



Comparison of the Body Image Between Women Seeking Female Genital Cosmetic Surgery and Women Not Interested in FGCS: A Case Control Study

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Abstract

Objectives: Although body image has been investigated in a variety of cosmetic surgeries, this study was the first research in Iran to examine the mental image of women seeking female genital cosmetic surgery (FGCS).

Materials and Methods: The participants of this case-control study included a total of 163 women of reproductive age, who referred to the specialized gynecological clinic of Alavi hospital in Ardebil during February 2016 to July 2017. Of these participants, who were selected through convenience sampling, 83 were willing to undergo FGCS while the other 80 were not interested in this kind of surgery. Then, they were evaluated for pelvic organ prolapse. A questionnaire containing demographic questions as well as a body image questionnaire were used to collect the required data.

Results: The total mean (standard deviation) body image score in the case and control groups was 237.2 (22.3) and 241.7 (23.1), respectively, indicating that no significant difference existed between the 2 groups. Regarding the components of body image, no significant difference was observed between the 2 groups in terms of body-self relations ($P=0.101$) and body weight perception ($P=0.521$). However, a significant difference was observed in terms of the mean body satisfaction score ($P=0.004$).

Conclusions: Women interested in FGCS had less body parts satisfaction compared with those not willing to undergo this surgery. This can be useful in providing necessary consultations and trainings regarding the wide range of variation in natural appearance of the female genitalia for women willing to undergo these types of surgeries.

Keywords: Body image, Cosmetic surgery, Genitalia, Women

Introduction

The female genital cosmetic surgery (FGCS) has gained popularity in recent years (1) and has become a part of plastic and cosmetic surgeries that promise increased sexual pleasure and improved sexual function (2). Sexuality is an important part of the women's health (3); to such a degree that in addition to physical and environmental problems, psychological factors such as self-esteem, body image, depression, and relationship with the spouse can affect their sexual responses (4,5). Women's satisfaction with and comfort of their genital areas increases sexual pleasure (2). However, given the changes in the cultural desires and enthusiasm (3) to have a specific appearance of female genitalia, especially the vaginal tightening and the small size of the labia minora, which has become popular with social media and easy access to pornographic movies and images (6,7), it is not surprising that a high percentage of women believe that their sexual function is weak and demand various types of FGCS (2).

More than a quarter of women are dissatisfied with the

appearance of their genitalia (8). As a result, most women undergoing FGCS report that they feel their genitals are "abnormal" and mention that the goal for achieving a "normal" genital appearance is their main reason for undergoing this surgery (9). However, studies indicate wide variations in normal female genital appearance (10,11). According to a study by Ampt et al, vulvoplasty has increased by 64.5% from 2001 to 2013 (12) and the demand for this type of surgery has significantly increased by 49% from 2013 to 2014 (13).

There are various types of FGCS, the most common processes of which are: Labiaplasty for altering the appearance of labia minora and the labia majora; clitoral hood reduction surgery to reduce the size of the hood in cases of hood hypertrophy; vaginoplasty which also results in narrowing of the vagina using colporrhaphy, perineorrhaphy, and perineoplasty, and finally, hymenorrhaphy (restoration of virginity) which is performed to create a relative similarity to virgin women (2,11). In addition, Modern FGCS techniques are rapidly

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evolving (11).

Complications of FGCS include postoperative infection, hematoma, asymmetry, wound dehiscence, urinary retention, skin retraction, painful intercourse, incomplete wound healing, and damage to the intestine or bladder caused by fistula formation (6). Even after a vulvovaginal cosmetic surgery, sexual dysfunction can be caused by physical, emotional, and psychological factors (3). Organic causes include anatomical, functional, vascular, neurological, and hormonal factors, and psychological causes contain postoperative stress, such as fear of injury to the operated vagina or previous history of sexual relationship and other unsolved psychological problems (14).

