

Article

Labiaplasty: A Qualitative Analysis of Online Discourse on Labia Minora

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Abstract: In recent years, the practice of female genital cosmetic surgery, particularly labiaplasty, has increased in Spain, as reported by aesthetic surgery associations. The aim of this article is to describe and represent the labia minora in online information and assess whether it includes elements that may contribute to body dysmorphia. To achieve this, a qualitative content analysis was conducted on the most accessible Spanish-language websites, selected based on their PageRank. The results show that 71.4% of the analyzed websites promote labial reduction, with the majority being commercial sites from medical aesthetic centers. A significant bias towards the medicalization of female genital diversity is revealed, contributing to the creation of the problem: labial hypertrophy is presented as a pathological condition without objective medical criteria, while critical information regarding risks is often omitted. There is a need to reassess the representations, assumptions, and sociocultural values that inform these medical practices and influence their narratives.

Keywords: body image; vaginal rejuvenation; cultural representations; health communication; medical anthropology



Citation: Ortega-Sánchez, I.; Lucha-López, M.O.; Monti-Ballano, S. Labiaplasty: A Qualitative Analysis of Online Discourse on Labia Minora. *Sexes* **2024**, *5*, 721–738. <https://doi.org/10.3390/sexes5040046>

Academic Editor: David L. Rowland

Received: 21 October 2024

Revised: 24 November 2024

Accepted: 28 November 2024

Published: 2 December 2024



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1. Introduction

Cosmetic surgery continues to expand its scope, introducing new interventions for previously overlooked areas of the body. This is particularly evident with female genitalia, which have become the focus of emerging modification techniques within the broader context of body commodification. The range of procedures is extensive, including vaginal tightening, G-spot augmentation, O-shot, labiaplasty, clitoroplasty, clitoropexy, clitoral hood reduction, vulvar whitening, and the augmentation of the labia majora and mons pubis. These treatments fall under what has been termed ‘vaginal rejuvenation’ or intimate surgery.

According to the International Society of Aesthetic Plastic Surgery (ISAPS), in 2023, 84,495 vaginal rejuvenation procedures and 189,058 labiaplasties were performed globally, with 1292 and 5226 of these surgeries conducted in Spain, respectively [1]. Data from the Spanish Society of Plastic, Reconstructive, and Aesthetic Surgery (SECPRE) [2] indicates that in 2022, 4.5% of the demand for cosmetic surgery in Spain—among the most frequently mentioned procedures—was for genital surgery, placing it fourth, tied with liposuction, and behind breast surgery, blepharoplasty, and rhinoplasty. Moreover, 84.8% of cosmetic surgery clinic directors and 80.4% of specialists estimate an increase in cosmetic surgery operations in Spain over the next three years. While most of these procedures are carried out in the private sector, demand within the public healthcare system has also risen. Furthermore, there has been an increase in adolescents expressing concerns about their appearance, leading them to request consultations at health centers for the reduction of their inner labia when they protrude beyond the outer labia, even in cases where they are barely visible [3]. The perception of what constitutes normal or abnormal genitalia in women has been shown

to be significantly influenced by the media [4]. Women frequently report experiencing emotional and psychosexual distress in online forums, often referred to as pudendal self-loathing [5]. Projections regarding the development of this negative self-perception of the vulva are concerning. There is an anticipated gradual increase in genital aversion (pudendal disgust) as a result of the growing number of labiaplasty procedures, which may further narrow the definition of what is considered acceptable [3]. The scientific literature indicates that labiaplasty is offered upon request, without a standardized criterion [3,6] However, a recent systematic review and meta-analysis concluded that there is a high overall satisfaction rate of 94% [7].

Women seeking information about vulvar anatomy predominantly turn to the Internet [8]. Consequently, the websites of specialists and clinic providers serve as the primary sources of information on labiaplasty, highlighting the need to evaluate the content they disseminate.

This leads to the following research questions: What social representations underlie the significant increase in labiaplasties? What representations are conveyed on the Internet, the primary source of information for women questioning the anatomy of their vulva? What values, meanings, and explanations are provided online regarding concerns about genital appearance? Could this information be contributing to distress, genital aversion, and body dysmorphia? The main objective of this article is to explore how the labia minora are represented in digital spaces, focusing on the underlying premises and values. Reviewing these discourses is crucial, as the Internet serves as the fastest, most accessible, and anonymous platform for addressing body insecurities. The information provided can either foster body empowerment and enhance self-esteem, or, conversely, trigger feelings of distress, genital aversion, and body dysmorphia.

To achieve this, a qualitative interpretative analysis of the online discourse regarding the labia minora was conducted. The structure of this article is as follows: first, the research methodology is detailed. Next, this study's results are presented; this is followed by a discussion, which includes how the findings of this research fit into current debates on female genital cosmetic surgery. Finally, the conclusions drawn from this research are provided.

2. Materials and Methods

This article is based on a study of the online discourse surrounding the labia minora, conducted through descriptive observation. The qualitative methods applied include content analysis and critical discourse analysis, grounded in a documentary review of primary sources. These sources consist of the top-ranked Spanish-language websites identified using the descriptor "labia minora". The restriction to Spanish sources was adopted to enhance the focus on a single linguistic tradition.

Content analysis is a set of interpretive procedures applied to previously recorded communicative products, with the aim of extracting relevant data about the conditions of their production [9], their meanings, contexts, and the perceptions, experiences, and underlying implications within the texts. From the research perspective of Garfinkel's ethnomethodology (1967), the discourses in the analyzed texts are not seen as mere reproductions but as constituting a particular worldview embedded in our culture. These narratives and descriptions are considered social practices characterized by reflexivity.

Discourse analysis, as a methodological tool, is approached from Foucault's concept of problematization, considering both the context of production and the statements. It privileges over others to construct specific forms of knowledge. Foucault in 1976 [10] warns that Western medicine, through the power of medical discourses (biopower), exerts surveillance and control over bodies, aiming to produce normalized and docile bodies that serve the interests of the State.

For this analysis, the categories and indicators listed in Table 1 were established, which allow us to identify the general orientation of online information concerning the following research questions:

- Does the information present a realistic and non-stigmatizing view of morphological diversity, including variations in size, shape, and color, or does it predominantly promote the concept of “labial hypertrophy” and advocate for labial reduction?
- Is size perceived as an aesthetic issue with psychological implications, or as a medical issue with functional consequences?
- What medical justifications are provided for the resection of external genital tissue?
- Are the risks and complications of surgery adequately communicated?
- Are marketing strategies employed to attract patients?

Table 1. Qualitative analysis matrix and classification criteria.

