We did not use any video presentation because we felt strongly about the effectiveness of the surgical team in discussing such matters face-to-face with the patients, as we had published in a previous prospective study. We also insist on the importance of reviewing the same points for a second time, in a face-to-face manner, on the day of surgery.

In brief, two sessions are dedicated to patient education: one during the routine preoperative visit (oral and written), followed by a second session (oral only) on the day of the operation. These sessions are conducted by the operating surgeon and not the staff. In doing so, we fully agree with Guise that “personalized” information provided to the patient is most essential. We also agree with Rai et al. that VARK learning style is an excellent approach, and we have been using a modification of this approach. Because “kinesthetic” did not apply to our project, we used a technique that we referred to as “patient feedback,” which consists of asking patients to summarize what they had heard/learned from our presentations after each of the two sessions. If necessary, we would then clarify any point that was poorly understood. All patients have remained highly appreciative of the time spent with them (approximately 5 to 10 minutes at each session) and, as the article indicates, showed superior outcomes.

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REFERENCES

Body Dysmorphic Disorder in Plastic Surgery: What to Know When Facing a Patient Requesting a Labiaplasty

Sir:

With great interest, we have read the communication by Huayllani et al. entitled “Body Dysmorphic Disorder in Plastic Surgery: What to Know When Facing a Patient Requesting a Labiaplasty.” The authors state that we should be aware that body dysmorphic disorder may be present in a high proportion of plastic surgery patients, particularly those who want to undergo genital surgical procedures. Based on our clinical experience over the past 10 years, there is no indication that the prevalence of body dysmorphic disorder in the group of patients that desire an aesthetic genital procedure is higher compared to that in patients desiring other aesthetic procedures. For that reason, the authors argue, genital procedures should be reserved for patients based on clinical manifestations, such as morphologic abnormalities or previous trauma, instead of patients who have a subjective desire regarding their genital appearance.

Patients nowadays seem to dislike protruding labia minora because there is a great cultural shift toward having a shaved, hairless pubic region, in which significantly more details can be seen. This cultural and aesthetic shift has been nicely demonstrated by Placik and Arkins, who analyzed and categorized both the breast region and the genital region of the Playboy magazine centerfold photographs from 1954 to 2013.

Anatomically speaking, protruding labia minora are a normal feature of the female body and not by definition a clinical abnormality. Therefore, a woman being extremely dissatisfied and preoccupied with this aspect could be theoretically diagnosed with body dysmorphic disorder, a mental disorder characterized by concern regarding an imagined or slight defect in the appearance that causes clinical significance or functional impairment. However, one should realize that we are living in a world dominated by social media and their influence, and that protruding labia are now regarded as abnormal and many women therefore do not like that anymore. This actually means that the public opinion on what is “normal” has changed; in this case, apparently toward unobtrusive labia minora. An interesting implication of this shift is that dissatisfaction with protruding labia minora should not be regarded as a potential indicator of body dysmorphic disorder anymore.

It is important to be aware that what is actually considered anatomically normal may change over time. To draw a parallel with another subject: dissatisfaction is a motive for many women seeking correction of their breasts. Here, we also see a substantial natural variation in breast size (similar to, e.g., labia minora size), most of them within the natural range. Still, there is a great desire for aesthetic breast procedures because of strong dissatisfaction about this aspect, probably instigated by breast shape images that can be found all over the

342e

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We also have to realize that, to a certain extent, the cosmetic profession, has resulted in an increased demand for cosmetic (surgical) procedures and in the development of new cosmetic procedures such as lip augmentation and the Brazilian buttock lift (which has undergone a conceptual makeover and should now be called “safe subcutaneous buttock augmentation”5). We also have to realize that, to a certain extent, we exist from performing these procedures and may sometimes wonder: “What was first: the demand or the procedure?”

In the current modern world dominated by social media and that it is impossible (and one could argue even patronizing) to fight against the influence of these media. This digital technology is here to stay and, together with the cosmetic profession, has resulted in an increased demand for cosmetic (surgical) procedures and in the development of new cosmetic procedures such as lip augmentation and the Brazilian buttock lift (which has undergone a conceptual makeover and should now be called “safe subcutaneous buttock augmentation”5). We also have to realize that, to a certain extent, we exist from performing these procedures and may sometimes wonder: “What was first: the demand or the procedure?”

As stated earlier, we have to realize that we are living in a world dominated by social media and that it is impossible (and one could argue even patronizing) to fight against the influence of these media. This digital technology is here to stay and, together with the cosmetic profession, has resulted in an increased demand for cosmetic (surgical) procedures and in the development of new cosmetic procedures such as lip augmentation and the Brazilian buttock lift (which has undergone a conceptual makeover and should now be called “safe subcutaneous buttock augmentation”5). We also have to realize that, to a certain extent, we exist from performing these procedures and may sometimes wonder: “What was first: the demand or the procedure?”

In the current modern world dominated by social media, getting older than our biologically intended age span of approximately 50 years, and being judged by our appearance, the recommendations made by Huayllani et al. seem to be of the preaesthetic period. Nevertheless, body dysmorphic disorder remains a point of attention because body dysmorphic disorder patients cannot be treated by the knife. Not recognizing this contraindication may harm the patient’s mental health and may result in serious claims or court cases.

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REFERENCES


Reply: Body Dysmorphic Disorder in Plastic Surgery: What to Know When Facing a Patient Requesting a Labiaplasty

Sir:

We have read with great appreciation the comment by Berend van der Lei and Theo K. Bouman regarding our article.1 They allow us the opportunity to clarify some points related to this topic. The main aim of our Viewpoint article was based on the cases in plastic surgery consultations that have been previously reported, despite the low prevalence of body dysmorphic disorder.2 We agree that social media have an important impact for patients requesting aesthetic procedures, promoting sexual stereotypes that have influenced patients over the past few years. It is true that patients concerned with the appearance of their labia minora are not always classified as having body dysmorphic disorder. This diagnosis should be carefully ascribed by specialists within that area; however, efforts to suspect this disease in plastic surgery should be highlighted.

We also believe that patient dissatisfaction should be evaluated in a more general context. For instance, if the patient has a history of previous, repetitive aesthetic operations and is not satisfied with the surgical outcomes, this would be an indicium for an evaluation for body dysmorphic disorder.3 Therefore, providing some consideration to plastic surgeons on the existence of body dysmorphic disorder in this context could avoid future patient issues such as litigation, threats, and harmful situations for the surgeons.4 It is reasonable to extrapolate this controversial topic for other aesthetic procedures, but, in this case, our letter was focused on patients who may be developing this condition and not to the unaffected patients. It may not occur in all patients requesting a breast augmentation,

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The authors have no financial interest to declare in relation to the content of this communication.

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