

## EDITORIAL

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# Female genital cosmetic surgery: reflections from an ethical and evidence-based perspective

## Cirugía cosmética genital femenina: reflexiones desde la ética y la evidencia

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In recent years, female genital cosmetic surgery has assumed a prominent position within modern gynecological practice, driven by the desire of many women to improve the appearance or function of their external genitalia when they perceive that these do not meet an idealized aesthetic standard. This demand has stimulated the development of both surgical and non-surgical interventions—including the use of lasers—that claim to offer aesthetic as well as functional benefits.

The recent FIGO statement on female genital cosmetic surgery brings a clear and unequivocal tone to the debate: these procedures—which include labiaplasty, clitoral hood reduction, vaginoplasty, or laser techniques for aesthetic purposes in women without functional or anatomical pathology—should not be recommended, offered, or referred by gynecologists/obstetricians when there is no valid medical indication.

This statement is particularly pertinent at a time when demand for these techniques has increased, driven by aesthetic standards disseminated through social media and by various hair removal practices that provide greater visibility of the female genital anatomy and its diverse variations. We live in a society in which body image and sexual well-being constitute integral components of overall quality of life.

FIGO emphasizes that, although the motivation to improve genital appearance may respond to legitimate personal desires, the scientific evidence supporting the safety, long-term efficacy, and psychological benefits of these interventions remains very limited.

From a professional point of view, this approach leads us to consider three essential aspects:

### 1. Evidence and safety

The statement emphasizes that there is no consistent data demonstrating that genital cosmetic surgery predictably improves sexual satisfaction, quality of life, or self-esteem. Furthermore, these procedures may carry risks—surgical, functional, aesthetic—whose medium- or long-term incidence is not well documented.

### 2. Ethics and informed consent

The gynecologist/obstetrician must ensure that the patient receives comprehensive counseling, free from external pressure, with an explanation of normal anatomical variability, less invasive alternatives, and the lack of guarantee of aesthetic or functional results. FIGO



emphasizes that offering or performing these procedures without medical indication is ethically inappropriate.

### 3. Role of the specialist as educator

Beyond technique, our responsibility includes educating about anatomy, development, and changes throughout the reproductive life cycle, challenging socially imposed standards of genital beauty, and promoting a holistic view of well-being. The FIGO statement reinforces the need for professionals to distinguish between reconstructive surgery—indicated for significant anatomical dysfunction or alteration—and elective cosmetic surgery.

It is essential to emphasize that the incorporation of new technologies—such as vaginal lasers or vulvovaginal aesthetic treatments—must be accompanied by rigorous studies, professional regulation, and transparency in clinical results. FIGO specifically warns against the use of laser devices for vulvovaginal “rejuvenation” or cosmetic purposes, describing them as areas with insufficient clinical evidence.

## CONCLUSION

Our specialty faces the challenge of supporting women in their legitimate concerns about their bodies and sexuality, but doing so with rigor, evidence, and ethics. Female genital cosmetic surgery—when there is no medical need—is no longer simply an aesthetic option but an intervention that requires reflection, prudence, and transparency.

FIGO's statement undoubtedly marks a turning point.

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