Categories of Analysis	Variables
Document title	Open
Purpose of the content	<ol style="list-style-type: none"> 1. Inform about the anatomy. 2. Inform about lip reduction.
Description of the labia minora	<ol style="list-style-type: none"> 1. Inclusively. Without reference to a maximum size or labial hypertrophy. 2. Limited by aesthetic ideals. It establishes a criterion based on appearance and proportion (such as protruding when older) and applies the concept of labial hypertrophy. 3. Limited by range in cm. Establish a range in cm and apply the concept of labial hypertrophy.
Representation of images	<ol style="list-style-type: none"> 1. Inclusive: it shows variations in shapes, sizes, and colors. 2. Schematic, unrealistic or lacking detailed images. 3. Medicalized images, showing cuts or surgeries or with representation of before and after, surgical technique, etc. 4. Aesthetic compositions with women in non-medical contexts.
Approaching hypertrophy as a problem	<ol style="list-style-type: none"> 1. Mainly aesthetic. Treats the variations as unsightly and causing psychological problems (insecurity, lack of self-esteem) and recommends labiaplasty for aesthetic and psychological reasons. 2. Mainly medical. Treats the variations as pathological and mainly causing functional problems (although it also mentions aesthetic reasons) and promotes labiaplasty.
Causes of hypertrophy	Open
Justification of labiaplasty	<ol style="list-style-type: none"> 1. For aesthetic and psychological reasons. 2. For functional reasons: <ol style="list-style-type: none"> a. discomfort with clothing b. discomfort when playing sports or walking c. problems when riding a bicycle d. problems when riding a horse e. hygiene problems f. problems with intercourse or sexual enhancement 3. For rejuvenation.
Contains information on risks and complications	<ol style="list-style-type: none"> 1. Yes, in a detailed and precise manner. 2. Yes, implicitly and generally. 3. Does not state anything about risks or complications. 4. Expressly states that it is a safe procedure, without risks or complications
Presence of marketing strategies	<ol style="list-style-type: none"> 1. No. 2. Yes.

The selection of primary sources is based on their potential for dissemination, which is influenced by their positioning on the Internet and the resulting traffic they attract. Semrush (a software platform for data ranking and keyword information collection from Google and Bing) was used to obtain the SERPs (search engine results pages) for the keyword ‘labios menores’ corresponding to the Spain database from June 2024. Behavioral trends indicate that the average click-through rate (CTR) for Google search results in 2024 is as follows: 42.9% for the first snippet; 27.4% for the second snippet; 39.8% for the first organic result; 18.7% for the second organic result; and 10.2% for the third, with a progressive decline to 1.6% by the tenth position [11]. The iProspect and JupiterResearch survey revealed that 62% of users do not proceed beyond the first page of search results, 19% navigate through the first two pages, 9% reach the third page, and only 10% read beyond three pages [12]. Consequently, the review and selection of results were limited to those appearing within the first four pages of search results, as illustrated in the flow chart (Figure 1).

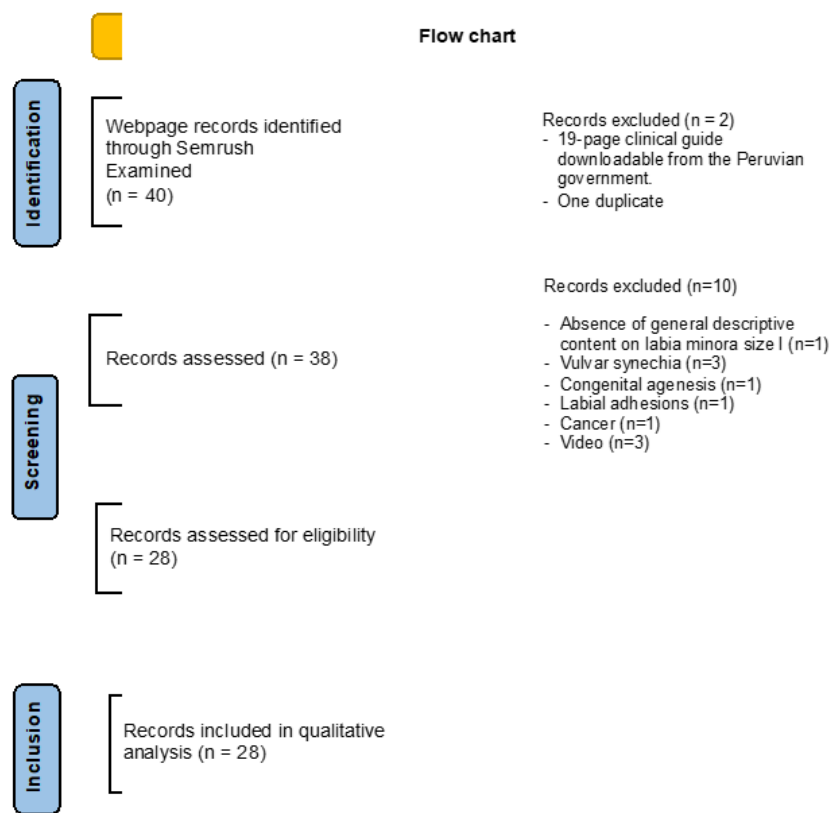


Figure 1. Flow chart of source selection.

Once these sources had been selected, the content was analyzed manually in order to capture the nuances and specific contexts of their statements, allowing for a richer and more nuanced interpretation. The sample includes 28 web pages (Table S1: Primary Sources).

Following an initial review, three categories were used to classify the sample based on content type: informative websites, which provide general, accessible information on various topics, including health (e.g., Wikipedia, health blogs, and medical information manuals for the general public); commercial websites, which offer services, products, or treatments related to health and well-being, often with a profit motive (e.g., private clinic and hospital websites, private specialist directories, health blogs with sponsored content, online stores); and scientific websites, which present peer-reviewed articles and research on health and medical topics (e.g., medical journals) (see Table 2). This classification facilitates a critical analysis of discourses primarily produced within the framework of the medical institution.

Table 2. Sample description.

Font Type	n	%	Web
Scientific	4	14.29%	W04, W08, W10, W20
Commercial	17	60.71%	W03, W05, W07, W09, W11, W12, W13, W14, W16, W17, W18, W19, W21, W22, W23, W25, W27
Informative	7	25.00%	W01, W02, W06, W15, W24, W26, W28
Total	28		

3. Results

3.1. Description: “Protruding Labia Minora Are Hypertrophic”

The following figure illustrates the verbal description of the labia minora found in the top-ranking online content (Figure 2).

