

# Training in cosmetic and reconstructive gynaecology

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**July 2014**

**Volume 6**

**Issue 1**

**Doctors Academy Publications**

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.



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ISSN 2052-1715



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World Journal of Medical Education and Research

*An Official Publication of the Education and Research Division of Doctors Academy*



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The World Journal of Medical Education and Research (WJMERE) (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 WJMERE 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 WJMERE.

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Volume 6, Issue 1, 2014, World Journal of Medical Education and Research (WJMERE). An Official Publication of the Education and Research Division of Doctors Academy Group of Educational Establishments.

Electronic version

Doctors Academy, PO Box 4283,

published at

: Cardiff, CF14 8GN, United Kingdom

Print version printed

: Abbey Bookbinding and Print Co.,

and published at

: Unit 3, Gabalfa Workshops, Clos

Menter, Cardiff CF14 3AY

ISBN

: 978-93-80573-35-9

Designing and Setting

: Doctors Academy, DA House, Judges Paradise, Kaimanam,

Trivandrum, 695018, Kerala, India

Cover page design and graphics

: Sreekanth S.S

Type Setting

: Lakshmi Sreekanth

Contact

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## Training in cosmetic and reconstructive gynaecology

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**Keywords:**

*Cosmetic and reconstructive surgery, Gynaecology, Post-graduate training*

**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<sup>1</sup>.

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<sup>2</sup>. 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<sup>3</sup>. 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 <input type="checkbox"/> Consultant Sexual Health <input type="checkbox"/><br>Associate specialist/staff grade <input type="checkbox"/> ST1-2 <input type="checkbox"/> ST3-7 <input type="checkbox"/><br>Other <input type="checkbox"/>  |
| 2. Which Scottish deanery are you associated with:  | North <input type="checkbox"/> East <input type="checkbox"/> South East <input type="checkbox"/> West <input type="checkbox"/> N/A <input type="checkbox"/>   |
| 3. Have you ever had teaching on cosmetic/<br>reconstructive gynaecology?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 4. If you answered 'Yes' to the previous question, how<br>many tutorials/teaching sessions did you have?  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> >4 <input type="checkbox"/> N/A <input type="checkbox"/>  |
| 5. I have received teaching on the following: You can<br>select more than one option -  | <u>Cosmetic</u> - Consent <input type="checkbox"/> Types of procedures <input type="checkbox"/> Risks <input type="checkbox"/><br>Referral options <input type="checkbox"/> Cosmetic surgery on the NHS <input type="checkbox"/><br>None of the above <input type="checkbox"/><br><u>Reconstructive</u> – Consent <input type="checkbox"/> Types of procedure <input type="checkbox"/><br>surgical flaps and management <input type="checkbox"/> Risks <input type="checkbox"/> None of<br>the above <input type="checkbox"/> |
| 6. How often do you see patients in clinic requesting<br>cosmetic gynaecological procedures?  | Rarely <input type="checkbox"/> Once a year <input type="checkbox"/> Every 6 months <input type="checkbox"/> Once a<br>month <input type="checkbox"/> Weekly <input type="checkbox"/>   |
| 7. I am confident in and have adequate knowledge of:  | <u>Cosmetic</u> – Consent <input type="checkbox"/> Types of procedures <input type="checkbox"/> Risks <input type="checkbox"/><br>Referral options <input type="checkbox"/> Cosmetic surgery on the NHS <input type="checkbox"/><br>None of the above <input type="checkbox"/><br><u>Reconstructive</u> – Consent <input type="checkbox"/> types of procedure <input type="checkbox"/><br>surgical flaps and management <input type="checkbox"/> Risks <input type="checkbox"/> None of<br>above <input type="checkbox"/>     |
| 8. Have you seen any procedures in:   | <u>Cosmetic gynaecology</u> – Yes <input type="checkbox"/> No <input type="checkbox"/><br><u>Reconstructive gynaecology</u> – Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 9. If yes – what procedures have you seen –   | Labiaplasty (labial reduction) <input type="checkbox"/> Vaginoplasty (Vaginal<br>tightening) <input type="checkbox"/> Hymenoplasty <input type="checkbox"/> Perineoplasty <input type="checkbox"/><br>Reconstructive Flaps <input type="checkbox"/> None of the above <input type="checkbox"/>  |
| 10. Do you know what is involved in:  | <u>Cosmetic gynaecological procedures</u> – Yes <input type="checkbox"/> No <input type="checkbox"/><br><u>Reconstructive gynaecological procedures</u> – Yes <input type="checkbox"/> No<br><input type="checkbox"/>   |
| 11. Do you feel confident in explaining the procedures<br>and risks to patients in?   | <u>Cosmetic gynaecology</u> – Yes <input type="checkbox"/> No <input type="checkbox"/><br><u>Reconstructive gynaecology</u> – Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 12. The knowledge of cosmetic and reconstructive<br>gynaecology is important to my training.  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 13. I believe that an online Computer Assisted<br>Learning (CAL) package on cosmetic/reconstructive<br>gynaecology surgery will be/would have been useful<br>to me. | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

Figure 1: Questionnaire distributed to participants.