Women interested in labiaplasty report low quality of life with respect to their body image and also a low level of sexual pleasure (13). The direct relationship between sexual satisfaction and body image has been proven (15). Since the purpose of these surgeries is mostly to achieve mental satisfaction with the genital beauty, with no anatomical problem or deformity (16), a variety of genital surgeries have also been significantly developed to meet this need of the women (11). Although, according to Goodman et al, sexual arousal and satisfaction increase immediately after cosmetic surgery, after a few months follow up, they decrease to the preoperative level. In addition, sexual desire and level of lubrication and orgasm do not improve after the surgery (10). Although studies support the improvement of negative body image after FGCS, the effectiveness of FGCS is unjustifiable due to lack of support for the effectiveness and safety of these surgeries (17). Furthermore, concerns about sexual pleasure and negative genital self-image may be resolved by a careful assessment and non-surgical interventions such as counseling and awareness about genital appearance diversity (6, 17); because counseling and sex education are very effective in the treatment of sexual dysfunction (5). Although there is no accurate statistical estimate of the extent of these type of surgeries in Iran, the demand for it, especially for high sexual function, is found to be high (3).

Considering the fact that no studies have ever been conducted in Iran to investigate the psychological causes that lead women to do such surgeries, this study aimed to compare the body image of women interested or not-interested in FGCS. Understanding the psychological causes that result in undergoing of these surgeries on the part of the women, can be used to provide mental and health care packages for this group of women. Implementation of these packages may also prevent the financial and physical consequences of these surgeries.

Materials and Methods

Study Design and Participants

The present study was a case-control research conducted on women referring to the gynecological clinic of Alavi Hospital in Ardebil during February 2016 to July 2017.

The inclusion criteria were: being married, having one sexual partner, seeking FGCS without any medical reason, being in the age range of 15 to 49 years old; and the exclusion criteria contained the following categories: suffering from moderate to severe pelvic prolapse, menopause, and taking drugs with psychiatric complications.

The sample size was determined to be 72 participants according to the study by Sharp et al (13) while taking into account $m_1 = 1.87$, $m_2 = 1.61$, $sd_1 = 0.74$, and $sd_2 = 0.48$ and also considering $\alpha = 0.05$ and power = 80% in each group; however, 80 participants were considered for each group because of taking into account 10% as the probable dropout rate.

Sampling

Sampling started after the approval of the project at the research council and obtaining a code of ethics (IR.TBZMED.REC.1395.1104) from the Ethics Committee of Tabriz University. Convenience sampling was used at the gynecological clinic of Alavi hospital in Ardebil. All the participants were informed by the researcher of the goals and method of project implementation and were assessed in terms of basic information and inclusion criteria. After receiving written informed consent, the participants were entered into the study. The number of women seeking FGCS and those not interested in this surgery was 83 and 80, respectively. The participants of both groups were examined in terms of moderate and severe pelvic prolapse by a gynecologist, who was a colleague in the project, and then, they were included in the study if they had no medical indication for the cosmetic surgery. Demographic characteristics of the participants in both groups are provided in Table 1.

Instruments

A 2-part questionnaire, which included socio-demographic information and the information regarding body image was administered to collect data. The socio-demographic information questionnaire consisted of 15 items including the place of residence, who the participant lived with, their history of mental illness, use of drugs with psychiatric complications, the number of sexual partners, and whether or not the participant was willing to undergo FGCS.

The second questionnaire, namely, 'multidimensional body-self relations questionnaire (MBSRQ)', is related to body image and contains 68 items including 3 scales: 'the body-self relations questionnaire' (BSRQ), consisting of all the items except for the number of questions provided in 2 following subscales; 'the body areas satisfaction scale' (BASS), (items 60-68); and 'body weight perception scale' (which contains items 20, 56, 57, 58, 59, and 66. In BSRQ, there are 3 dominant physical aspects, that is, physical appearance, physical fitness, and health, each of which include 2 areas of assessment and awareness: evaluation and perception of appearance, physical fitness assessment