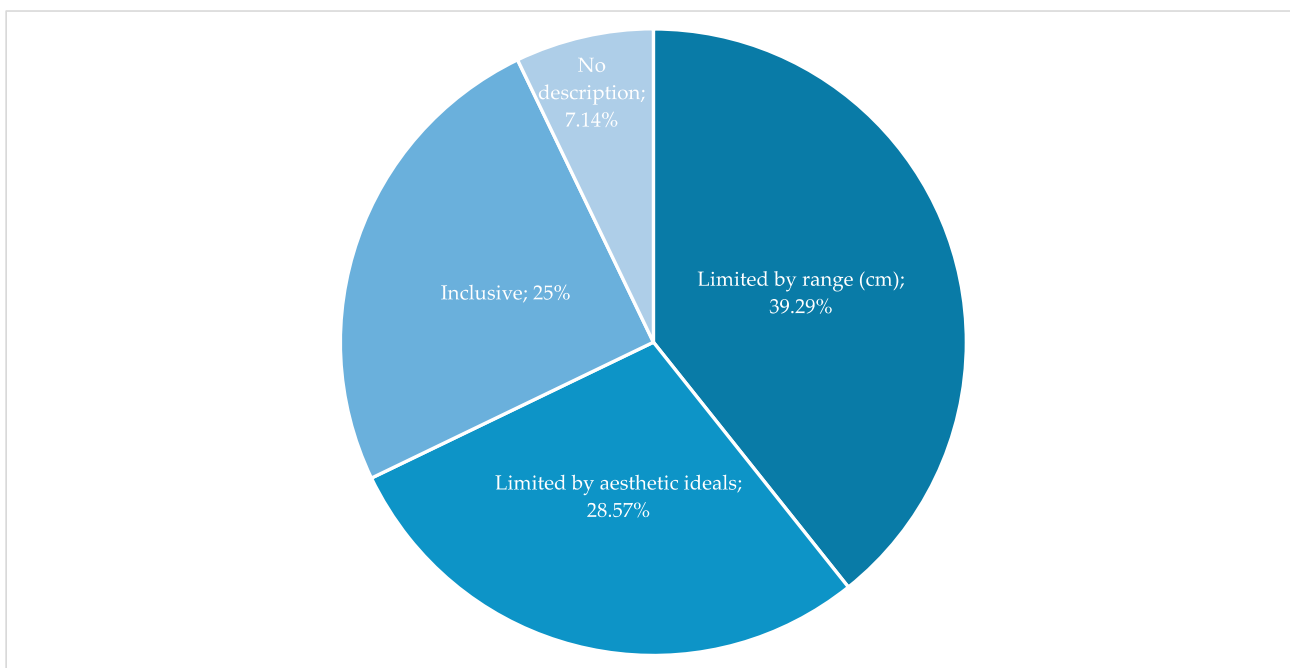


Figure 2. Description of the labia minora, with frequency and type.

Only 25% of the analyzed pages, comprising general information sources and a single commercial page (W14), provide an inclusive description that acknowledges variations in length, size, and color. In contrast, 67.86% of the websites, comprising the four scientific sites, nearly all commercial sites, and one informational site (the medical manual), operate under the premise of a ‘normal’ size limited by range in cm (39.29%) or by aesthetic ideals (28.57%). Regarding the centimeter limit, the four scientific websites, the medical manual informative website, and some of the commercial websites (W03, W11, W16, and W23) define this threshold using a consensus that sets it at 4–5 cm, while the other commercial websites propose a lower limit (W09, W12, W13, W17, W21, W22, and W27). A total of 28.57% of websites, all of them commercial (W05, W07, W18, W19, and W25), approach labial hypertrophy from an aesthetic perspective, emphasizing proportion and presenting an ideal where the labia minora are concealed within the labia majora.

Regarding the images featured on the websites (Figure 3), 10.71% present genital diversity. The most frequent (46.43%) are aesthetic compositions featuring women in non-medical contexts.

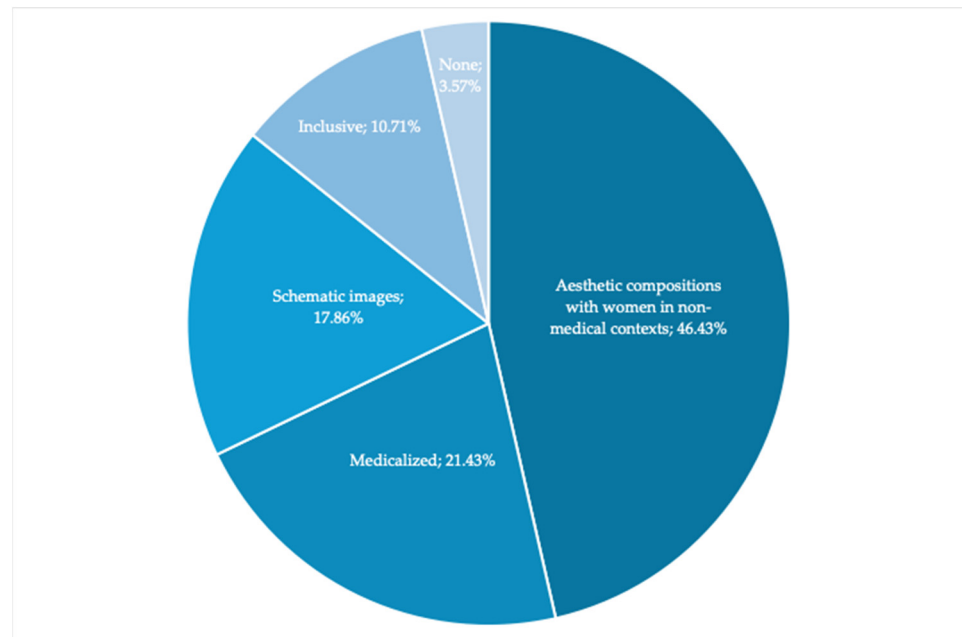


Figure 3. Images accompanying the text, with frequency and type.

3.1.1. Informative Websites

Results obtained from informative websites regarding the verbal description of the labia minora are presented below.

The following extracts are examples of inclusive descriptions: “The size, coloration, and shape of the labia minora vary significant among women. In some women, the labia minora are entirely covered by the labia majora while standing, whereas in others, they visibly protrude from the pubic cleft.” (W01). “The labia minora can vary in length and texture, ranging from short to long, and from wrinkled to smooth. Their color can range from pink to brownish-black and may change with age. It is common for individuals to have larger inner labia compared to the outer labia, though some may have larger outer labia relative to the inner labia.” (W24).

The following sources discuss the sensitivity and functional role of the labia minora in sexual stimulation: “During sexual stimulation, these blood vessels become engorged with blood causing the labia minora to swell and become more sensitive to stimulation.” (W02). “Both pairs of lips are sensitive and become swollen during sexual arousal.” (W24). “The labia minora consist of spongy erectile tissue, and during sexual arousal, blood accumulates, causing an increase in size and changes in color. If the arousal is intense and prolonged, they can even double in size, with the coloration shifting from pink to varying shades of deep red.” (W28).

3.1.2. Commercial Websites

Results obtained from commercial websites regarding the verbal description of the labia minora are presented below.

“There is a broad spectrum of shapes and sizes that fall within the category of ‘normal’. When the labia minora are larger than, or protrude beyond, the labia majora, it is called labial minora hypertrophy.” (W13). “Hypertrophy of the labia minora is defined as when the inner labia protrude beyond the line of the outer labia. However, it is crucial to recognize that this is a subjective assessment; each woman has her own perception of what is normal for her and whether she feels the need for labial reduction.” (W05).

