



## AN ELUSIVE QUEST FOR THE "PERFECT" VULVA: A CASE STUDY

*Celia Dolinta, DNP, WHCNP; Dr. Julie Dreadin, DNP, WHCNP; Dr. Barbara McAlister, PHD, CNM*

### ABSTRACT

An increasing number of women are seeking medical and surgical attention due to concerns about the appearance of their external genitalia. Since these concerns are becoming more prevalent, it is vital that health providers be able to assess and discuss these concerns in a manner that is ethical, scientific and evidence-based. The focus of the study is on aesthetic medicine and how it can meet the needs of distressed clients.

### PURPOSE

To explore how aesthetic medicine can meet the needs of clients who suffer from physical and emotional distress due to body image dissatisfaction.

### OVERVIEW

Increased number of women are seeking medical and surgical attention due to concerns about the appearance of their external genitalia (Esnaola et al., 2010).

Body image has been related to self-esteem, depressed mood, social anxiety, and disordered eating (Esnaola et al., 2010).

### Labia Hypertrophy

Disproportionate size of labia minora relative to the labia majora (Davidson, 2011).

### Body Dysmorphic Disorder

**Definition** The concern with slight defect in appearance is excessive, causing significant distress or impairment in social or occupational functioning.

**OUTCOME of labiaplasty: High patient satisfaction.**

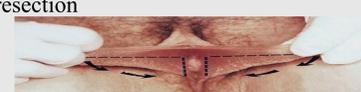
Pre & post operation:  
Labia hypertrophy



Types of Labia Minora Labiaplasty procedures:  
A. Straight incision



B. Wedge resection



### SUBJECTIVE

Reason of visit	AC is a 19 y/o caucasian female, complaining of "uneven vagina" since childhood.
PHYSICAL SYMPTOMS	Right labia is longer than the left, increasing in size. Pain and irritation during exercises. Vaginal discomfort during intercourse
PSYCHOLOGICAL SYMPTOMS:	Depressed without suicidal/homicidal ideations x 6 months Low self-esteem Isolated from peers Severe preoccupation with self-image Body image disturbance
MEDICAL/SURGICAL HISTORY	Denies medical/ surgical history
FAMILY HISTORY	Reports no pertinent family history
REVIEW OF SYSTEM	Normal except for report of depression without suicidal/homicidal ideations.

### OBJECTIVE

PHYSICAL EXAMINATION	Normal examination except right labia minora
Right labia minora	<input type="checkbox"/> Right labia minora is extended laterally approximately 5 cm outward from a 1 to 2 cm base just above the horizontal midline of the labia. <input type="checkbox"/> Labia have normal texture and pigmentation, no inflammation or evidence of infection. <input type="checkbox"/> A speculum exam revealed no vaginal or cervical lesions; uterus was normal size, anterior position. <input type="checkbox"/> Bimanual exam revealed no adnexal tenderness or masses

Used with permission of M Goodman (2013). drmichaelgoodman.com

### ASSESSMENT

#### Diagnosis

Right labial hypertrophy	ICD-9 CODE : 624.3
Body dysmorphic disorder	ICD- 9 CODE: 308 (disturbance of emotion) DSM-IV BDD
Depression with anxiety	ICD- 9 CODE: 309.28

#### DIAGNOSTIC CRITERIA:

Labial Hypertrophy	Laufer and Reddy (2012)
None	Labia minora are concealed within or extend to the free edge of the labia majora
Mild/Moderate	Labia minora extend 1-3 cm beyond the free edge of the labia majora
Severe	Labia minora extend >3 cm beyond the free edge of the labia majora

**Body Dysmorphic Disorder (Mayo Clinic, 2013)**  
Must meet the symptom criteria in Diagnostic and Statistical Manual of Mental Disorders (DSM- IV)

- ✓ Being extremely preoccupied with an imagined defect or a minor flaw in appearance.
- ✓ Being preoccupied with appearance to the point that it causes significant distress or problems in social life, work, school, or other areas of functioning.

### ETHICAL CONSIDERATION

Principles of Biomedical Ethics	Mousavi (2010)
Autonomy	<ul style="list-style-type: none"> <li>◆ Wishes and informed decisions must be respected provided the patient understands probable benefits and risk of surgery.</li> <li>◆ Emotional maturity level of adolescent should be evaluated when determining age for a surgical procedure.</li> <li>◆ Needs parental guidance on preadolescents or adolescents</li> </ul>
Beneficence	◆ Beneficial effect of easing the pain and suffering of the patient.
Non-maleficence)	◆ Provider never acts against the patient's interest or in a way that may harm the patient. Outweigh benefits versus risks.
Justice	◆ Equal opportunity for all.