Table 1. Comparison of Sociodemographic Characteristics Between the Study Groups

Variables	Case (n=83)	Control (n=80)	P Value
	No. (%)	No. (%)	
Age (Mean ± SD)	31.6± 6.8	32.2±6.2	0.541 ^a
Marriage			1.000 ^b
Single	1(1.2)	1 (1.3)	
Married	80 (96.4)	77 (96.3)	
Divorced	2 (2.4)	2 (2.4)	
Literacy			0.077 ^c
Illiteracy	1 (1.2)	0 (0)	
Primary school	12 (14.5)	3 (3.8)	
Secondary school	19 (22.9)	16 (20)	
High school	7 (8.4)	11 (13.8)	
Diploma	25 (30.1)	22 (27.5)	
University	19 (22.9)	28 (35)	
Job			0.869 ^d
Housekeeper	60 (72.3)	56 (70)	
Working at home	7 (8.4)	7 (7.5)	
Working outside	16 (19.3)	18 (22.5)	
Economic			0.275 ^c
Adequately	69 (83.1)	59(73.8)	
Less than adequate	12 (14.5)	16 (20)	
Inadequacy	2 (2.4)	5 (6.3)	
Residence			0.805 ^b
Personal	48 (57.8)	47 (58.8)	
Rent	24 (28.9)	19 (23.8)	
Wife's parental home	3 (3.6)	3 (3.8)	
Husband's parental home	8 (9.6)	11 (13.8)	
Live with			0.895 ^b
Husband & children	67 (80.7)	68 (85)	
Alone	1 (1.2)	0 (0)	
Husband's parents	11 (13.3)	9 (11.3)	
Wife's parents	4 (4.8)	3 (3.8)	
Gravid			0.574 ^d
0	5 (6)	7 (8.8)	
1	21 (25.3)	23 (28.8)	
2	33 (39.8)	34 (42.5)	
≥3	24 (28.9)	16 (20)	
Number of children			0.259 ^d
0	7 (8.4)	8 (10)	
1	26 (31.3)	31 (38.8)	
2	37 (44.6)	36 (45)	
≥3	13 (15.7)	5 (6.3)	
Infertility			0.364 ^b
Yes	4 (4.8)	7 (8.8)	
No	79 (95.2)	73 (91.3)	
Chronic disease			0.746 ^b
Yes	6 (7.2)	4 (5.0)	
No	77 (92.8)	76 (95.0)	
Mental illness history			0.497 ^b
Yes	2 (2.4)	0	
No	81 (97.6)	80 (100)	
Having only one sexual partner			1.000 ^b
Yes	82 (98.8)	80 (100)	
No	1 (1.2)	0	

^aIndependent *t* test; ^b Fisher exact test; ^c Chi-square for trend test; ^d Chi-square test.

and perception, health assessment and perception. Each of these fields have 5 scores (1 = Strongly Disagree to 5 = Strongly Agree). The higher score indicated more satisfaction. In BASS, satisfaction with various parts of the body including the face, upper trunk, middle trunk and lower trunk, muscle consistency, weight, height, and overall appearance was taken into account with a score of 1, for a completely dissatisfied, and 5, for a completely satisfied. According to previously studies this questionnaire is acceptable in terms of psychological fitness with Iranian samples (18,19).

Content validity was used to determine the validity of the socio-demographic form in such a way that this form was given to 10 faculty members of Nursing and Midwifery Faculty. After collecting their viewpoints, necessary modifications were made. The body-image questionnaire is a standard questionnaire that requires no determination of content validity. The reliability of the body-image questionnaire was determined by performing a pilot test on 20 participants and determining the Cronbach α coefficient, which showed a total estimation of 0.831, indicating that the instrument enjoyed a good degree of reliability.

Data Analysis

The study came up with 2 sets of data, information gathered from both questionnaires. Following data collection, a quantitative analysis of the data was performed applying the SPSS (Statistical Package for the Social Sciences) software, version 16. The normality of quantitative data was investigated using kurtosis and skewness, which was found to be normal. Descriptive statistics including frequency, percentage, and mean (SD = standard deviation) were used to describe the socio-demographic characteristics as well as body image and its sub-domains. Chi-square for trend, independent *t* test and Fisher exact test were used to compare the socio-demographic characteristics between the 2 groups. An independent *t* test was also used to compare the overall mean body image score and its sub-domains in the 2 groups.

Results

The present study which was a case-control research, sought to compare the body image of women interested or not-interested in FGCS.

To this end, a total of 163 woman (83 interested vs. 80 not interested women) who were selected through convenience sampling technique participated in this study.

According to the first questionnaire, the mean age of the participants in the study was 31.6 (SD = 6.7) years. Most participants (96.3%) were married and more than half of them (57.6%) had received at least a high school diploma. About two-thirds of them (71.2%) were housewives. In addition, more than three quarters of them (73.5%) had sufficient income; more than half of them (58.3%) were homeowners. The majority of the participants (83.8%)

lived with their spouses and children. Nearly, half of them had 2 pregnancies (41.1%) and 2 children (44.8%). Over 90% of the participants had no history of infertility, chronic illness, taking medications with psychological complications, and history of mental illness. The majority of these women (99.4%) had only one sexual partner. There was no significant difference between the 2 groups (case and control) in terms of socio-demographic information (Table 1).

