

SPECIAL ARTICLE

Gynecology

FIGO statement: Cosmetic genital surgery

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Abstract

Cosmetic genital surgery refers to various procedures that involve surgical alteration of the vulvovaginal anatomy for aesthetic reasons in women without structural or functional abnormalities. The growing demand for such procedures stems from exposure to media and online content that reinforced the notion that certain genital appearances do not conform to an idealized aesthetic standard. There is, however, a lack of strong evidence and limited published research to support the claim that cosmetic genital surgery is safe and effective. FIGO asserts that it is ethically inappropriate for obstetrician-gynecologists to recommend, perform, or refer patients for these procedures. Women should receive counseling and be informed that these procedures are not medically indicated and come with potential risks. Of special concern is the use of laser-based devices for treating the genitourinary syndromes of menopause or for cosmetic purposes. There is insufficient research data to support the safety and effectiveness of these devices. By addressing ethical concerns and ensuring that accurate information is provided, healthcare professionals can support women in making well-informed choices about cosmetic genital surgery.

KEYWORDS

cosmetic genital surgery, genital anatomy, genito urinary syndrome of menopause, laser-based devices, surgical alteration, vulvovaginal anatomy

1 | INTRODUCTION

Female cosmetic genital surgery encompasses various procedures, including labioplasty, clitoral hood reduction, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification,¹ as well as laser-based techniques. The American College of Obstetricians and Gynecologists (ACOG) describes this as the surgical alteration of the vulvovaginal anatomy for aesthetic reasons in women without structural or functional abnormalities.² In recent years, there has been a growing awareness of and demand for these procedures. According to The Aesthetic Society, labioplasty procedures saw an increase of 29.7% between 2015 and 2019, with nearly 47.9% performed on women aged 18–34 years.³ Likewise, the International Society of Aesthetic Surgery reported a rise of 33.4%

in cosmetic genital surgeries between 2014 and 2018, followed by a slight decline of 4.4% between 2017 and 2018.⁴

Several factors have been identified as driving the increasing interest in cosmetic genital surgery. The widespread removal by shaving, waxing, electrolysis, or laser treatments of pubic hair has drawn more attention to natural variations in external genitalia, making asymmetry more apparent. In addition, greater exposure to media and online content has reinforced the notion that certain genital appearances do not conform to an idealized aesthetic standard, prompting more women to consider surgical alterations.⁵ A comprehensive review of materials searched online promoting cosmetic genital surgery in women revealed that normal anatomical differences are often misrepresented as abnormalities, leading to distress and, in some cases, sexual dysfunction.⁶ Furthermore, marketing strategies frequently make misleading

claims, suggesting that these procedures can address functional concerns and improve sexual satisfaction.

In 2013, the Royal College of Obstetricians and Gynecologists, in alignment with ACOG, stressed the importance of providing women with accurate information about the natural variations in female genital anatomy. They also cautioned against advertising that may mislead women into thinking surgery is required to attain a “normal” appearance.⁷ A significant concern in this field is the emergence of industry-driven diagnoses, where proprietary medical devices are promoted as established treatments for these purported conditions.^{8,9}

The lack of standardized terminology and limited published research on female genital cosmetic surgery contribute to uncertainty about its safety and effectiveness. The risks and benefits of these procedures remain inadequately documented, as most available data come from case reports and retrospective studies, with significant variability in outcome measures.¹⁰ Even with the increasing use of validated assessment scales, inconsistencies in methodology continue to make cross-study comparisons difficult.

Many procedures marketed toward women claim to enhance sexual function. Among the most debated is vaginal “rejuvenation”, which typically includes perineoplasty and/or vaginoplasty to narrow the vaginal canal, restore the integrity of the perineal body, and allegedly improve sexual function.¹¹ Another method, known as “vaginal rugation restoration”, uses CO₂ lasers to create vaginal folds in individuals with diminished or absent vaginal rugae. However, clinical evidence supporting these procedures is limited, with most available research consisting of expert opinions, case reports, or small-scale studies.

In 2018, the U.S. Food and Drug Administration (FDA) released a Safety Communication cautioning practitioners against using energy-based devices, including radiofrequency and lasers, for vaginal “rejuvenation”, vaginal procedures that are cosmetic in nature, or non-surgical treatments intended to address menopause symptoms, urinary problems, or sexual function issues.¹⁰

In its Guideline Number 423, the Society of Obstetrics and Gynecology of Canada (SOGC),¹ highlighted several key points:

- There is scarce scientific evidence supporting the claim that cosmetic genital surgery in women is safe and effective as far as improving body image or sexual and reproductive health is concerned.
- Major professional organizations agree that these procedures lack strong evidence of both safety and efficacy.
- Advertising and discussions about these surgeries should be factual, evidence-based, and impartial.
- Women considering these procedures should receive comprehensive information about the normal anatomy of the genitalia and normal physiological function, as many may ultimately decide against surgery once they are fully informed.

