

EDITOR'S CHOICE

Promoting cosmetic surgery

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There's a good debate in this week's journal on whether advertising for cosmetic surgery should be banned (doi:10.1136/bmj.e7508, doi:10.1136/bmj.e7489). Advertising to the public is already illegal in France, and the UK Department of Health is currently reviewing cosmetic practices, including advertising. Tell us what you think in our poll on bmj.com and by sending a rapid response.

The debate gives me a chance to reignite, I hope, a related controversy. At its annual meeting in Rome last month, the Federation of International Gynaecologists and Obstetricians included for the first time ever a presentation on cosmetic gynaecology. The event and subsequent outcry passed the *BMJ* by, but, according to the programme, US plastic surgeon Adam Ostrzenski spoke on vaginal rejuvenation techniques and "G-spotplasty." As Ostrzenski writes on Facebook, "This invitation by FIGO is unquestionably the highest recognition of the cosmetic-plastic gynecologic field ... FIGO by its invitation of cosmetic-plastic gynecology has continued elevating the level of recognition of the cosmetic-plastic gynecologic field." (<http://on.fb.me/U6vRIR>)

He clearly thinks this is a good thing. Others do not. In a letter in September to FIGO's president, Gamal Serour, the Medical Women's International Association expressed its grave concern about the decision. "Women are being pressured into thinking that all labia need to look the same and that if they differ, it is cause for surgery," it said. "Promoting and performing such surgery carries significant risks of physical and psychological harm to women and girls." (<http://bit.ly/TtCHfB>)

The *BMJ* has form on this topic. Back in 2007, we published an article by Lih Mei Liao and Sarah Creighton on how to deal

with requests for cosmetic genitoplasty (*BMJ* 2007;334:1090). Demand was rising, they said. Their Google search on "labial reduction" produced around 490 000 results, with 47 of the first 50 being advertisements from clinics offering cosmetic genital surgery. Repeating that search today brings up over 2.7m results, with a similar overwhelming proportion of advertisements.

The authors concluded that surgery carried risks and there was no evidence of enduring psychological or functional benefit. Most of the women they interviewed were hesitant about recommending the procedures to other women. What was needed, said the authors, were alternative solutions to women's concerns about the appearance of their genitals. Instead we have the world's most prestigious gynaecological gathering giving unprecedented prominence to the practice. This does not look like an advance to me.

FIGO's mission is "to promote the wellbeing of women and to raise the standards of practice in obstetrics and gynecology." It does admirable work, including speaking out against female genital mutilation. Its website says it views female genital mutilation "of any type" as a violation of the human rights of girls and women and that it works actively with other global organisations to help to eliminate it. But I could find no statement about cosmetic gynaecological surgery. It would be good to hear from Professor Serour. Does he plan more sessions on vaginal rejuvenation at next year's FIGO meeting, or might it be time for FIGO to speak out against the epidemic rise in such practices?

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