Several websites suggest that six out of ten women have this atypical appearance, framing it variously as an anomaly (W09), a pathology (W25), or a functional issue (W27):

“Studies indicate that 6 out of 10 women aged between 20 and 40 years exhibit labial hypertrophy. This is an abnormality characterized by disproportionate or asymmetrical size, either in width or length, of the labia majora or labia minora.” (W09).

Some websites define this threshold using a centimeter range and reference a consensus that sets it at 4–5 cm; however, the following propose a lower limit: “Clinically, hypertrophy is considered when the length exceeds 3 cm. However, it is important to understand that size only becomes a concern when it affects the individual woman.” (W9). “While no classification is perfect, and some may even be overly complex, it seems generally accepted that labia minora are considered hypertrophic when they measure more than 2 centimeters along their transverse axis, protruding downward or forward relative to the labia majora.” (W17). “It seems that there is the most consensus on defining labial hypertrophy as a measurement of 2 centimeters along the transverse axis of the labia minora.” (W21).

3.2. Lip Hypertrophy as a Pathology

In this context, the term ‘pathology’ is understood to mean a disease, defined as a “set of disorders affecting an organ, system, or bodily apparatus” (Dictionary of the Royal National Academy of Medicine of Spain).

3.2.1. Scientific Websites

Among the four scientific websites reviewed, two categorize labial hypertrophy as a pathology. One of these describes it as a rare anatomical variant. “Hypertrophy of the labia minora is an uncommon pathology that can occur at any age, though it is more frequently detected during puberty. It is described as protruding tissue located behind the labia majora. The etiology remains uncertain, and currently, there are no agreed-upon clinical criteria to define it.” (W4). The other considers it a little-known pathology but “increasingly common due to social changes” (W20).

The two remaining scientific websites avoid using the word pathology and emphasize its social, not medical, nature. One explicitly classifies it as a normal anatomical variant rather than an anomaly, attributing concerns about size to “fashion trends” (W8). The other describes it as a “clinically recognized entity” that “lacks consensus on its definition,” based on “limits that are more subjective than real”; “an emerging condition” influenced by “social changes in sexual behavior and in the evaluation of aesthetics” (W10).

3.2.2. Commercial Websites

Among commercial websites, some assert that labial hypertrophy is “not a serious illness and has no long-term health consequences” (W07), or that it is not a pathology but “a rare alteration [...] an anatomical variant that in some cases causes symptoms and patient dissatisfaction” (W11).

Others present a discourse blending notions of normality, abnormality, and pathology. “It is normal to have enlarged labia minora; however, many adolescents and women feel embarrassed about this condition. [...] It is a pathology that falls within the broader category of what you might refer to as ‘abnormal genital lips’, and is, in fact, one of the more common conditions within this category.” (W16).

The latest finding indicates that labial hypertrophy may be considered a pathological condition. “Genital hypertrophy of the labia minora, a pathology that significantly impacts those affected [...] is relatively common, with estimates suggesting that up to six out of ten women experience it.” (W25).

3.3. Causes of Hypertrophy

The causes of labial hypertrophy found in the analysis are primarily genetic and hormonal. Other contributing factors include mechanical irritation, friction, microtrauma, and inadequate hygiene. Table 3 provides a detailed list of these factors.

Table 3. Causes of labial hypertrophy reported in the sample.

Category	Description	Sources
Hereditary and genetic causes	Citing factors such as genetic predisposition and heredity.	Scientific: W04, W08, W20 Commercial: W03, W16, W17, W18, W25
Hormonal causes	Citing hormonal changes, especially during adolescence, and androgen use in childhood or adolescence.	Scientific: W04, W08, W10, W20 Commercial: W03, W07, W16, W17, W18, W25
Acquired and traumatic causes	Mechanical irritation	Including intercourse, masturbation, and childbirth, which can cause hypertrophy due to repeated friction and trauma. Scientific: W04, W08, W10, Commercial: W03, W16, W17
	Microtraumas from sports	Mentioning sports such as cycling, horse riding, and athletics, among others. Scientific: W04, W08 Commercial: W16, W17
	Use of genital piercings	Mentioning the use of piercings in the genital area and mechanical trauma. Scientific: W04, W08 Commercial: W16, W17
	Use of tight clothing and irritating products	Tight clothing and products such as depilatories or irritating chemicals. Commercial: W07, W16
Causes related to the onset of sexual activity	Early and frequent initiation of sexual relations	Citing early and frequent sexual activity. Scientific: W04, W08, W20 Commercial: W16, W17
Infections and poor hygiene	Frequent urinary tract infections and poor hygiene	Citing poor hygiene and recurrent urinary tract infections. Scientific: W04, W08, W20 Commercial: W16
Congenital causes and abnormalities	Congenital and structural anomalies	Citing vulvar lymphedema and myelodysplasia. Scientific: W04, W10, W20 Commercial: W03
Cultural and ethnic causes	Lip elongation	Citing the intentional stretching of the labia minora in some cultures. Scientific: W08, W20

References to factors such as early initiation of sexual activity, frequent intercourse or masturbation, prostitution, and inadequate hygiene were found on two of the four scientific websites: “Early and frequent sexual activity, use of androgens during childhood, participation in sports that cause local microtrauma (such as cycling, horseback riding, or athletics), genetic and racial predisposition, use of piercings, and poor hygiene.” (W04). “Frequent sexual activity, early initiation, or frequent masturbation; prostitution or excessive intercourse. [...] Poor hygiene and the use of piercings.” (W08). “Early sexual intercourse or frequent masturbation.” (W20). Two scientific websites also reference the cultural practice of labial elongation observed in southern Africa (W08, W20).

3.4. Justification of Labiaplasty

3.4.1. Type of Website and Objective

The highest-ranked online discourse predominantly focuses on labial reduction (Figure 4). In total, 71.4% of the analyzed pages advocate for labiaplasty as a solution to reduce the labia minora. This includes all scientific websites and all but one commercial website, with the exception being a site that offers an alternative treatment using a fractional micro-ablative CO₂ laser (W12).

