In the recent years, there is a tremendous interest in genital cosmetic surgery (GCS) and the number of women seeking for a consultation to have a genital cosmetic surgery increases rapidly. Since the most common genital cosmetic procedure is labiaplasty, last decade in Australia, there has been a threefold increase in labiaplasty admissions at the public health system and the total number of GCS related with labias increased 400% from 2011 to 2015 in United States.1,2

The major issues underlying the desire for a GCS are firstly aesthetic reasons to reconstruct an abnormality resulting from birth defect or accident, secondly psychological reasons to improve self-esteem and dissolve anxiety and thirdly functional reasons to reduce pain or discomfort during intercourse or daily activities. The potential effect of media; advertisements and online contents influence women to have an increased concern about the appearance. Moreover, such commercial pressure arising both from the media or products/vision of health care providers will change the normogram of vulvar appearance towards a narrow limit, a unique model.3,4

Actually, the true problem is that many women do not know what is the normal vulvar anatomic appearance and function. There is a wide range of normal vulvar morphology in variable colors, size and shape. Some changes in color and size will be physiological during the transition periods from adolescence, pregnancy or menopause; the range of normal size of labia minora is between 20-80 mm in length and 5-30 mm in width during this life periods.5 By the way, it is so normal to have an asymmetrical or elongated labia minora. Functionally, it has too many small blood vessels, rich in neural network and provides lubrication during intercourse. However, there is a lack of data to predict who will benefit from a GCS, because if the patients are not selected properly the potential harms of surgery like complications (hematoma, scarring, pain, altered sensation or painful intercourse) will outweigh the expectations. On the other hand, sometimes organic pathologies may manifest with dys-
pareunia (endometriosis) or problems with the partner may reveal a symptom like this, so far we suggest a gynecological examination and if needed a couple therapy before deciding a surgical management.

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**Conflict of Interest**

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

**Authorship Contributions**

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