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Introduction

The World Journal of Medical Education and Research (WJMER) (ISSN 2052-1715) is an online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, the aim of the journal is to promote academia and research amongst members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from around the world. The principal objective of this journal is to encourage the aforementioned, from developing countries in particular, to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings. We envisage an incessant stream of information flowing along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our editions. We are honoured to welcome you to WJMER.
Training in cosmetic and reconstructive gynaecology

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Introduction
Cosmetic and reconstructive gynaecology is an area of obstetrics and gynaecology that is becoming increasingly more widespread; however it is relatively poorly covered during our during medical school and post-graduate surgical training. Although the majority of cosmetic gynaecology is performed privately, there are a number of health boards that perform a limited number of cosmetic operations. Cosmetic gynaecology is currently performed by both plastic and gynaecological surgeons but its role remains controversial. Many gynaecologists feel that cosmetic surgery is a valid option for patients but equally there are gynaecologists who think that cosmetic surgery has no role within obstetrics and gynaecology. One view is that cosmetic procedures performed for non-medical reasons have parallels with female genital mutilation in terms of anatomical changes but also direct and indirect pressures that lead women to undergo these procedures. The American College of Obstetricians and Gynecologists (ACOG) released a policy statement in 2007 describing their concern and opposition to cosmetic procedures becoming medically accepted and routine surgical procedures and also doubted the medical safety and therapeutic efficacy of the procedures. There are increasing numbers of requests from patients for cosmetic procedures and the ACOG recommends a ‘frank discussion’ should be had with these patients regarding the wide range of normal genitalia. This is supported by a study by Lloyd et al which found a wide variation in genital dimensions among premenopausal women. Despite the differing views, it is important that trainees have a basic knowledge of this area to be able to advise, consent and refer patients appropriately.

Reconstructive gynaecology, although very specialised is having an increasing role in the management of vulval cancer. Most tertiary gynaecology cancer centres have close plastic surgical input to help manage patients requiring extensive resections and reconstructive flaps. Where previous surgery often resulted in long-term psychosexual problems, reconstructive surgery can help restore anatomy and retain function therefore improving a women’s quality of life. The surgical techniques used in reconstructive procedures on the female genital tract range from simple procedures involving split-thickness skin grafts to more advanced procedures involving surgical flaps. Although gynaecologists may not be performing these operations an understanding of when reconstructive surgery may be required and plastics involvement is important. In addition the knowledge of post-operative management of surgical flaps is crucial if problems are to be identified early.

Currently training in reconstructive and cosmetic gynaecology is variable within obstetrics and gynaecology and often trainees receive little or no teaching. As a result few trainees feel confident in this area. It is therefore important that trainees receive adequate teaching so that they have the knowledge to manage patients appropriately.

Aims
The aim was to assess the teaching in and exposure to cosmetic and reconstructive gynaecological surgery by Obstetrics and Gynaecology trainees and consultants in Scotland. In addition to determine if trainees and consultants feel the topic is important to their training and would benefit from a teaching package.

Method
A questionnaire consisting of 13 questions was created using online survey software (SurveyMonkey). This questionnaire was sent via email to all obstetrics and gynaecology trainees, consultants, associate specialists and sexual health consultants in Scotland. A total of 435 emails were sent.
### Questionnaire

1. Please state your level of experience –
   - Consultant O&G □ Consultant Sexual Health □
   - Associate specialist/staff grade □ ST1-2 □ ST3-7 □
   - Other □

2. Which Scottish deanery are you associated with:
   - North □ East □ South East □ West □ N/A □

3. Have you ever had teaching on cosmetic/reconstructive gynaecology?
   - Yes □ No □

4. If you answered ‘Yes’ to the previous question, how many tutorials/teaching sessions did you have?
   - 1 □ 2 □ 3 □ 4 □ >4 □ N/A □

5. I have received teaching on the following: You can select more than one option -
   - Cosmetic – Consent □ Types of procedures □ Risks □
   - Referral options □ Cosmetic surgery on the NHS □
   - None of the above □
   - Reconstructive – Consent □ Types of procedure □
   - Surgical flaps and management □ Risks □ None of the above □

6. How often do you see patients in clinic requesting cosmetic gynaecological procedures?
   - Rarely □ Once a year □ Every 6 months □ Once a month □ Weekly □

7. I am confident in and have adequate knowledge of:
   - Cosmetic – Consent □ Types of procedures □ Risks □
   - Referral options □ Cosmetic surgery on the NHS □
   - None of the above □
   - Reconstructive – Consent □ types of procedure □
   - Surgical flaps and management □ Risks □ None of above □