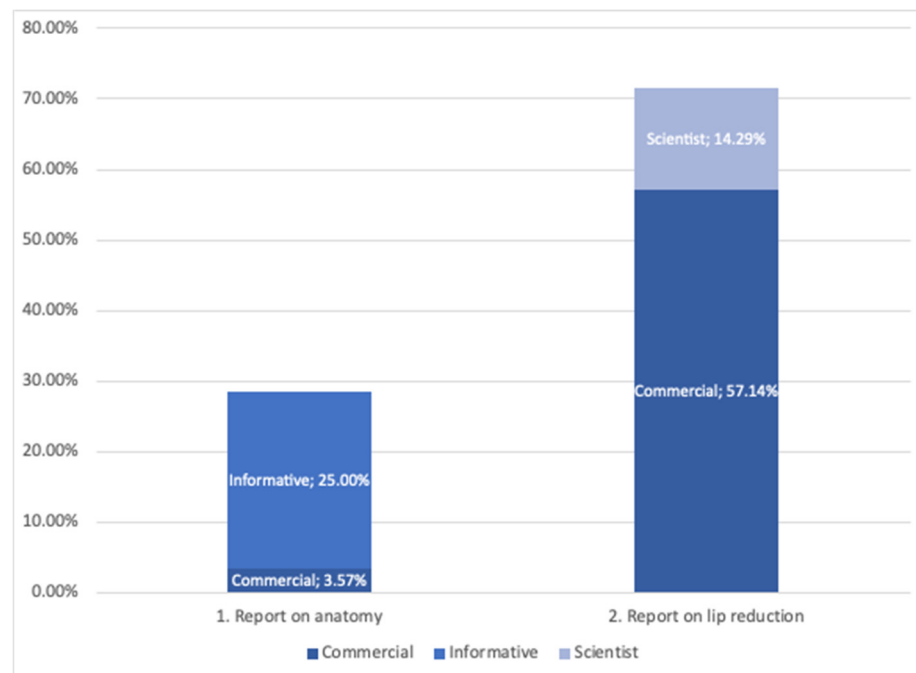


Figure 4. Type of website and objective.

Commercial Websites

On the commercial websites, it is commonly assumed that hypertrophy negatively impacts women's quality of life (W05, W07, W11, W21, W22, and W23). "Hypertrophy of the labia minora is not simply a cosmetic concern; it can significantly affect a woman's quality of life and confidence." (W23).

Informative Websites

On the informative websites, one positive message that explicitly challenges labiaplasty has been found: "In recent years, labiaplasty, [...] has become a very common procedure. Due to the lack of information regarding reproductive health and the unrealistic representation of female bodies, it is not surprising that many of us feel insecure about the shape of our vulvas. However, it is completely natural and normal to have large vaginal labia." (W15).

3.4.2. Reasons for Justification of Labial Resection

The primary reasons for justifying labial reduction are aesthetic, focusing on psychological issues such as low self-esteem, insecurity, lack of confidence, and feelings of shame. In total, 95% of the websites justify labiaplasty for aesthetic reasons. Additionally, functional problems are also cited (Figure 5).

To further justify labiaplasty, websites frequently cite functional issues related to sexual activity, physical exercise, hygiene, and general comfort (Table 4). Sexual concerns include dyspareunia (pain during intercourse), irritation, pain due to invagination, loss of confidence, decreased libido, and even depression. Physical activities such as running, athletics, swimming, CrossFit, cycling, and horseback riding are also reported as problematic. Additionally, discomfort with tight clothing is mentioned, particularly with lingerie, and embarrassment over a noticeable bulge in a bikini. Other issues include discomfort when walking, sitting, crossing legs, or inserting tampons or menstrual cups.

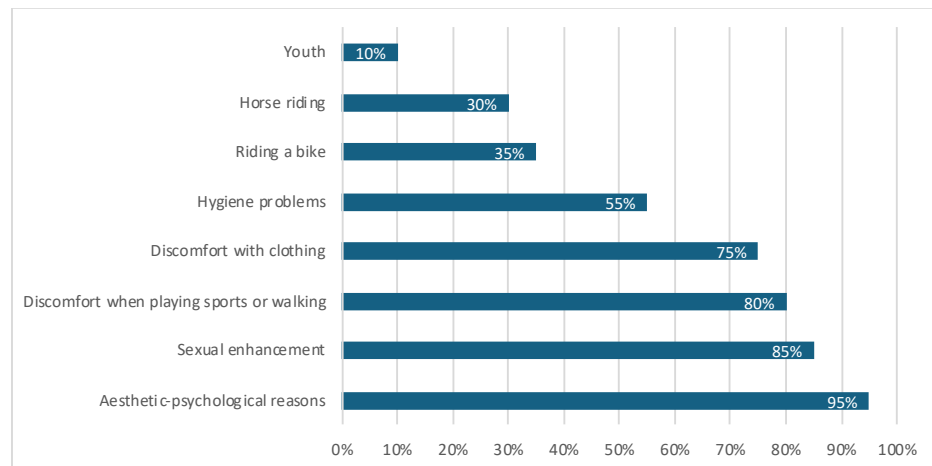


Figure 5. Reasons for justification of labial resection.

Table 4. Reasons for labia minora reduction according to recommending websites.

Reasons	W03_CC	W04_S	W05_C	W07_C	W08_S	W09_C	W10_S	W11_C	W12_C	W13_C	W16_C	W17_C	W18_C	W19_C	W20_S	W21_C	W22_C	W23_C	W25_C	W27_C
Aesthetics psychological	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Youth									■					■						
Problems in sexual relations	■	■	■	■	■		■	■		■	■	■	■		■	■	■	■	■	■
Discomfort when playing sports or walking	■	■	■	■	■	■	■	■		■		■	■		■	■		■	■	■
Discomfort with clothing	■		■	■	■	■		■		■		■	■		■	■	■	■	■	■
Discomfort when riding a horse			■		■					■					■				■	■
Riding a bike			■		■					■		■			■				■	■
Hygiene problems	■	■			■	■				■		■	■		■	■	■	■	■	■

S: Scientific website; C: Commercial website.

However, although physical discomfort and functional problems are specified, 75% of the websites emphasize that the aesthetic issue outweighs the functional concerns. The remaining 25% argue that aesthetic reasons alone do not justify labiaplasty in the absence of physical or functional issues.

Scientific Websites

Scientific websites argue that the psychological distress caused by labial hypertrophy has significant emotional repercussions (W10), negatively impacting patients’ personal and social lives (W08, W20). “Although in some cases the demand for reduction is due to functional causes [...] in most cases there is an underlying aesthetic-psychological problem.” (W10).

Commercial Websites

On commercial websites, labiaplasty is associated with improvements in self-acceptance and social acceptance: “Most women who undergo labia minora reduction do so for aesthetic reasons. They feel insecure about having large, dark, and/or loose labia minora, which leads to a lack of self-confidence and security.” (W23). “It is true that there are

different types of vulva or external female genitals, and it seems that the most accepted ones are those that are hairless, smooth, and perfectly proportioned. Therefore, we find that the same standards of beauty apply to these intimate areas as to the current beauty canon." (W16). "It has been proven that women who undergo surgery on their external genitals feel more comfortable when doing full-body hair removal. This is due both to the boost in their self-esteem, which is the 'more aesthetic' aspect, as well as the comfort of not having the area so exposed to friction." (W25).

In this pursuit of social acceptance, feelings of shame and distress are highlighted: "A woman may describe discomfort with the fact that there is a 'bulge' in her underwear." (W13). "Sometimes the situation may be so serious that the woman avoids wearing tight clothing and tends to hide in swimwear." (W22).

