rate (on Likert 4-point scales) attractiveness, naturalness, the dr's private ideal and what the dr. thought was the society's idea. The methodology is complex to summarize and the reader should consult the original paper. However it is noteworthy that plastic surgeons preferred and rated most natural the photos of an operated vulva. Plastic surgeons were most likely to agree to surgery and overall male doctors were more inclined to surgery than female doctors.

Schober, J, Cooney, T, Pfaff, D, Mayoglou, L, Martin-Alguacil, N. (2010) Innervation of the Labia Minora of Prepubertal Girls. *J. Pediatr. Adolesc. Gynecol.*, 23: 352-357.

Waste tissue strips from 10 normal girls (2-9) undergoing surgery for labial fusion were examined histologically. The authors conclude, "Labia minora is highly innervated along its entire edge. Related vascular compartment tissue involved in engorgement during sexual arousal makes this tissue important for sexual response. Labioplasty risks removal of tissue with an important contribution to sensory sexual arousal." "We believe that dense innervation within the labia minora is indicative of high sensory value erotically."

Wall, S (2010) Humane images: Visual rhetoric in depictions of atypical genital anatomy and sex differentiation. *J. Med Ethics; Medical Humanities*, 36: 80-83.

A medical illustrator calls for depicting "the full spectrum of possible human genital forms, rather than the simple binary of female and male forms (and norms) found in most medical texts." Although she is writing about the intersex arena, we can use her arguments and references to shed light on FGCS.