The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Committee on Adolescent Health Care

The North American Society for Pediatric and Adolescent Gynecology endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee member Julie L. Strickland, MD.

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Breast and Labial Surgery in Adolescents

ABSTRACT: The obstetrician–gynecologist may receive requests from adolescents and their families for advice, surgery, or referral for conditions of the breast or vulva to improve appearance and function. Appropriate counseling and guidance of adolescents with these concerns require a comprehensive and thoughtful approach, special knowledge of normal physical and psychosocial growth and development, and assessment of the physical maturity and emotional readiness of the patient. Individuals should be screened for body dysmorphic disorder. If the obstetrician–gynecologist suspects an adolescent has body dysmorphic disorder, referral to a mental health professional is appropriate. As with other surgical procedures, credentialing for cosmetic procedures should be based on education, training, experience, and demonstrated competence.

Recommendations

The American College of Obstetricians and Gynecologists makes the following recommendations regarding breast and labial surgery in adolescents:

- The obstetrician–gynecologist caring for adolescents should have good working knowledge of nonsurgical alternatives for comfort and appearance as well as knowledge of indications and timing of surgical intervention and referral.
- When adolescents seek medical treatment, the first step is often education and reassurance regarding normal variation in anatomy, growth, and development.
- Appropriate patient counseling and assessment of the adolescent's physical maturity and emotional readiness are necessary before surgical management or referral.
- Individuals should be screened for body dysmorphic disorder. If an obstetrician–gynecologist suspects an adolescent has body dysmorphic disorder, referral to a mental health professional is appropriate.

Adolescents, under the influence of pubertal hormones, undergo rapid transformation and growth of their breasts and genital tissues. This can lead an adolescent to question whether her body is normal and to express occasional dissatisfaction with her body's appearance, size, symmetry, or function. There has been increasing patient interest in surgical modification of breast and genital tissues during the adolescent period. The obstetrician–gynecologist who provides care for adolescents with these concerns should have good working knowledge of nonsurgical alternatives for comfort and appearance as well as knowledge of indications and timing of surgical intervention and referral.

Adolescents often desire to improve physical conditions that, if left uncorrected, may affect them into adulthood or that they perceive as flawed (1). This age group may be under particular stress regarding these issues because of societal conceptions of the ideal female body and parental concerns for body perfection (2). Although reconstructive procedures aimed at correction of abnormalities (caused by congenital defects, trauma, infection, or disease) or cosmetic procedures performed to reshape normal structures may improve function, appearance, and self-esteem, not all adolescents are suited for surgical intervention. Appropriate counseling and guidance of adolescents with these concerns require a comprehensive and thoughtful approach, special knowledge of normal physical and psychosocial growth and development, and assessment of the physical maturity and emotional readiness of the patient.

Counseling Issues

A thoughtful approach is needed when discussing correction or enhancement of the breast or genitalia with adolescents and their families who seek advice. The adolescent and her parents or guardians should have specifics of the surgery, benefits, and possible risks discussed in detail. The indications and motivation for surgical procedures also should be reviewed. Adolescents who request to have plastic surgery typically have different motivations and goals compared with adults seeking these procedures, such as a desire to "fit in" as opposed to being distinctive (3). Assessing the emotional maturity of the adolescent and her ability to make autonomous decisions free from peer or family pressures is essential. The American Society of Plastic Surgeons notes that surgical procedures initiated by the adolescent are associated with more favorable outcomes than those initiated by family members (4). The obstetrician–gynecologist also should assess whether or not the adolescent has realistic goals of the outcomes and benefits of surgery preoperatively. Surgical procedures are not recommended for adolescents with behavioral or emotional disorders (3).

Individuals should be screened for body dysmorphic disorder, which according to the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, criteria include a preoccupation with an imagined physical defect or exaggerated concern about a physical defect that would not be apparent to the casual observer, or a history of repetitive or obsessive behaviors (such as repeated examination or attempts to conceal the flaw, or continually seeking reassurance from others) (5). Body dysmorphic disorder often begins during adolescence and leads to requests for repeated surgical correction without relief of symptoms. If an obstetrician–gynecologist suspects an adolescent has body dysmorphic disorder, referral to a mental health professional is appropriate.