3.5. Risk Information

Figure 6 illustrates the percentage of websites that provide information, as well as the types of information regarding potential risks and complications.

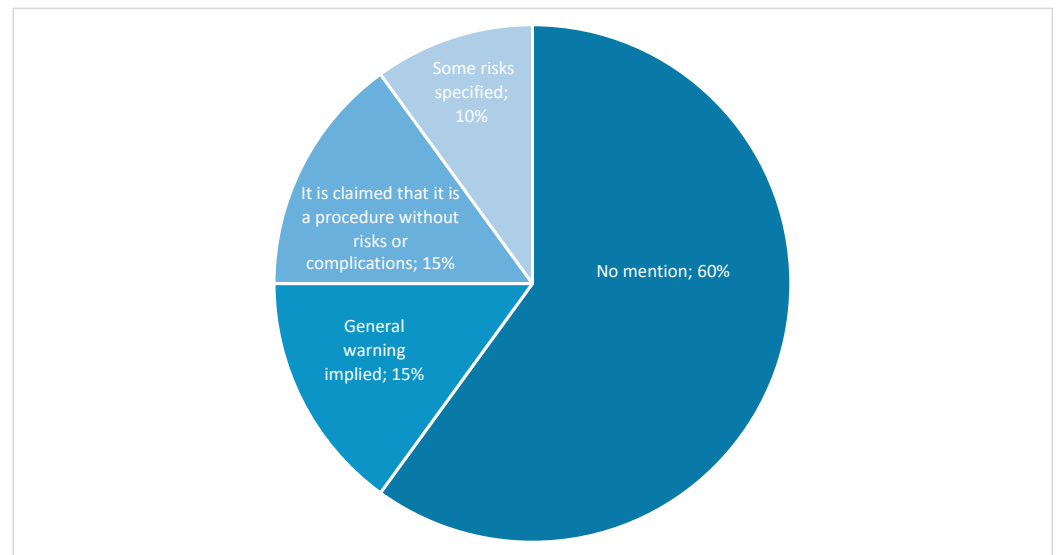


Figure 6. Information about risks and complications.

Most websites (60%) do not mention any risks or complications; some offer a general, implicit warning, emphasizing that the procedure should be performed by specialists in a suitable and safe operating room (15%). Meanwhile, 15% describe labiaplasty as a simple, safe, and risk-free procedure, with quick recovery and immediate results. Ten percent of the websites, all of which are scientific, outline some potential risks associated with labiaplasty.

3.5.1. Commercial Websites

Commercial websites explicitly assert that labiaplasty does not result in a loss of sensitivity: "It is a delicate operation but very simple and without complications. [...] After the operation, some bruising may appear, but it disappears in a few days without leaving any lasting effects. Sensitivity is also not lost, a concern for many patients who have not been properly informed." (W23). In other cases, it is asserted that sensitivity will even improve: "Marta is worried about losing sensitivity [...] She relaxes when I tell her that the opposite is true, that it will even improve." (W22).

Some websites suggest the simultaneous "partial removal" of the clitoral hood, as it is deemed to create a virilizing appearance, without warning about the associated risks (W17, W21, and W22): "It is crucial to assess the clitoral hood, as it is often necessary to refine it in a significant percentage of surgeries. Failing to address it can result in relative hypertrophy and suboptimal aesthetic outcomes, leading to a virilizing appearance. This

occurs when the clitoral hood appears more prominent after the procedure, especially if the labia minora were previously enlarged, which had obscured it." (W21).

3.5.2. Scientific Websites

Three websites, all of which are scientific, outline the potential risks associated with labiaplasty: "Risks include wound contracture, chronic pain, and dyspareunia, as well as tip necrosis, fibrosis, and labial distortion. Additional complications may involve hematoma formation and wound stitch dehiscence." (W08). "While potential complications such as infection, flap necrosis, scar dehiscence, and hematomas may arise, their incidence is relatively low, and long-term outcomes are generally favorable. [...] A thorough understanding of the anatomy is crucial, as the inherent limitations of this intervention include insufficient hypertrophy and inadequate tissue laxity for flap manipulation." (W10). "Most complications are associated with infection or dehiscence of the anastomosis. In rare cases, dyspareunia may arise due to scar fibrosis." (W20).

One scientific website also suggests the simultaneous 'partial removal' of the clitoral hood: "During labiaplasty, it is essential to assess the size of the clitoral hood before suturing, as a partial removal may be necessary." (W20).

3.6. Rhetoric of Success: The Marketing Strategies of Commercial Websites

This subheading focuses solely on commercial websites, as they are the only platforms that incorporate marketing strategies. Commercial websites employ various marketing strategies aimed at promoting their services. They emphasize the benefits of labiaplasty, offer financing options, and guarantee satisfaction with the proposed solutions: "The definitive solution to issues of harmonization, size, and symmetry of the labia minora of the vulva" (W17). "At first, patients feel quite apprehensive about it [...] but once they discover all the benefits it brings to their lives, they tell us that they regret not having dared to do it sooner." (W16). "After the procedure, women report feeling satisfied; they no longer experience the discomfort they once faced, their body image improves, self-esteem increases, and their sexual experiences become more enjoyable." (W03). "Women now have the opportunity to address this issue safely and effectively, regaining not only their confidence but also their comfort in all aspects of life." (W05). "You will feel right at home [...] Schedule an appointment with us and share your concerns. We will offer you the best possible solution. We look forward to seeing you!" (W07). "We will get in touch with you shortly. We look forward to hearing from you!" (W23).

This highlights a success story after labiaplasty: "Marta shaves completely, she doesn't like having hair. Neither do her friends. She thinks they don't have such a big vulva, and it makes her really embarrassed to change clothes in front of them. She feels insecure when she puts on a bikini because there's a noticeable bulge. She thinks it's better if the bikini is dark. Marta likes a guy, but she doesn't want to get close to him. She can't even imagine someone wanting 'something more' with her because she thinks she wouldn't be able to handle it. [...] Marta is happy. She no longer has to tuck her labia minora inward when she puts on her panties. She doesn't feel chafing from tight clothes or any itching anymore. She's thinking about the white bikini she's going to buy for the summer. She likes her genitals and feels more confident. She's really glad she took the step. It was worth it. Many women like Marta come to my office every day to have their cases evaluated. In the following link, you can learn more about labia minora reduction and request your evaluation appointment." (W22).

4. Discussion

The results of the current study show that the most highly ranked information on the Internet often emphasizes the reduction of the labia minora, focusing on their perceived unattractiveness or associated functional discomfort. This content predominantly addresses labial hypertrophy and its surgical correction through labiaplasty, accounting for 71.4% of the material analyzed, rather than providing detailed information on anatomical structure,

functions, or related aspects. The majority of this information originates from commercial websites of private medical aesthetic centers (57.14%). The prevailing narrative promotes a normative standard, with 67.9% of content defining normalcy based on measurements in centimeters (39.9%) or the proportionate appearance where the labia minora do not protrude beyond the labia majora (28.57%). Aesthetic and psychological justifications are the primary reasons given for labial reduction (95%), followed by functional issues such as difficulties during sexual intercourse (85%), discomfort during physical activities such as sports or walking (80%), issues with clothing (75%), hygiene concerns (55%), and discomfort when riding a bicycle (35%) or a horse (30%). References to rejuvenation are infrequent (10%). Despite this range of justifications, aesthetic considerations are cited as the main reason for recommending labial resection in 75% of the web pages analyzed.

