



Female
Cosmetic
Genital
Surgery

*Concepts,
Classification,
and
Techniques*

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Female Cosmetic Genital Surgery

Concepts, Classification, and Techniques

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DEDICATION

To my Mom and Dad

Christine A. Hamori

To Jo, Seb, Belle, and Enzo

Paul E. Banwell

This book is dedicated with affection to my Mom and Dad, Nap and Erlinda, who gave me my foundation in life and love for God. My wife, Robyn, and children, Samantha, Dillon, Matthew, and James, who are my sources of warmth each and every day. My brother Arr and sister DG, who have stuck by my side with laughter and vigor. And to my office staff team of Diane, Maria, Marisol, Cindy, and Eunice—it is you who have brought cheer and laughter to my every day.

Red Alinsod

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FOREWORD

I am delighted to have been asked to write a foreword for this new book, *Female Cosmetic Genital Surgery: Concepts, Classification, and Techniques*, which provides essential guidance for surgeons who perform genital rejuvenation procedures for their female patients. I warmly congratulate Dr. Hamori, her co-editors, and all contributors for this comprehensive, beautiful, much-needed, and timely contribution to our medical literature.

The first description of a purely aesthetic form of labiaplasty, provided by Drs. Darryl Hodgkinson and Glen Hait, appeared in a medical journal more than 30 years ago (*Plastic and Reconstructive Surgery*, 1984). According to statistics from the American Society for Aesthetic Plastic Surgery, nearly 9000 patients underwent labiaplasty procedures in the United States in 2015, representing a 16% increase from 2014 to 2015. These statistics are for labiaplasty alone and do not include associated procedures such as vaginal tightening. In 2015, given the rapid growth and demand for genital rejuvenation, combined with the need for valid peer-reviewed information, the *Aesthetic Surgery Journal* added a Genital Rejuvenation Section in recognition of the importance of these procedures.

Indications for the procedures are both physical and psychosocial. Studies have already appeared in the literature validating the effectiveness of genital rejuvenation in meeting physical and psychosocial needs of patients seeking such treatments.

Continuing demand and growth in these procedures makes the timing of Dr. Hamori's book particularly appropriate. The contents have been carefully assembled and cover essential topics such as informed consent, psychosocial issues, and "what is normal anatomy," before a discussion of the different surgical options, from the standard curved linear resection and wedge procedures, to hymenoplasty, to innovations such as treatment with fat grafts and fillers, representing a wealth of experience of surgeons worldwide. There is a chapter devoted to avoidance and management of complications. The Advances section explores developing treatments such as radiofrequency and fractionated lasers. The book is well written and beautifully and liberally illustrated with specially designed artwork. Well-produced, clear, instructional video presentations of the key surgical procedures accompany many chapters. All of the content can be accessed online as well as in the more traditional print format.

This comprehensive new book is an invaluable resource to surgeons worldwide who aim to help women seeking these procedures by operating on them safely to achieve the best possible outcomes. I am confident this will be the “go to” source for genital rejuvenation and have great pleasure in recommending it.

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FOREWORD

It is an honour for me to be invited to write a foreword for *Female Cosmetic Genital Surgery: Concepts, Classification, and Techniques*. Drs. Christine Hamori, Paul Banwell, and Red Alinsod have compiled a comprehensive volume which examines the various techniques of aesthetic and functional female genital surgery. Chapters dealing with the psychosocial issues and informed consent are most welcome in this relatively new and developing area of body contour surgery.

Knowledge of the perineal anatomy is, of course, essential to any practitioner who is contemplating a surgical approach to the female genital area. Paul Banwell has reviewed this topic thoroughly, and his review of the morbid anatomy probably represents the first time most plastic surgeons will have encountered this area since their anatomy class back in medical school. The exception to this being surgeons who perform inner thighplasty, which also requires a background to the important vascular and neurological features of the female genital area. In addition to knowing the anatomy, it is imperative that the surgeon also appreciates the aesthetic goals of the patient.

When Glen Hait and I wrote our review of labiaplasty (*Plastic and Reconstructive Surgery*, 1984), we could not have foreseen that the procedure would have become so widely accepted and adopted by so many of our colleagues within just a few decades. At that time, the surgery was not seen as it is today—as an aesthetic procedure—thus our paper also reviewed female circumcision, discussing the sociological, religious, and historical traditions of that procedure.

Whether the ever-growing acceptance of female genital procedures by surgeons in the last 30 years has been fueled by the increase in demand or vice versa, what is certain is that any taboos regarding female genital surgery no longer exist in many parts of the world. Social trends and the acceptability of nudity in the media, especially on the Internet, encourage women to seek aesthetic genital surgery to improve their self- and sexual image. The desire to feel more feminine and in many cases wear more-tight-fitting clothing and swimwear is a prime motivating factor in seeking consultation.

Back in 1983 things were different, and the patients who presented had symptoms relating to discomfort and hygiene. At that time, I was working in Tidewater, Virginia, which is extremely humid in summer, making hygiene an issue for many women with large labia minora. Dr. Hait, who was from Arizona, helped patients who predominantly complained of discomfort when sitting in a saddle while riding horses. Both of our patient groups