

43. Labiaplasty /vaginoplasty Commissioning Statement

Treatment	Labiaplasty /vaginoplasty
Background	<p>This commissioning policy is needed as cosmetic procedures are not routinely commissioned.</p> <p>Labiaplasty is a surgical procedure where the folds of the labia minora are partially removed, usually for cosmetic reasons alone to change appearance. Non-reconstructive vaginoplasty or "vaginal rejuvenation" is another cosmetic procedure used to restore vaginal tone and appearance</p> <p>Note: Female circumcision is prohibited in law by the Female Genital Mutilation Act 2003¹ and is the subject of multi-agency guidelines from the Department of Health².</p> <p>Patients who have undergone female genital mutilation should be referred to a specialist female genital mutilation clinic via NHS England.</p>
Commissioning position	<p>The CCG will ONLY routinely commission reconstructive labiaplasty/vaginoplasty:</p> <ul style="list-style-type: none"> • Following surgery for cancer; • vaginal repair following delivery; • for dyspareunia caused by scarring from vaginal delivery (including Fenton's procedure); • for scarring caused by underlying dermatology condition such as Lichen Sclerosis <p>NHS Vale of York CCG does not routinely commission labiaplasty/vaginoplasty, for cosmetic reasons, as these procedures are considered to be of limited clinical value. This is in line with the Interim Clinical Commissioning Policy produced by NHS England³.</p> <p>Requests for labiaplasty will be considered, via a request to the IFR Panel, for the following indication:</p> <ul style="list-style-type: none"> • Where the labia are directly contributing to recurrent disease or infection <p>Requests for vaginoplasty will be considered, via a request to the IFR Panel, for the following indication:</p> <ul style="list-style-type: none"> • Congenital absence or significant developmental/endocrine abnormalities of the vaginal canal, <p>The clinician needs to submit an application to the CCG's Individual Funding Request Panel (IFR)</p>

Summary of evidence /rationale	<p>The number of requests for this procedure and the number of surgeons offering it has dramatically increased in recent years. Reasons for requesting labiaplasty are often to alleviate functional discomfort, improve appearance and increase self-esteem. Many women seeking labial reduction opt for the procedure because they feel stigmatised by social norms about how they should look and may have unrealistic expectations of the surgery^{4,5}. Recent work has demonstrated there is a wide range of what is regarded as “normal” and satisfaction at the cosmetic outcome of surgical attempts to create normative feminine genital appearance tends to be poor, with up to 80% requiring further reconstructive surgery⁴.</p> <p>Surgery to the labia minora is being promoted as an effective treatment for complaints such as recurrent urinary tract infections (UTIs) or to enhance sexual functioning. There is no good evidence for clinical effectiveness so it can be considered as medically non-essential surgery and thus not routinely commissioned⁶. In one large multicentre study, the author noted that although over 90% of patients were satisfied with the results of their surgery in the short-term, sexual dysfunction before surgery and enhancement after surgery is highly subjective and difficult to quantify⁷.</p> <p>Some case series also point to re-operation rates following labiaplasty of up to 7% for reasons such as wound dehiscence, infection and dissatisfaction with appearance. None of the studies found in a literature review looked at the potential for long-term obstetric complications after such surgery.</p>
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