8. Have you seen any procedures in:
   - Cosmetic gynaecology □ Yes □ No □
   - Reconstructive gynaecology □ Yes □ No □

9. If yes – what procedures have you seen –
   - Labiaplasty (labial reduction) □ Vaginoplasty (Vaginal tightening) □ Hymenoplasty □ Perineoplasty □
   - Reconstructive Flaps □ None of the above □

10. Do you know what is involved in:
    - Cosmetic gynaecological procedures □ Yes □ No □
    - Reconstructive gynaecological procedures □ Yes □ No □

11. Do you feel confident in explaining the procedures and risks to patients in?
    - Cosmetic gynaecology □ Yes □ No □
    - Reconstructive gynaecology □ Yes □ No □

12. The knowledge of cosmetic and reconstructive gynaecology is important to my training.
    - Yes □ No □

13. I believe that an online Computer Assisted Learning (CAL) package on cosmetic/reconstructive gynaecology surgery will be/would have been useful to me.
    - Yes □ No □

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**Results**

We received 119 responses from a possible 435 (27.4%). There were 56 responses from O&G consultants (47.1%), 38 responses from ST3-7 (32.9%), 13 responses from ST1-2 (10.9%), 3 responses from associate specialists (2.5%), 2 responses from sexual health consultants (1.7%) and 7 other responses (5.9%). The other responses included 2 retired consultants, 2 obstetricians only and 3 LATs. The responses from different Scottish deaneries included 77 from the West (64.7%), 21 from South East (17.6%), 11 from the North (9.2%), 5 from the East (4.2%) and 5 were N/A (4.2%).

**Figure 1**: Questionnaire distributed to participants.
Have you ever had teaching on cosmetic/reconstructive gynaecology?

34 respondents (28.6%) had received teaching in cosmetic/reconstructive gynaecology compared to 85 respondents (71.4%) that had never received teaching. The respondents that received teaching, 10.7% had >4 tutorials, 0% 4 tutorials, 3.9% 3 tutorials, 8.7% 2 tutorials and 7.8% 1 tutorial.

The teaching received in cosmetic surgery varied from consent (19.6%), types of procedures (26.2%), risks (28%), referral options (15%), and cosmetic surgery on the NHS (13.1%). In reconstructive surgery 22.6% received teaching on consent, 37.7% on types of procedures, 32.2% on surgical flaps and management and 28.3% on risks.

People felt confident and had adequate knowledge in varying areas of cosmetic surgery – consent (38.9%), types of procedures (30.6%), risks (42.6%), referral options (35.2%), cosmetic surgery on the NHS (25.9%), none (42.6%) and within reconstructive surgery – consent (26.6%), types of procedures (25.7%), surgical flaps and management (17.4%), risks (29.4%), none (65.1%).

What procedures have you seen in cosmetic/reconstructive gynaecology?

79.8% of people had seen cosmetic gynaecology procedures and 59.1% had seen reconstructive surgery. The procedures seen included labiaplasty (labial reduction) (79.3%), vaginoplasty (vaginal tightening) (30.6%), hymenoplasty (13.5%), Perineoplasty (64.9%), reconstructive flaps (43.2%) and none (7.2%).

69.7% of people knew what was involved in cosmetic gynaecological procedures and 55.6% felt confident in explaining the procedures and risks to patients and 57.4% knew what was involved in reconstructive gynaecological procedures and 34.6% were confident in explaining the procedures and risks.

The knowledge of cosmetic and reconstructive gynaecology is important to my training

The frequency of patients requesting cosmetic procedures in clinic was rare (37.5%): once a year (9.8%), every 6 months (34.8%), once a month (17%) and weekly (0.9%).

How often do you see patients in clinic requesting cosmetic gynaecology procedures?

The knowledge of cosmetic and reconstructive gynaecology was felt to be important to their training in 70.3% of all respondents (76% of O&G trainees).
Conclusion
The results of this survey revealed that there is currently limited teaching in obstetrics and gynaecology on cosmetic and reconstructive gynaecology. There was an overall lack of confidence and knowledge in both cosmetic and reconstructive surgery but the majority of people felt that it is an area that is important to their training. Also the majority (67.6%) felt that a computer assisted learning package (CAL) on the topic would be useful and beneficial during their training with 75% of trainees giving positive responses.

A CAL package will be created that will be accessible online to consultants and both O&G and plastic trainees.

References:
1. Foster C, Kelly B. Should female genital cosmetic surgery and genital piercing be regarded ethically and legally as female genital mutilation? BJOG 2012;119:389-392
2. Vaginal ‘Rejuvenation’ and Cosmetic Vaginal Procedures; ACOG Committee Opinion No. 378; American College of Obstetricians and Gynecologists; Obstet Gynecol 2007; 110: 737-8
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