

Kirsten O'Regan: Labiaplasty, Part II

January 17, 2013

Our investigation of the most popular trend in 'vaginal rejuvenation' continues.

Click here for [Part I](#).



Image from Flickr via sxyblkmn

By **Kirsten O'Regan**

Original article found online at: <https://www.guernicamag.com/daily/kirsten-oregan-labiaplasty-part-ii/>

Editor's note: All patient names have been changed to protect their privacy.

Labiaplasty—the most common “vaginal rejuvenation” surgery—is relatively unregulated, frequently botched, and gaining in popularity. But quite apart from the financial costs, the pain involved, and the risks of complications, the growing number of women undergoing labiaplasty is a source of unease for many doctors. Cheryl Iglesia, a specialist in reconstructive pelvic surgery, like many within the medical profession and like many commentators from without, blames the increasing “pornification” of culture, pointing to the rise in pubic hair removal as an example of trends in pornography reaching the broader public. She believes the rise in internet porn has increased awareness and anxiety about genital appearance.

“It’s a concerning situation,” she says. “A lot of women are being duped by the media and by unethical doctors who are preying on their insecurities.” She worries about the number of very young women who are either exposed to pornography or interact with people who have porn-inspired ideas of what is normal and are thus led to feel they are abnormal. Girls as young as 11 have been known to request labiaplasty. “I think we need to target that audience and we also need to target men,” Iglesia says, suggesting that physicians have a responsibility to conduct a thorough psychological exam to check for sexual abuse, depression, and body dysmorphic disorder. In the case of the latter, “The last thing you want is to perform surgery, because they’re never going to be satisfied.” Ultimately, Iglesia says, “There isn’t a lot of proven benefit, and there’s a possibility there could be harm.” She says that labiaplasty patients risk losing sexual sensation and satisfaction. A 2011 *Guardian* article corroborates this claim, reporting, “Experts say the risks of labiaplasty include ... increased or decreased sensitivity if nerves get caught in the operation.”

“I get a lot of young women brought to me by their moms,” he says. “It’s always the moms who bring them in.”

Blatt, Alter and Alinsod refute these charges. Alter claims only one or two patients have mentioned they found it harder to orgasm. “There’s not a lot of sensation that comes from the lips,” says **Blatt**. “In fact oftentimes women get improved sexual sensation, because there can be irritation with larger labia.” The need for psychological assessment is brushed off. “That’s what they used to say about breast ops in the 1960s,” says Alter dismissively. Alinsod says he only considers his patients’ mental health “if their requests are unusual.” (I refrain from pointing out that requesting labia minora amputation in itself seems bizarre.) They also dispute the idea that women are being pressured into vaginal rejuvenation. “That’s a misconception, that the majority are being forced or coerced by an outside source to have the surgery,” says Alinsod. He claims 90 percent of his patients decide independently, except for one subset. “I get a lot of young women brought to me by their moms,” he says. “It’s always the moms who bring them in.”

Maude Brenner, a 23-year old New Yorker, was one of these young women. “It wasn’t really an issue until I was on a cruise ship with my mom when I was fourteen,” says Brenner. “I was getting changed in front of her, and she was like, ‘what’s wrong with you?!’” Shocked by the size of her daughter’s labia, Brenner’s mother arranged an appointment with a gynecologist. “And the doctor said, everything’s fine, your mom’s insane,” recalls Brenner. “But then she said, in a couple of years if it really still bothers you, you can get it reduced... I guess I was thinking about that for a few years afterwards.”

Although Brenner was extremely self-conscious about her labia, her boyfriends never mentioned it. “I think men are so happy to be around a vagina that they honestly don’t care,” she says. But some of her close female friends noticed her large labia minora, and teased her about her appearance. Several of them had themselves considered the surgery. “I don’t think I have any friends who would actually get one for cosmetic reasons ’cause we’re all liberated or whatever,” she says, “but I certainly don’t think this anxiety is atypical.” Brenner corroborates Iglesia’s theories about pornography. “Around the time I was really worried about this, I had seen a fair amount of porn. And it didn’t make me feel great! It’s a very generic prototype of a vagina they’ve got going on there. If you’re fourteen or sixteen and you haven’t had sex, that’s your frame of reference.”

