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| Intervention | **136. Vaginoplasty, Labiaplasty and Hymenorrhaphy** |
| For the treatment of | Reconstruction of vagina, labia and hymen |
| Commissioning Position | Vaginoplasty is commissioned if:   * there is congenital absence or significant developmental/endocrine abnormality of the vaginal canal OR * repair of the vaginal canal is required after trauma.   Labiaplasty is commissioned if:   * the labial anatomy is contributing to recurrent disease or infection OR * repair of the labia is required after trauma.   Hymenorrhaphy is not commissioned and therefore should not be routinely offered to patients. Application for funding approval can be made, using the IFR process, by the clinician recommending the intervention, if their assessment is that there are exceptional reasons why their patient could benefit from it.  For Gender Dysphoria patients, please see NHS England Specialised Commissioning Policy. |
| Summary of Rationale | There is no good evidence for clinical effectiveness of genital reconstructive surgery so it can be considered as medically non-essential surgery and thus not routinely commissioned. Some case series also point to re-operation rates following labiaplasty of up to 7% for reasons such as wound dehiscence, infection and dissatisfaction with appearance. None of the studies found in a literature review looked at the potential for long-term obstetric complications after such surgery.  Hymenorrhaphy is regarded as a cosmetic procedure. |
| References | [Interim Clinical Commissioning Policy: Labiaplasty, Vaginoplasty and Hymenorraphy (NHSE)](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC023.pdf) |
| Effective from | January 2025 |
| Policy Review Date | January 2028 |