The total mean (SD) body image score in the case and control groups was 237.2 (22.3) and 241.7 (23.1), respectively, showing that there was no significant difference between the 2 groups in this respect. Regarding the components of body image, no significant difference was observed between the 2 groups in terms of body-self relations ($P=0.101$) and body weight perception ($P=0.521$). However, a significant difference was observed in terms of the mean body satisfaction score ($P=0.004$); so that body parts satisfaction in women interested in FGCS was lower than that of women who were not interested in this kind of surgery (Table 2).

Discussion

The findings of this study indicated that women interested in FGCS had lower satisfaction with different parts of their body than those who were not interested in this surgery. This result is consistent with the findings of other similar studies. Veale et al, in their study on investigating the psychological and persuading features of women interested in labiaplasty, found that women interested in labiaplasty with their genitalia were less satisfied with the surgery as compared to those who were not interested in this surgery (20). According to Goodman et al, women interested in FGCS had no sexual dysfunction before the surgery to encourage them undergo a surgical procedure; however, a high proportion of them suffered from body dysmorphic disorder (10). According to a study by Goodman et al, women undergoing FGCS were more likely to be dissatisfied with the physical appearance of their body and were more susceptible to develop the symptoms of body dysmorphic disorder (11).

The findings of a study by Veale et al, conducted on 125 women in 2 groups (55 women seeking labiaplasty and 70 women for the control group) revealed that women seeking labiaplasty were similar to the control group on risk factors normally found for body image problems and many of the known risk factors of body image disorders were not found in the women seeking labiaplasty (21). This is inconsistent with the findings of the present study which is probably due to the low number of participants in that study.

According to some studies, one of the most important causes of women's tendency to undergo FGCS was the abnormality or defect of the appearance of that area (22,23). Meanwhile, genital self-image was considered to be directly related to the sexual desire, distress, and

Table 2. Comparison of Body Image and its Subscales Between the Study Groups

Variables	Case (n=83)	Control (n=80)	P Value ^a
	Mean (SD)	Mean (SD)	
Body image total score	237.2 (22.3)	241.7 (23.1)	0.208
Body-self relations	258 (26.3)	265 (24.2)	0.101
Body weight perception	18.8 (3.2)	19.1 (3.3)	0.521
Body satisfaction	31.6 (6.8)	34.6 (6.1)	0.004

^aIndependent t test.

repetition of sex (24). As has been pointed out, those interested women complained about poor quality of their life and body dysmorphic disorder (23). They were anxious about the sexual response of their spouses to the appearance of their genitalia and had a less romantic relationship with their spouses (13) while most men did not want their wives to undergo FGCS (7).

Pornographic magazines and media that propagated one form and shape of the female genitalia as a social norm, were considered as one of the reasons for increasing this type of surgeries (25). Women undergoing FGCS have a low self-esteem. A series of studies suggested increased self-esteem after surgery (26), but in fact, this increase in self-esteem was not due to surgery itself, but because of women's body image and dissatisfaction with their body and themselves. This was due to the fact that self-esteem and satisfaction with the appearance of genitalia were closely associated (26,27). However, the positive outcomes of these surgeries in reducing the symptoms of body dissatisfaction did not reduce the importance of screening and giving accurate psychological advice to the women interested in FGCS (11).

In a cross-sectional study which was conducted by Stuart et al, on 344 individuals seeking cosmetic surgery, the psychosocial predictors of body image dissatisfaction in women referred for aesthetic surgery were investigated. According to the obtained results, the variables of age, lower self-esteem, depression symptoms, and interpersonal sensitivity were predictors of body image dissatisfaction (28). It is recommended to assess other psychological problems in individuals seeking genital cosmetic surgeries in future studies.

Suggestions for Further Research

Given the ever-increasing number of FGCS, it is necessary to provide a scientific and appropriate instruction for this kind of surgery and to benefit from the collaboration of a health team consisting of surgeons, psychologists, and psychiatrists (23). When facing with such requests by the patients, the physician should ask about the causes and any symptoms that make the surgical intervention necessary. The physician should note that the patient's concern about the appearance of the genital area (genitalia) may be reduced by honest dialogue about a wide range of variation in the appearance of genitalia. Therefore, patients should

be assured that the appearance of the genitalia varies from woman to woman (17) and that women should be aware that these types of surgeries are not a good solution to the underlying psychological problems and that there is no strong scientific evidence of the safety of these types of surgeries (6,23,29).

