
The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in
Women's Health

Surgical or laser techniques which claim to improve the appearance of the female genital tract such as "vaginal rejuvenation", "revirgination", "designer vaginoplasty", "G spot amplification" and techniques for vaginal atrophy are relatively new, poorly understood and backed by limited clinical evidence.

The American College of Obstetricians and Gynecologists (ACOG) Committee on Gynecologic Practice and the Society of Obstetricians and Gynaecologists of Canada have produced documents discouraging the practice of female genital cosmetic procedures which do not include medically-indicated reconstructions. [1, 2] Gynaecological conditions that merit surgery include genital prolapse, reconstructive surgery following female genital mutilation and labioplasties for medical indications. Medical practitioners performing any vaginal surgery should be appropriately trained.

"Vaginal rejuvenation", refers to devices that deliver thermal energy to the vaginal mucosa and are marketed for the treatment of vaginal menopausal symptoms, sexual dysfunction and urinary incontinence. These devices include CO2 and Erbium lasers, and radiofrequency ablation that are not supported with Medicare reimbursement and not approved by the Food and Drug Administration (FDA) in the USA for these indications. In Australia, only the Erbium laser has approval from the Therapeutic Goods Administration (TGA) for the treatment of vaginal atrophy and was approved in 2017 under an "application without audit" review process. Recently, the FDA in America declared that these devices were associated with serious adverse events including vaginal pain, burning, dyspareunia and chronic pain and lack adequate supporting efficacy data[4]. Until the indications for treatment and the safety and efficacy profile of these treatments are established against standard therapies, vaginal laser treatments should be conducted under the guidance and supervision of local ethics committee.

Obstetricians and gynaecologists should have a role in educating women that there is a large number of variations in the appearance of normal female external genitalia and that there are normal physiological changes over time, especially following childbirth and menopause. Patients requesting procedures other than for gynaecological conditions should be assessed thoroughly and the reasons for such a request assessed carefully. Sexual counselling is also recommended for patients requesting surgery that is purported to enhance gratification. The College is particularly concerned that such surgery may exploit vulnerable women. Doctors who perform these procedures should not promote or advertise that these surgeries enhance sexual function.

The College strongly discourages the performance of any

References

1. Vaginal “rejuvenation” and cosmetic vaginal procedures, ACOG Committee Opinion No. 376. American College of Obstetricians and Gynecologists. Obstet Gynecol 2007; 110: 737-738.

2. Shaw D, Lefebvre G, Bouchard C etal. Female genital cosmetic surgery. J Obstet Gynaecol Can. 2013;35:1108-14

3. Singh A, Swift S, Khullar V, Digesu A. Lase

Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information pamphlets.html

Appendices

Appendix A Women's Health Committee Membership

were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identi

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the