Labiaplasty

At the time of puberty, the labia minora enlarge and grow to adult size. The normal labia minora can have marked variation in size, shape, and appearance (6). Asymmetry is common and may be seen as a normal variant. Despite increased awareness and focus on the appearance of the external genitalia, no consensus on the definition of labial hypertrophy or criteria for surgical intervention has been established (7). Mechanisms proposed for labial hypertrophy include congenital malformations, trauma, infection, and manual manipulation (through stretching or pressure). Surgical correction has been suggested based on length, appearance, and functional symptoms. Increasing trends in pubic hair removal, exposure to idealized images of genital anatomy, and increasing awareness of cosmetic vaginal surgery have been proposed as reasons for the increased interest in labial surgery (8, 9). The size of the labia minora can be functionally or psychologically distressing to adolescents. Symptoms of irritation, pain (especially with activity), and interference with menstrual hygiene or sexual relations may be reported. The adolescent patient also may express distress about the cosmetic appearance or visibility of the labia minora through formfitting clothing. Parents, unaware of the normal variation of labia minora anatomy, also may have concerns about their children's anatomical differences based on their own body appearance. Although there may be a perception that labiaplasty is a minor procedure, serious complications can occur (eg, pain, painful scarring, dyspareunia, hematoma, edema, and infection).

When adolescents seek medical treatment, the first step is often education and reassurance regarding normal variation in anatomy, growth, and development. Nonsurgical comfort and cosmetic measures may be offered, including supportive garments, personal hygiene measures (such as use of emollients), arrangement of the labia minora during exercise, and use of formfitting clothing. If emotional discomfort or symptoms persist, then surgical correction can be considered.

Breast Reduction Surgery

Breast reduction surgery in adolescents with large breasts can relieve back, shoulder, and neck pain. Surgical correction in adolescents has been associated with improvement of self-esteem, with a greater than 75% satisfaction rate in adolescents undergoing reduction mammoplasty (10, 11). In 2010, more than 4,600 breast reduction surgeries were performed on females aged 13–19 years (4). Recommendations for timing of surgery include postponing surgery until breast maturity is reached, waiting until there is stability in cup size over 6 months, and waiting until the age of 18 years. Although there is no one consensus on timing, it may reasonably be determined by the severity of symptoms. An assessment of the adolescent's emotional, physiologic, and physical maturity is recommended. The surgeon should be confident that the adolescent's goals are realistic and that she and her family have a clear sense of risks, benefits, and limitations of breast reduction (4). Nonsurgical alternatives may include proper garment fitting and support and, in some cases, weight reduction. Breast reduction surgery in adolescence typically does not affect the ability to breastfeed later in life (12).

Breast Augmentation

More than 8,200 breast augmentations were performed on 18–19-year-old women in 2013 (4). Breast augmentation in adolescents may be performed for reconstruction of congenital conditions with deformity or severe asymmetry or as an elective procedure to augment small breast size or mild asymmetry (3). The American Society of Plastic Surgeons has the following three recommendations for females considering breast augmentation: 1) they should be at least 18 years of age before undergoing the surgery; 2) they have the necessary physical and emotional maturity to ensure

the most positive outcome; and 3) they have a realistic understanding of the potential results, as well as the possible need for additional surgery. Saline-filled implants are the only type of implant approved by the U.S. Food and Drug Administration for females younger than 22 years. Saline-filled implants typically have a 10-year lifespan. Before surgery, the adolescent may be referred to specialty shops for assistance with pads or prostheses to wear with her clothing.

Conclusion

The obstetrician–gynecologist may receive requests from adolescents and their families for advice, surgery, or referral for conditions of the breast or vulva to improve appearance and function. It is important that the obstetrician–gynecologist be equipped to discuss normal sexual development, the wide variability in appearance of the breast and genitalia, nonsurgical treatment options, and autonomous decision making. Appropriate patient counseling and assessment of the adolescent's physical maturity and emotional readiness are necessary before surgical management or referral. As with other surgical procedures, credentialing for cosmetic procedures should be based on education, training, experience, and demonstrated competence (13).

For More Information

The American College of Obstetricians and Gynecologists has identified additional resources on topics related to this document that may be helpful for obgyns, other health care providers, and patients. You may view these resources at www.acog.org/More-Info/AdolescentBreastLabialSurgery.

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians and Gynecologists' endorsement of the organization, the organization's web site, or the content of the resource. The resources may change without notice.

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