In addition, due to the lack of studies investigating the impact of counseling on women undergoing FGCS, it is recommended that such studies to be conducted in future to provide an appropriate solution to respond to the psychological, mental, and physical needs of this group of people according to their culture and place of living.

Limitation of the Study

In every human attempt, no doubt, there exist some limitations and problems which need to be acknowledged.

One of the limitations of the present study is that body image has been measured in both groups while the genital satisfaction measurement tool has not been used specifically.

Conclusions

This study was an effort to compare the body image of women interested or not-interested in FGCS. Based on the results, there was no significant difference in the overall mean body image score in both groups of women interested in FGCS and those who were not interested in this kind of surgery. However, in terms of body parts satisfaction, women seeking FGCS, were less satisfied. This result may suggest that there are other possible psychological factors in women who seek FGCS, indicating the importance of counseling interventions in psychological and sexual health fields.

One of the strengths of this study is that the present study is a turning point in accepting the fact that Iranian society and culture, along with other parts of the world, are undergoing changes in the women's community in terms of sexual and psychological attitudes. These changes can have a negative side, due to borderless and limitless advertising they are doing. Given the fact that women must first be evaluated and appropriate support services must be provided to meet their needs, in order to promote the physical and mental health of the society, it is necessary to conduct more comprehensive studies on the prevalence of FGCS as well as other psychological and physical factors that lead Iranian women to undergo such surgeries.

Ethical Issues

The Ethics Committee of Tabriz University of Medical Sciences approved the study under the ethical code of IR.TBZMED.REC.1395.1104.

Conflict of Interests

The authors declare no conflict of interests.

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References

- Braun V. Female genital cosmetic surgery: a critical review of current knowledge and contemporary debates. *J Womens Health (Larchmt)*. 2010;19(7):1393-1407. doi:10.1089/jwh.2009.1728
- Goodman MP, Placik OJ, Benson RH 3rd, et al. A large multicenter outcome study of female genital plastic surgery. *J Sex Med*. 2010;7(4 Pt 1):1565-1577. doi:10.1111/j.1743-6109.2009.01573.x
- Abedi P, Jamali S, Tadayon M, Parhizkar S, Mogharab F. Effectiveness of selective vaginal tightening on sexual function among reproductive aged women in Iran with vaginal laxity: a quasi-experimental study. *J Obstet Gynaecol Res*. 2014;40(2):526-531. doi:10.1111/jog.12195
- Berman JR, Berman LA, Kanaly KA. Female Sexual Dysfunction: New Perspectives on Anatomy, Physiology, Evaluation and Treatment. *EAU Update Series*. 2003;1(3):166-177. doi:10.1016/S1570-9124(03)00039-4
- Tadayon Najafabady M, Salmani Z, Abedi P. Prevalence and related factors for anorgasmia among reproductive aged women in Hesarak, Iran. *Clinics (Sao Paulo)*. 2011;66(1):83-86. doi:10.1590/S1807-59322011000100015
- Sharp G, Tiggemann M, Mattiske J. Predictors of Consideration of Labiaplasty: An Extension of the Tripartite Influence Model of Beauty Ideals. *Psychol Women Q*. 2015;39(2):182-193. doi:10.1177/0361684314549949
- Horrocks E, Iyer J, Askern A, Becuzzi N, Vangaveti VN, Rane A. Individual male perception of female genitalia. *Int Urogynecol J*. 2016;27(2):307-313. doi:10.1007/s00192-015-2836-0
- Fudge MC, Byers ES. An exploration of the prevalence of global, categorical, and specific female genital dissatisfaction. *Can J Hum Sex*. 2017;26(2):112-121. doi:10.3138/cjhs.262-a3
- Zwier S. "What Motivates Her": Motivations for Considering Labial Reduction Surgery as Recounted on Women's Online Communities and Surgeons' Websites. *Sex Med*. 2014;2(1):16-23. doi:10.1002/sm.2.20
- Goodman M, Fashler S, Miklos JR, Moore RD, Brotto LA. The Sexual, Psychological, and Body Image Health of Women Undergoing Elective Vulvovaginal Plastic/Cosmetic Procedures: A Pilot Study. *The American Journal of Cosmetic Surgery*. 2011;28(4):219-226. doi:10.1177/074880681102800404
- Goodman MP, Placik OJ, Matlock DL, et al. Evaluation of Body Image and Sexual Satisfaction in Women Undergoing Female Genital Plastic/Cosmetic Surgery. *Aesthet Surg J*. 2016;36(9):1048-1057. doi:10.1093/asj/sjw061
- Ampt AJ, Roach V, Roberts CL. Vulvoplasty in New South