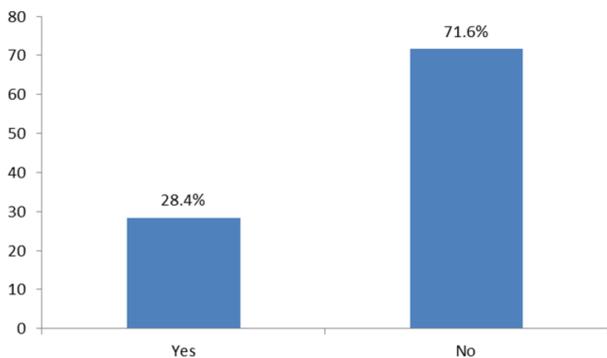
### Results

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%).

**Have you ever had teaching on cosmetic/reconstructive gynaecology?**

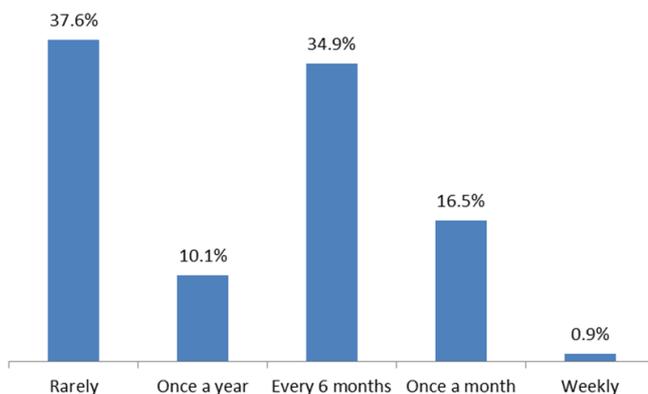


34 respondents (28.6%) had received teaching in cosmetic/reconstructive gynaecology compared to 85 respondents (71.4%) that had never received teaching. The respondents that received teaching, 10.7% had >4 tutorials, 0% 4 tutorials, 3.9% 3 tutorials, 8.7% 2 tutorials and 7.8% 1 tutorial.

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.

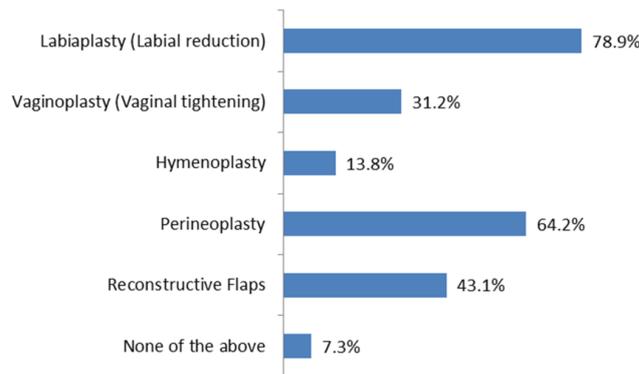
People felt confident and had adequate knowledge in varying areas of cosmetic surgery – consent (38.9%), types of procedures (30.6%), risks (42.6%), referral options (35.2%), cosmetic surgery on the NHS (25.9%), none (42.6%) and within reconstructive surgery – consent (26.6%), types of procedures (25.7%),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

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



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%).

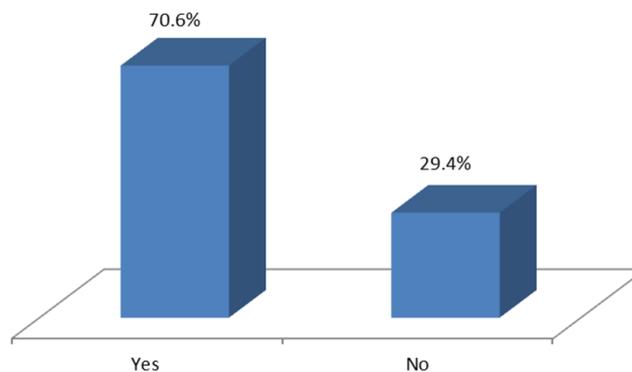
**What procedures have you seen in cosmetic/reconstructive gynaecology?**



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 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
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3. Lloyd J, Crouch NS, Minto CL, Liao LM, Creighton SM. Female genital appearance: "normality" unfolds. BJOG 2005;112:643-6

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ISSN 2052-1715

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