Alicia Klein, also a New Yorker, wasn’t dragged by a concerned mother to a plastic surgeon, but her labiaplasty did have maternal origins. Klein had a labiaplasty at the age of twenty-seven, several years after her mother had undergone the same procedure. This meant Klein could forego the intensive research into doctors. “My mom went to Dr. Alter,” she explains, “and she loves his work.” For Klein, the surgery was partly to reduce discomfort, but mostly for the look. No partner had ever suggested her labia were unusual, and her gynecologist advised against the procedure, saying that she was well within normal range. But Klein decided to go ahead with it: “For me, personally, I wanted to have it [the inner labia] removed.” And after three months of painful healing she was glad she had. “I honestly couldn’t be more pleased,” she says. “Dr. Alter is an incredible surgeon. And an artist really.” She refers to her new labia as a “piece of art,” and says she feels more confident now. Like Brenner, she sees pornography as a driving force behind the anxieties of genital appearance. “It’s normal now to feel a little insecure or worried about an ‘out-y’ labia,” she says. “There is a little bit of pressure to keep up with everything.”

“Around the time I was really worried about this, I had seen a fair amount of porn. And it didn’t make me feel great! It’s a very generic prototype of a vagina they’ve got going on there.”

Practitioners of the surgeries don’t disagree. “Girls are more aware of what they look like now,” Alter says. Alinsod credits the Brazilian wax with the interest in genital appearance. [Blatt’s website](#) baldly states, “Some women just want to look ‘prettier’ like the women they see in magazines or in films.” For them, the new beauty ideal is obviously profitable.

Shelley Ross, Secretary General of the Medical Women’s International Association, laments the fact that “women are being pressured into thinking that all labia need to look the same and that if they differ, it is cause for surgery.” The MWIA has stated that “promoting and performing such surgery carries significant risks of physical and psychological harm to women and girls.” UK Feminista, a British organization championing global gender equality, advances a similar argument. According to Director Kat Banyard, “pornography is exposing women to the toxic myth that there is one ‘right’ way for their labia to look.” In December 2011, the group organized a ‘Keep your Mitts off our Muffs’ march in London to protest the ideas of vaginal rejuvenation. The “toxicity” this protest sought to draw attention to was the distorted concept of what constitutes a “normal” or “beautiful” genital area, and by extension, a normal or beautiful woman. “The Muff March showed women are fighting back,” says Banyard.

The protest echoed Iglesia's sense of women besieged by false advertising. "The biggest thing for me is that women aren't understanding normal anatomy," she says. "Labia minora can vary from 7mm to 5cm. That variation is huge. And in fact, it's all normal."

Initiatives have sprung up to publicize and celebrate this range of normalcy. A Tumblr page called "Show Your Vagina" encourages women to share pictures of their labia. UK artist Jamie McCartney created the "Great Wall of Vagina"—an artwork that displays 400 plaster casts of unique vulvas forming a nine meter long panel—in an effort to celebrate human variety and increase female self-confidence.

Alinsod and Alter speak with enthusiastic distaste about female genitalia—"this big, fat pad", "like a golf ball", "she has a fatty majora"—and they don't necessarily consider it a doctor's obligation to advise patients if they are within normal range.

But the male doctors I spoke with appear indifferent to the idea that the surgeries they perform could exacerbate harmful societal pressures. Alinsod admits there is a huge range of normal, and labiaplasty must be thought of as elective cosmetic surgery. "Everyone can live with a big nose, a crooked nose, sure," he says. "But maybe that's not how they want to live." For Alter, this is a no-brainer. "Listen, the way I look at it, the happiness rate is high nineties and complication rate is like 2 percent, so what's the big deal?" He believes he is uniquely placed to help women. "This can be life-changing stuff," he says. "If someone has a serious aesthetic issue, then this can be huge."

