

West Yorkshire Integrated Care Board (WY ICB)					
Policy	Labial Reduction and Cosmetic ICB Vaginal Procedures/Labiaplasty			ICB Ref	Planned care
First Issue Date	To be confirmed	Current version:	1	Last reviewed:	December 2021
Review date	To be confirmed	Contact	West Yorkshire Health and Care Partnership (WY HCP) wyhcp.plannedcare@nhs.net		
Clinical Reviewer	WY HCP	Approved by	WY ICB		

Policy exclusions

Labial reduction and cosmetic vaginal procedures are not routinely commissioned.

Policy inclusion criteria

- In the case of congenital/pathological abnormalities of the external genitalia, the ICB to consider treatment medically necessary only where the American College of Obstetricians and Gynecologists Committee Opinion on cosmetic vaginal procedures indicate it is medically necessary.
- Medical indications for surgical procedures for labial hypertrophy or asymmetric labial growth include:
 - congenital conditions; or
 - chronic irritation (with documented evidence of ulceration/severe excoriation overseveral months that has failed to respond to conservative treatment); or excess androgenic hormones
- Treatment for female genital mutilation is not considered cosmetic and does not require prior approval.

Summary of	
evidence /	
Rationale	
Reference	NHSE Interim Commissioning Policy on Labiaplasty,
	Vaginoplasty and Hymenorrhaphy, 2013
	2. Joint RCOG/BritSPAG release: Issues surrounding women
	and girls undergoing female genital cosmetic surgery
	<u>explored</u>
	3. RCOG/BritSPAG: New booklet empowers young people to
	understand normal vulva appearance