

Labiaplasty: a normal, safe procedure or a western form of female genital mutilation?

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Cosmetic surgeon Dr Cormac Joyce confirms a growing demand in Ireland for what he says is the fastest-growing cosmetic procedure worldwide. Photograph: stock

Sheila Wayman

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The increasingly popular cosmetic surgical procedure of labiaplasty is a western form of female genital mutilation (FGM), says Caroline de Costa, a professor of obstetrics and gynaecology.



Prof Caroline de Costa. Photograph: Nick Bradshaw

Women who seek this form of surgery usually want a reduction in the size of their vulva's inner labia. But these, she points out, contain sensitive erectile tissue that is contiguous with the clitoral complex – the primary source of sexual pleasure for women.

One of the main reasons for the traditional practice of FGM, still carried out on young girls in parts of Africa, Asia and the Middle East, is to control their sexuality and to

promote premarital virginity and marital fidelity. It has no health benefits and harms girls and women in many ways, says the World Health Organisation.

In modern culture, “the desire for labiaplasty is predominantly based on dissatisfaction with genital appearance and not on functional complaints”, says de Costa, adjunct professor at James Cook University in Cairns, Australia, who will be speaking at a Royal College of Surgeons in Ireland (RCSI) alumnae event in Dublin this week. Yet, relatively little is known about variations in the appearance of the labia, so what is perceived as “normal” is influenced by what somebody sees in idealised photographs in mainstream and social media, as well as by opinions of sexual partners and possibly friends and healthcare professionals. More exposure to porn and a wider use of Brazilian waxing to remove pubic hair are among the factors believed to be driving the demand for labiaplasty.

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“There needs to be much greater awareness among women, especially younger women, of variants in normal anatomy and that removal of bits of the labia minora is removal of tissue important to female sexual arousal and pleasure,” she adds.

Irish cosmetic surgeon Dr Cormac Joyce rejects the argument that labiaplasty is a form of genital “mutilation”. Work on the inner labia, which accounts for about 85 per cent of labiaplasty, is a “really quick, delicate procedure, a trim procedure”, he says, and he cannot imagine any trained plastic surgeon causing nerve damage in that area.

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“Labiaplasty is part of our training all our way through and we always needed a pretty good understanding of anatomy. We do clitoral hood, outer labia and inner labia, that’s our remit.”

Joyce confirms a growing demand in Ireland for what he says is the fastest-growing cosmetic procedure worldwide. It is carried out under local anaesthetic. The cost varies around the country but women can expect to pay anything between €4,000 and €7,000, depending on what is wanted and which practitioner they choose.

“It is so popular now; I’m doing two today, four next week. It doesn’t get the press because it’s an intimate topic.” Before leaving the UK to return to Dublin in 2020, he was doing 30-35 labiaplasty procedures every week and has seen numbers climbing here since.



Dr Cormac Joyce.

“I have never had anyone complain after labiaplasty that sensation has been reduced. I have never heard of any issues sexually because of labiaplasty.”

He estimates about 70 per cent of clients want the procedure for cosmetic reasons, but for 30 per cent there would be functional issues. Protruding inner labia can cause pain during exercise and intercourse, he says. They can also be a source of embarrassment, affecting intimate relationships and preventing some women wearing certain clothes, such as types of swimwear and leotards.

This is a different generation, Joyce says. “They are young women and they know what they want. You get them involved in the decision-making about how much or how little they want you to take away. There is no textbook about what the ideal labia is; everyone is different and it’s just managing their expectations: ‘It’s not going to be perfectly symmetrical and we may have to go back and revise it in six months’ time, but we are going to make it neater for you, so it is not going to be protruding through.’

“You ask all of the women what does your partner think of this,” he adds, “and they all say ‘he thinks I’m mad’.”



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Women's Health