The International Federation of Gynecology and Obstetrics (FIGO) Guideline 055¹² outlines four ethical criteria that must be met for cosmetic surgical procedures to be considered permissible:

- The procedure should not address an underlying pathology, meaning it is not medically necessary.
- There must be evidence-based clinical validation proving the procedure's safety and effectiveness.
- Risks and complications should be minimized, adhering to beneficence-based clinical judgment.
- The patient must provide informed and voluntary consent, which includes awareness of both biomedical and psychosocial risks, such as potential dissatisfaction with the outcome.

Due to the lack of strong evidence supporting the claim that cosmetic genital surgery is safe and effective, the second criterion is not fulfilled. Consequently, FIGO asserts that it is ethically inappropriate for obstetrician-gynecologists to recommend, perform, or refer patients for these procedures.

2 | ETHICAL CONSIDERATIONS

2.1 | Autonomy and informed consent

Respecting patient autonomy is a core principle in medicine. Women should have the capacity to make well-informed decisions about cosmetic procedures, recognizing that these surgeries are not medically necessary and are primarily pursued for aesthetic or personal reasons. However, societal pressures and media representations often contribute to unrealistic beauty standards, which can influence a woman's perception and choices.

It is essential to distinguish reconstructive procedures for congenital anomalies or injuries from purely cosmetic surgeries that lack medical justification. Obstetrician-gynecologists must strike a balance between honoring patient autonomy and ensuring that external influences do not unduly affect their decision-making.

2.2 | Non-maleficence

The principle of “do no harm” should be a guiding factor in decision-making. Although these procedures may seem low risk, they can lead to complications, such as infections, changes in sexual function, and dissatisfaction with the results. Physicians must refrain from performing unnecessary surgeries that do not enhance a patient's well-being and should not allow financial incentives to outweigh ethical responsibilities. In addition, the psychological impact of these procedures must be carefully assessed, as some women seeking them may have underlying conditions, such as “body dysmorphic disorder”,¹³ wherein women are obsessed about imagined defects or flaws in their appearance. This condition requires mental health support rather than surgical intervention.

2.3 | Justice

Equity in health care is an essential ethical consideration. Cosmetic procedures that are not medically necessary can reinforce unrealistic genital ideals. Moreover, the high cost of these surgeries makes them accessible only to those who can afford them, further widening health disparities. In areas with scarce medical resources, allocating attention to these procedures instead of essential healthcare services raises ethical concerns.

2.4 | Special considerations for adolescents

Performing cosmetic genital procedures on adolescents presents unique ethical and medical concerns:

- **Informed consent:** Adolescents may not fully grasp the long-term implications of surgery. Their capacity to make autonomous decisions based on information given them must be carefully evaluated, and local laws regarding consent for minors should be followed.
- **Psychological impact:** Emotional and psychological development is still ongoing during adolescence. Decisions driven by body image concerns or societal pressures should be thoroughly assessed.
- **Long-term outcomes:** Because the adolescent body continues to develop, surgical results may change over time and could differ from those seen in adults.
- **Societal influence:** Cultural and social beauty norms can strongly shape adolescent decision-making, necessitating careful evaluation to ensure their best interests are protected.

3 | RECOMMENDATIONS

- Women should receive counseling and be informed that cosmetic genital procedures are not medically indicated and come with potential risks. Currently, there is a lack of high-quality research confirming their safety and effectiveness.
- Obstetrician-gynecologists should educate women about the natural diversity in genital anatomy, highlighting that variations in different characteristics such as color, size, and shape are normal.
- Obstetrician-gynecologists performing these procedures must have proper training in cosmetic genital surgery. Patients should be informed about their surgeon's level of expertise and experience, including the outcomes of previous surgeries performed.
- Obstetrician-gynecologists should be able to identify patients with sexual dysfunction or mental health conditions, such as depression, anxiety, or "body dysmorphic disorder".¹³ In such cases, referral to a psychiatrist is a more appropriate course of action.
- A thorough case-by-case evaluation is necessary before offering these procedures to adolescents. Factors such as psychological

and emotional maturity, motivations, and potential risks and benefits should be carefully considered. In addition, regional guidelines and ethical standards regarding adolescent cosmetic surgery should be strictly followed.

- **Media marketing** must be truthful and transparent. The practice of rebranding existing surgical techniques as new cosmetic procedures is deceptive, unethical, and should be actively discouraged.
- **Caution** is advised when using laser-based devices for treating genitourinary syndrome of menopause or for cosmetic purposes. There is at present insufficient research data to support that these devices are safe and effective. Many regions have not granted regulatory approval for these energy-based devices for "vaginal rejuvenation".

By addressing ethical concerns and ensuring that accurate information is provided, healthcare professionals can support women in making well-informed choices about cosmetic genital surgery.

AUTHOR CONTRIBUTIONS

All authors contributed equally to the conceptualization, formal analysis, manuscript writing, editing, and finalizing.

FUNDING INFORMATION

The authors did not receive any financial support.

CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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How to cite this article: Capito L, Antsaklis A, Gupte S, .
FIGO statement: Cosmetic genital surgery. *Int J Gynecol
Obstet*. 2025;170:11-14. doi:[10.1002/ijgo.70203](https://doi.org/10.1002/ijgo.70203)