

worrying.’ I assure you that none of this is entertaining and in fact the article by Goodman et al.¹ addresses their populations’ high satisfaction with vulvar aesthetic procedures. Their article gives 35 references. In addition, Goodman² and Cihantimur and Herold³ also provide data that support a high level of satisfaction among women who have had female genital cosmetic surgery.

The absence of declarations of interest is the result of the following: (a) I am a private practitioner with no financial interest in any pharmaceutical product, medical device or any other third party company, including Inno-gyn. The only corporate entities that I have an interest in are my own personal corporations. It should also be noted that none of these personal corporations has any financial interest in the above stated entities.⁴

With regard to trademarks, I have been advised by a corporate law firm to file trademarks with the United States Patent and Trademark Office. In addition, I do not receive royalties from anyone in the world for these trademarks.

I do not believe that tabloid print media has any place in a scientific journal. However, to provide balance I can refer readers to the following website, which provides details about my interests in this topic: www.drmatlock.com/media-magazine-coverage.html. ■

References

- 1 Goodman MP, Placik OJ, Benson RH, Miklos JR, Moore RD, Jason RA, et al. A large multicenter outcome study of female genital plastic surgery. *J Sex Med* 2010;7:1565–77.
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- 3 Cihantimur B, Herold C. Genital beautification: a concept that offers more than reduction of the labia minora. *Aesthetic Plast Surg* 2013;37:1128–33.
- 4 American College of Obstetricians and Gynecologists. Professional relationships with industry. 2012 [www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Ethics/Professional-Relationships-With-Industry]. Accessed 13 June 2014.

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Authors’ reply

Sir,

We appreciate Professor Bewley’s interest in our debate. We believe that the most important conflicts of interest are intellectual, not financial, and this certainly applies to proponents on both sides of the debate in question.¹ We agree absolutely, that transparency around conflict of interest is essential for readers to judge the merits of any paper.

It is less clear whether surgeons should need to report a financial conflict when writing about each and every surgical procedure they perform, whether being personally reimbursed on a per procedure basis, such as UK private practice, or when receiving a salary, such as in the NHS. We feel it is reasonable for readers to expect that expert commentary on a procedure should have come from surgeons with experience of that procedure.

However, for the record, during the last 5 years, the senior author (L.C.) has performed only two labiaplasties in private practice. During that period, however, she has performed many more such procedures in her NHS practice, all for women who have been referred by their GP because of physical or psychological distress. She has often sought the expert advice of both psychologists and psychiatrists, and indeed has undertaken peer-reviewed scientific research in association with a psychiatrist with a major interest in body dysmorphic dysfunction.^{2–5}

To liken female cosmetic genital surgery to ‘genital cutting’ is emotive but inappropriate. All women undergoing labiaplasty in the UK request the procedure, and give informed consent, whereas genital cutting is forced upon young girls without consent, and this

rightly constitutes assault in the Western world. Perhaps better comparisons would be made with breast augmentation or penile enlargement, neither of which seem to cause the same concern among healthcare professionals or the general public. ■

References

- 1 Cartwright R, Cardozo L. FOR: women should be free to opt for cosmetic genital surgery. *BJOG* 2014;121:767.
- 2 Veale D, Naismith I, Eshkevari E, Ellison N, Costa A, Robinson D, et al. Psychosexual outcome after labiaplasty: a prospective case-comparison study. *Int Urogynecol J* 2014;25:831–9.
- 3 Veale D, Eshkevari E, Ellison N, Costa A, Robinson D, Kavouni A, et al. A comparison of risk factors for women seeking labiaplasty compared to those not seeking labiaplasty. *Body Image* 2014;11:57–62.
- 4 Veale D, Eshkevari E, Ellison N, Costa A, Robinson D, Kavouni A, et al. Psychological characteristics and motivation of women seeking labiaplasty. *Psychol Med* 2014;44:555–66.
- 5 Veale D, Eshkevari E, Ellison N, Cardozo L, Robinson D, Kavouni A. Validation of genital appearance satisfaction scale and the cosmetic procedure screening scale for women seeking labiaplasty. *J Psychosom Obstet Gynaecol* 2013;34:46–52.

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Editor’s reply

Sir,

The purpose of BJOG Debates is to stimulate discussion. The topic of labiaplasty was chosen for debate to complement a paper on the topic.¹ The principle that it is the responsibility of the authors to disclose their interests appropriately is well established by the International Committee of Medical Journal Editors. We provide instructions to authors on this issue. We do not have the resources to