The size of the labia minora has been a topic of medical interest since the 16th century and is often associated with heightened sexual activity [13]. Presently, some websites continue to correlate larger labia minora with early and frequent initiation of sexual relations, as well as increased rates of masturbation and excessive intercourse.

The first medical article to introduce the contemporary concept of labial hypertrophy established a diagnostic threshold of 5 cm [14]. Subsequent studies have proposed a reduction in this measurement, advocating for surgical intervention for labial sizes less than 2 cm [15,16]. While the aesthetic ideal is clearly defined, there remains a lack of consensus among various medical disciplines regarding the objective clinical criteria that underpin this diagnosis [16]. Many practitioners do not specify a size criterion, deeming the inner labia unsatisfactory if they protrude beyond the outer labia, and recommending surgical reduction when the appearance causes psychological distress [17,18]. The scientific literature indicates that labiaplasty is offered upon request, without a standardized criterion, for labial sizes ranging from 2 to 5.5 cm, justified by patients' verbal accounts of physical and psychological discomfort [3,6]. A case review conducted at University College Hospital in London revealed an average labial size of less than 3 cm [19]. This phenomenon is also reflected in online discourse, where, despite mentioning size ranges, hypertrophy is ultimately framed as a subjective concern contingent on the patient's individual perception.

Recent investigations emphasize the importance of prioritizing patient-reported symptoms over labial length as the primary criterion for determining the suitability of labiaplasty. These studies argue that focusing on symptoms provides a more precise and patient-centered basis for clinical decision-making, as labial length alone fails to capture the complexity and variability of patient experiences [20]. A specific study analyzing the correlation between labial length and symptoms reported by patients found that individuals with longer labia may experience fewer symptoms compared to those with shorter labia. Based on these findings, the study concludes that labial length should not be the sole determinant for labiaplasty candidacy; instead, greater emphasis should be placed on the symptoms expressed by the patient [21]. This perspective is consistent with our observations from online discourse, where labial hypertrophy is less often framed as an objective medical condition and more as a subjective concern influenced by individual perception. Despite frequent references to size ranges, discussions around hypertrophy reflect the variability in patient experiences and expectations.

Currently, the rising number of labiaplasties is supported by robust evidence demonstrating that it is a safe procedure with low complication rates and high patient satisfaction levels [21]. A systematic review and meta-analysis reported an overall satisfaction rate of 94% across all labiaplasty methods (confidence interval (CI) 93–95%) alongside generally low complication rates. However, certain techniques showed elevated incidences of complications, such as dehiscence in wedge resection and swelling in composite reduction. Among the procedures analyzed, deepithelialization achieved the highest satisfaction rate (97%; CI 85–99%), further supporting its effectiveness in meeting patient expectations [7]. Other systematic reviews have concluded that labiaplasty is generally a safe procedure. However, they warn that severe complications, in some cases requiring additional surgical interventions, have been reported. These reviews emphasize the importance of proper

patient selection, a thorough understanding of female genital anatomy, careful choice of surgical technique, and the surgeon's expertise as key factors in reducing complications and ensuring patient satisfaction [22]. On the other hand, prospective studies that collected complications reported independently by patients, rather than by their physicians, documented higher complication rates [23,24].

Additionally, recent studies confirm that patient-reported symptoms, such as physical discomfort and aesthetic dissatisfaction, significantly improve following surgery, contributing to better genital self-perception and greater sexual satisfaction [21,25]. Regarding psychosexual benefits, the study by Turini et al. [26] found no significant differences in the Rosenberg Self-Esteem Scale or in the scores of the 36-item Short Form Health Survey from the Medical Outcomes Study. However, it did report a significant improvement in the total score of the Female Sexual Function Index, specifically in the domains of pain and enjoyment. Nonetheless, the authors acknowledge several limitations of the study, including the fact that outcomes were only assessed up to three months post-surgery, leaving potential long-term changes or complications unexamined, such as scarring, alterations in sensitivity, or sustained satisfaction. Additionally, the questionnaires used relied on the participants' subjective perceptions, which may have been influenced by pre-surgery expectations and social desirability bias [26]. Even among adolescents, a group considered more vulnerable, labiaplasty has been shown to alleviate physical discomfort and improve quality of life, with positive outcomes reported in over 90% of cases according to retrospective studies [25]. In summary, these findings underscore the need to integrate patient-centered outcomes and procedural safety into clinical guidelines for labiaplasty. This approach emphasizes the importance of symptomatology and patient satisfaction as key determinants, moving beyond purely anatomical considerations.

On the other hand, critical studies emphasize the morphological diversity of the vulva, noting that the labia minora can measure between 2 and 10 cm without necessarily causing personal discomfort [27,28]. These studies also caution that women may be inadequately informed and subject to the biased aesthetic ideals presented by medical professionals [29].

From a gender and health perspective, it is argued that medical discourse creates an analogous imaginary of illness, reminiscent of the narrative constructed in the 1980s concerning breast size [30]. During this period, the American Society of Plastic and Reconstructive Surgeons identified women with notably small breasts as suffering from a condition termed "micromastia" [31]. This medicalization of body image is reflected in actual online discourse about labia minora through the use of the clinical term "hypertrophy".

In this conceptual framework, functional discomfort is influenced by psychological factors stemming from prevailing aesthetic ideals. Determining the objectivity of such discomfort is challenging, as it is often psychologically conditioned by these idealized models. For instance, as noted by Liao et al. [3], men typically do not report physical symptoms associated with genital protrusion, despite possibly having more cause to do so, nor do they seek to reduce their genital mass as a solution. Furthermore, only women are encouraged to consider genital reduction as a viable remedy [8,32], highlighting the peculiar logic underlying claims of functional discomfort. In this context, the use of tight clothing is framed as a significant issue, prompting women to alter their anatomy in order to accommodate different styles of clothing.

Physical discomfort is thus intertwined with the psychological influence of the idealized model perpetuated by societal norms. Research into the motivations of individuals seeking labiaplasty has found that aesthetic justifications are often rooted in a concern for the "normal" appearance of the vulva, extending beyond mere beautification to encompass feelings of deformity [5,29]. A similar investigation into motivations for labiaplasty in Spain would be beneficial to further understand this phenomenon.