Used with permission of M Goodman (2013). drmichaelgoodman.com

### PLAN

#### Counseling

- ◆ Reassurance that deviation in size is a variant of normal anatomy.
- ◆ Personal hygiene instructions could possibly relieve functional symptoms.

#### 2. Therapeutic Regimen

- ◆ Selective Serotonin Reuptake Inhibitors (SSRIs) for 12 weeks to control obsessions (Phillips, 2004)

#### 3. Surgical Intervention

- ◆ AC opted to have the extra labial skin removed under local anesthesia. The projection of excess tissue was transected at its thinnest, narrowest part, just external to the base. The defect was <1 cm in diameter and was closed with 4 fine dissolving sutures.
- ◆ **OUTCOME:** High patient satisfaction. Incision healed well, no scarring, or infection noted.

#### 4. Referral

- ◆ **Psychiatric referral:**
- 1. Evaluate psychological symptoms
- 2. Cognitive Behavioral Therapy
- ◆ Social services and other community resource program contacts were provided for support

### SUMMARY: KEY POINTS FOR NP PRACTICE

- ❖ Initial approach to management of labial hypertrophy is patient counseling and self-care instructions (Laufer & Reddy, 2012).
- ❖ Patients should be informed that surgical correction might result in scarring and potentially lead to chronic vulvar pain and dyspareunia (Laufer & Reddy, 2012).
- ❖ Assess for underlying medical/psychosocial issues such as sexual abuse and mental disorder to patients who are frequently seeking for aesthetic procedures.
- ❖ Minors have tremendous influence from such as advertising and entertainment media (McCrary, 1998).
- ❖ Adolescents' moods are subject to change often and unpredictably; therefore, they require assistance with prudent consideration of the relevant benefits and burdens of surgery (McCrary, 1998).



# References

1. Liao LM, Michaela L, Creighton SM. Labial surgery for well women: a review of the literature. *BJOG*. 2009;117(1):20–5. doi: 10.1111/j.1471-0528.2009.02426.x.
2. Esnaola I, Arantzazu R, Goñi A Body dissatisfaction and perceived sociocultural pressures: gender and age differences. *Salud Mental*. 2010;33(1):21–29. <http://www.scielo.org.mx/pdf/sm/v33n1/v33n1a3.pdf>. Accessed October 22, 2013.
3. Lambrou C, Veale D, Wilson G. The role of aesthetic sensitivity in body dysmorphic disorder. *J Abnorm Psychol*. 2011;120(2):443–453. doi: 10.1037/a0022300.
4. Phillips KA, McElroy SL, Keck PE., Pope HG Jr, Hudson JI. Body dysmorphic disorder: 30 cases of imagined ugliness. *Am J Psychiatry*. 1993;150(2):302–8. PMID: 8422082.
5. Davidson SP. Labiaplasty and labia minora reduction. Medscape. <http://reference.medscape.com/article/1372175-overview>. Updated November 28, 2011. Accessed October 29, 2013.
6. Mayo Clinic Staff. Body dysmorphic disorder—definition. Mayo Clinic. <http://www.mayoclinic.com/health/body-dysmorphic-disorder/DS00559>. Updated May 9, 2013. Accessed October 22, 2013.
7. Laufer MR, Reddy J. Labia minora hypertrophy. UpToDate. <http://www.uptodate.com/contents/labia-minora-hypertrophy>. Updated April 10, 2012. Accessed October 22, 2013.
8. 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.
9. Mousavi SR. The ethics of aesthetic surgery. *J Cutan Aesthet Surg*. 2010;3(1):38–40. doi: [10.4103/0974-2077.63396](https://doi.org/10.4103/0974-2077.63396).
10. Beauchamp TL, Childress JF. Principles of biomedical ethics. Oxford University Press; 1979.
11. McCrary SV; Health Law & Policy Institute. Ethical issues regarding cosmetic surgery for minors. <http://www.law.uh.edu/healthlaw/perspectives/Bioethics/981230Cosmetic.htm>. Published December 30, 1998. Accessed October 22, 2013.
12. Phillips KA. Body dysmorphic disorder: recognizing and treating imagined ugliness. *World Psychiatry*. 2004;3(1):12–17. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414653/pdf/wpa010012.pdf>. Accessed October 29, 2013