



REFINERY29

The Rise Of The Designer Vagina

For centuries, women have been sold the myth that we need to look and act perfect. When did our vaginas start buying in?

CARLI WHITWELL

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Jane* was in Grade 10 the first time she Googled “what is a labiaplasty?” The size of her labia minora had always bothered her. She couldn’t wear jeans without chafing, couldn’t ride a bike without it hurting, couldn’t wear a bathing suit without fear that they might slip out. Joining the volleyball team at school was the final straw. “It always felt weird between my legs, but when I started playing volleyball the friction of the spandex shorts drove me crazy,” she says. Jane and her mom decided she would wait until she was 21 to see a surgeon about the procedure, which involves trimming the inner or outer lips of the vulva. When the time came, one consultation and Jane was convinced.

Plastic surgeons’ schedules are filling up with these types of appointments: Dr. Marc DuPéré of Toronto’s Visage Clinic says in the past decade at his practice, he’s seen almost an 1,000% increase in surgical and non-surgical vaginal procedures thanks to improved technology and (surprise, surprise) the social-media effect. Labiaplasties, in particular, are the one of the fastest-growing surgeries globally. The Canadian Society of Plastic Surgeons does not track procedures, but according to data from the American Society of Plastic Surgery, the number of labiaplasties performed in the U.S. jumped 39% from 2015 to 2016.

Labiaplasties fall under the umbrella of vaginal rejuvenation therapy, a made-up name for procedures addressing everything from the aesthetics of the clitoris and labia and mons pubis to concerns like looseness, dryness, and postpartum or postmenopausal incontinence. The term itself is highly confusing: Vaginal rejuvenation manages to evoke an image of a relaxing spa day while also implying that your crotch could use a makeover. Which, unfortunately, some women believe. A 2007 study from the United Kingdom found that many women seeking labial reduction surgery saw their vaginas as “defective” looking and sought a more “normal” appearance. For centuries, women have been sold the myth that we need to look and act perfect; when did our vaginas start buying in?

Like so many plastic-surgery stories, the business of designer vaginas begins in Beverly Hills. About 15 years ago, Dr. David Matlock pioneered vaginal therapy to enhance women’s genitals while promising to improve their sex lives. In the decades since, countless treatments have been rolled out — vagacials, lasers, o-shots (plasma injected into the clitoris to improve orgasms), and stem-cell injections among them — none of which, we may add, have been scientifically proven to have any benefits. In fact, the American College of Obstetricians and Gynecologists issued a statement cautioning women about vaginal rejuvenation procedures because of the lack of long-term data. Dr. Jen Gunter, the Internet’s ob/gyn and author of *The Vagina Bible*, agrees, adding that how labial reduction affects sexual functioning is still TBD.

One of the most popular procedures outside of the labiaplasty, is the perineoplasty (also known as the vaginoplasty), which involves sewing the muscle of the vagina near the opening to make it tighter. “Some women just feel the opening of the vagina is too large from having babies,” says Dr. Bruce Allan, a Calgary-based obstetrician-gynecologist, of the approximately \$8,000 procedure, noting most of his perineoplasty patients fall between the ages of 30 and 50. Vaginoplasties are typically done under general anesthetic whereas labiaplasties and clitoral hood reductions, popular among women 20 to 40, like Jane, require only local freezing.

Some surgeons combine treatments for multiple body parts in a choose-your-own-adventure package known as a mommy makeover. “From my point of view, if you want to go from top to bottom — the Botox for the furrow creases that are growing, putting the breasts back after the kids have sucked the living life out of us there, fixing loose skin on the tummy, or the vaginal area — if it bothers you [then do it],” says Dr. Julie Khanna, who offers this option at ICLS Dermatology & Plastic Surgery in Oakville, ON. “To me, it’s about empowering yourself. It’s not about doing it for anybody else... I don’t ever want there to be shame [about how you look].”

She has a point: Who are anyone of us to judge if a cosmetic procedure, or haircut, or new pair of Levi’s, makes someone feel more confident? The danger when it comes to making over our vaginas, though, is what we’re measuring ourselves against: a proliferation of perfect hairless porn parts meant for the male gaze. “Would anyone design a surgery for men so they could ‘look better’ or ‘rejuvenate’ their penis?” asks Gunter. The truth: Over 50% of women have labia minora that protrude beyond their majora, something that labiaplasties look to “correct.” And it’s not like we’re given information on the variety of shapes and sizes vaginas come in during sex-ed class or via Dr. Google. In fact, the more Jane, who had never really felt self-conscious about the size of her labia during sex (to her it was always more of a comfort thing), searched online, the more she started to feel bad about the way she looked down there. “I tried to stay off of those forums because I found that it made it way worse,” she says.

Dr. Lori Brotto, a professor of gynecology at the University of British Columbia and a psychologist, led a study in which she counselled women who wanted labiaplasties because they were unhappy with the size of their genitals. Most had average-sized labia. “It was their perceptions that their genitals were somehow distorted that gave rise to their unhappiness and their distress,” she says. In another study, the results of which have yet to be released, Brotto and a team of researchers asked women if their sexual partners had raised concerns about their genitals, leading to pressure to have surgery. They hadn’t. However, in recent years, Brotto said she’s noticed many mothers accompanying teen and young adult daughters to counselling, worried that their daughters’ genitals were abnormal. (If there’s anything T.I. taught us this month, is that parents shouldn’t be concerning themselves with the status of their adult children’s vaginas.)

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