Critical studies characterize female genital cosmetic surgery as an absurd and dangerous manifestation of the extreme pathologization and medicalization of the female body [33]. Medicalization is understood as a process by which non-medical problems, behaviors, or human conditions are defined and/or treated as medical issues [34]. Tiefer

identifies several influential factors contributing to the rise of these surgeries, including innovative medical marketing and commercialization practices, such as financing plans, discounts, and promotions. These elements are also evident on the analyzed websites [33].

The integrity of information published on cosmetic surgery websites in the United States and the United Kingdom [8], as well as in Belgium, Canada, Brazil [35], and Australia [28,36], has been called into question. Critics highlight the ethical concerns surrounding a medical profession that promotes cosmetic surgery. Furthermore, Western medicine has been accused of commodifying disease and inadvertently facilitating the advance of female genital mutilation by categorizing natural biological variations as “defects” [37]. Attitudes toward labiaplasty remain deeply divided. Advocates emphasize high patient satisfaction rates and significant improvements in symptoms, while opponents ground their arguments in its lack of broad social acceptance and its association with controversial practices such as female genital mutilation (FGM) [38]. The World Health Organization (WHO) defines FGM as “procedures that intentionally alter. . . the female genital organs for non-medical reasons”, a definition that has sparked significant debate. Some scholars argue that labiaplasty aligns with this definition, sharing the same legal status as FGM, which is prohibited by law. They contend that offering labiaplasty to individuals under 18 years of age is ethically unacceptable except under specific clinical circumstances, such as congenital anomalies [39]. Conversely, other researchers argue that this definition fails to account for the experiences of adult women and adolescents who voluntarily undergo labiaplasty to enhance their anatomy and alleviate symptoms. Unlike FGM, which is culturally imposed and destroys anatomical structures, labiaplasty is typically chosen to address physical discomfort and aesthetic dissatisfaction [40]. Rejecting voluntarily chosen, medically sound labiaplasty—despite evidence showing significant improvements in physical symptoms and appearance-related concerns with low complication rates—and equating it with FGM, which forcibly alters normal anatomy and causes harm, may reflect a philosophical rather than evidence-based opposition [20]. On the other hand, it has been noted that the stigma surrounding labiaplasty is also reflected in patients’ fear that surgically altered labia may be associated with gender-affirming surgeries or FGM [38].

In Spain, information from medical aesthetic centers often fails to detail the risks associated with labiaplasty. The recommendations by the American College of Obstetricians and Gynecologists (ACOG, 2020) [41] for professionals performing these interventions emphasize the importance of informing patients about the lack of high-quality evidence supporting the efficacy of these procedures. Additionally, patients should be counseled on potential complications, which may include pain, bleeding, infection, scarring, adhesions, altered sensitivity, dyspareunia, and the possible need for additional surgeries. The ACOG also advises that obstetricians and gynecologists receive training to identify sexual function disorders, recognize psychiatric conditions such as depression and anxiety, and evaluate for body dysmorphic disorder when appropriate. In cases where these conditions are suspected, referral for psychological evaluation is strongly recommended. Furthermore, it is imperative that patients are informed about the professional’s level of experience and are cautioned that these surgeries, except in specific clinical scenarios—such as clinically diagnosed female sexual dysfunction, dyspareunia, interference with athletic activities, previous obstetric or straddle injuries, reversal of female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery—are not medically justified.

The issue of labiaplasty in adolescents is another ongoing debate, with the American College of Obstetricians and Gynecologists (ACOG) recommending a non-surgical approach focused on educating young girls about the normal variations in female genital anatomy. Some perspectives argue that not performing the surgery may cause greater harm to those girls whose labia are a source of daily shame, pain, and discomfort [40]. We concur with Qin et al. (2023) [25] that everyone, including adolescents, has the right to improve their quality of life. However, we question whether, as they claim, surgical intervention is the most effective and convenient way to address issues such as shame, anxiety, and loss of self-esteem, especially given their observation that appearance-related

concerns are a unique facet of body dysmorphic disorder [25]. We are also concerned by their recommendation to perform the surgery as early as possible for better postoperative recovery and a shorter surgical incision, as scar tissue, which lacks elasticity, could lead to tension and tightness as the body grows. However, a procedure performed in adulthood may be more challenging and less effective, as hypertrophy of the labia and clitoral hood tends to progress with age.

Anthropological evidence highlights a stark contrast between the stigmatization of protruding labia minora in Western societies and their high social value in certain southern African cultures. In these regions, elongated labia minora are celebrated as symbols of beauty, health, and sexual pleasure. Conversely, Western society has historically marginalized protruding labia minora, perceiving them as indicators of depravity, excessive sexuality, and a lack of civilization. The cultural practice of labia minora elongation is prevalent across a broad area, extending southward from the Great Lakes region of Africa. This practice not only elongates the labia minora but also enlarges the clitoral hood, thereby increasing its sensitivity [42]. Stretching typically ceases once the desired length is achieved, which generally ranges from two to eight centimeters [43]. However, some sources report even larger sizes, such as eight centimeters in Rwanda [44]. Moreover, the medical rationale for labiaplasty, a procedure involving the partial removal of external genital tissue for aesthetic reasons, stands in sharp contrast to the widespread condemnation of practices classified as FGM.

5. Conclusions

The online discourse in Spanish regarding the labia minora is predominantly disseminated by specialist cosmetic surgery websites. The information provided often fails to acknowledge anatomical diversity; when it does, it tends to reinforce an aesthetic ideal rooted in a narrow and reductionist sociocultural portrayal of female genitalia, where nothing should be prominent. This medical representation shapes knowledge that significantly impacts women's health and well-being. Consequently, professionals in this field must critically assess the sociocultural narratives that inform their practices, including the underlying assumptions and values, as well as how these representations are constructed.

The category of "labial hypertrophy" lacks objective and consensual criteria, effectively excluding protruding labia minora from the framework of body legibility. This aesthetic bias reframes normal anatomical variations as pathologies, a term associated with abnormal conditions that disrupt the body's state of health. As a result, it unjustifiably rationalizes labiaplasty, promotes genital aversion, and contributes to body dysmorphia. Furthermore, this category employs marketing strategies that encourage the medicalization of the female body.

Thus, the analyzed discourse reveals a tendency toward social conditioning that medicalizes the anatomical features of the female external genitalia. This creates a perceived need for intervention, driven by the quest for social acceptance and self-acceptance, both of which are stigmatized by the discourse itself.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/sexes5040046/s1>, Table S1: Primary Sources.

Author Contributions: Conceptualization, I.O.-S.; methodology, I.O.-S.; software, I.O.-S.; validation, I.O.-S., S.M.-B. and M.O.L.-L.; formal analysis, I.O.-S.; investigation, I.O.-S.; writing—original draft preparation, I.O.-S., S.M.-B. and M.O.L.-L.; writing—review and editing, I.O.-S., S.M.-B. and M.O.L.-L.; visualization, I.O.-S., S.M.-B. and M.O.L.-L. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: The original contributions presented in this study are included in the article and supplementary material. Further inquiries can be directed to the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

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