Arethusa Reed is an upper-middle class single mother from Oregon. She has three children, blonde highlights in her brown hair, and describes herself as "Just a normal American girl." Three years ago, at the age of thirty-four, she underwent a Barbie procedure with Alinsod.

"It was mostly for appearance, and a little bit of comfort," she explains. She was married when she made the decision. "My husband was like, 'Why? My gosh!' But I personally like the look of minimal hair and just everything smaller." During college she had lived with her brother, and seen his copies of *Playboy*. She recalls: "You were like, that's what guys like—barely anything there."

For a time, that idea bothered her. Reed was sexually abused as a young girl, and although she underwent laser removal of her bikini-line pubic hair in her early twenties she was hesitant to go entirely hairless. "It reminded me of a little girl," she explains, "and so reminded me of all this stuff," meaning her abuse. But at some point she decided that was irrational. "I was like, I'm not gonna let that be a hang-up anymore," she says. "It was time for me to look at what I think is more attractive." With no hair left, Reed started considering a labiaplasty. The decision had a deeper psychological meaning, she says. She was in the first stages of a divorce. "For me, it was a sort of new start."

She went first to a doctor in Oregon. He performed a 'wedge' procedure that Reed was immediately unhappy with. "So I went to see Dr. Alinsod two weeks later, to see what he could do." Quite a lot, as it turns out.

A 2011 study in the *Journal of Sexual Medicine* shows that male physicians are more likely to recommend cosmetic labiaplasty than their female counterparts.

Alinsod advised a Barbie, so that no scar from the previous surgery would be visible. “Then because I went for the Barbie-doll route I felt I needed to take off some of majora,” Reed recalls. This involved a reduction of the clitoral hood. Alinsod also removed a child-birth related hemorrhoid and performed a perineoplasty (tightening up the area between vagina and anus), which naturally involved a vaginoplasty. Reed feels that the procedures gave her more confidence and recently advised a friend to get a ‘hybrid’ labiaplasty with Alinsod, which leaves a “petite... hint of a rim around the vaginal opening,” rather than a Barbie. Reed herself is not entirely without regret. “I did the Barbie but I wish I would have done the hybrid,” she says. “It looks much more natural as you get older.”

Whatever the style, reporting on this surgery as a woman leaves me feeling truly uncomfortable: I would never previously have added labia to the long list of body parts (thighs, upper arms, love handles) to worry obsessively over, but I am now excruciatingly aware that there is a supposed ideal to aspire to. The escalating pathology of the vagina is just one manifestation of a fairly ubiquitous desire to deny natural variations in female anatomy by casting them as aberrations. Alinsod and Alter speak with enthusiastic distaste about female genitalia—“this big, fat pad”, “like a golf ball”, “she has a fatty majora”—and they don’t necessarily consider it a doctor’s obligation to advise patients if they are within normal range. Interestingly, a 2011 study in the *Journal of Sexual Medicine* shows that male physicians are more likely to recommend cosmetic labiaplasty than their female counterparts.

With my feet wedged into fluffy pink stirrups, **Dr. Blatt** carefully normalized my request. He reassured me that I am “about our regular” labiaplasty patient (reminiscent of the time my dentist told me I was a perfect candidate for tooth-whitening). When I express doubt at the end of the consultation, wondering aloud if I need the surgery, he shrugs his shoulders and smiles benevolently.

“Whatever makes you happy.”

Kirsten O’Regan is a freelance writer and student. She was born in England, raised in South Africa and New Zealand, and is currently completing a master’s degree at New York University.

Here’s [Part I](#) of Kristen O’Regan’s investigation.

[Readers like you make Guernica possible. Please show your support.](#)