- Wales, 2001-2013: a population-based record linkage study. *Med J Aust.* 2016;205(8):365-369. doi:10.5694/mja16.00512
13. Sharp G, Tiggemann M, Mattiske J. Factors That Influence the Decision to Undergo Labiaplasty: Media, Relationships, and Psychological Well-Being. *Aesthet Surg J.* 2016;36(4):469-478. doi:10.1093/asj/sjv270
 14. Tunuguntla HS, Gousse AE. Female sexual dysfunction following vaginal surgery: a review. *J Urol.* 2006;175(2):439-446. doi:10.1016/s0022-5347(05)00168-0
 15. Pujols Y, Seal BN, Meston CM. The association between sexual satisfaction and body image in women. *J Sex Med.* 2010;7(2 Pt 2):905-916. doi:10.1111/j.1743-6109.2009.01604.x
 16. Goodman MP. Female genital cosmetic and plastic surgery: a review. *J Sex Med.* 2011;8(6):1813-1825. doi:10.1111/j.1743-6109.2011.02254.x
 17. ACOG Committee Opinion No. 378: Vaginal "rejuvenation" and cosmetic vaginal procedures. *Obstet Gynecol.* 2007;110(3):737-738. doi:10.1097/01.AOG.0000263927.82639.9b
 18. Golparvar M, Kamkar M, Rismanchian B. The relationship of overweight with self-confidence, depression, life style, and body self-concept in women contributed themselves to dieting institutes. *Knowledge and Research in Psychology.* 2007;32:121-144.
 19. Mojallal M, Khosrojauid M, Pakzad F, Ghanbari M. Early Maladaptive Schemas, Body Image, and Self-Esteem in Iranian Patients Undergone Cosmetic Surgery Compared with Normal Individuals. *Pract Clin Psychol.* 2014;2(3):201-210.
 20. Veale D, Eshkevari E, Ellison N, et al. Psychological characteristics and motivation of women seeking labiaplasty. *Psychol Med.* 2014;44(3):555-566. doi:10.1017/s0033291713001025
 21. Veale D, Eshkevari E, Ellison N, et al. A comparison of risk factors for women seeking labiaplasty compared to those not seeking labiaplasty. *Body Image.* 2014;11(1):57-62. doi:10.1016/j.bodyim.2013.10.003
 22. Bramwell R, Morland C, Garden AS. Expectations and experience of labial reduction: a qualitative study. *BJOG.* 2007;114(12):1493-1499. doi:10.1111/j.1471-0528.2007.01509.x
 23. Giarenis I, Cardozo L. Cosmetic genital surgery. *Obstet Gynaecol Reprod Med.* 2014;24(9):286-288. doi:10.1016/j.ogrm.2014.06.003
 24. Berman L, Berman J, Miles M, Pollets D, Powell JA. Genital self-image as a component of sexual health: relationship between genital self-image, female sexual function, and quality of life measures. *J Sex Marital Ther.* 2003;29 Suppl 1:11-21. doi:10.1080/713847124
 25. Ackard DM, Kearney-Cooke A, Peterson CB. Effect of body image and self-image on women's sexual behaviors. *Int J Eat Disord.* 2000;28(4):422-429.
 26. Hasan JS. Psychological issues in cosmetic surgery: a functional overview. *Ann Plast Surg.* 2000;44(1):89-96.
 27. Bramwell R, Morland C. Genital appearance satisfaction in women: the development of a questionnaire and exploration of correlates. *J Reprod Infant Psychol.* 2009;27(1):15-27. doi:10.1080/02646830701759793
 28. Moulton SJ, Gullyas C, Hogg FJ, Power KG. Psychosocial predictors of body image dissatisfaction in patients referred for NHS aesthetic surgery. *J Plast Reconstr Aesthet Surg.* 2018;71(2):149-154. doi:10.1016/j.bjps.2017.11.004
 29. Barbara G, Facchin F, Meschia M, Vercellini P. "The first cut is the deepest": a psychological, sexological and gynecological perspective on female genital cosmetic surgery. *Acta Obstet Gynecol Scand.* 2015;94(9):915-920. doi:10.1111/aogs.12660

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