Commentary

Commentary on: Vaginal Laxity, Sexual Distress, and Sexual Dysfunction: A Cross-Sectional Study in a Plastic Surgery Practice

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Aesthetic Surgery Journal
2018, Vol 38(8) 881–882
Published by Oxford University Press on behalf of The American Society for Aesthetic Plastic Surgery 2018. DOI: 10.1093/asj/sjx268
www.aestheticsurgeryjournal.com
OXFORD UNIVERSITY PRESS

Editorial Decision date: December 22, 2017; online publish-ahead-of-print January 23, 2018.

Concerns with aspects of one's physical appearance, otherwise described as body image dissatisfaction, are believed to motivate the pursuit of aesthetic procedures for many women and men.[1] Over the past several decades, a number of studies have found that persons who seek aesthetic procedures, both surgical and minimally invasive, report heighten body image dissatisfaction.[1] Encouragingly, this dissatisfaction improves for many following successful treatment.

Body image dissatisfaction is an important aspect of quality of life.[2] Healthy sexual functioning is a significant contributor to quality of life for many individuals. Unfortunately, in many medical specialties, the assessment of sexual functioning and management of self-reported problems is frequently ignored. This may be particularly true for individuals suffering with significant comorbidities, where there may be greater focus on issues related to mortality and other areas of quality of life rather than sexual functioning and satisfaction.

Encouragingly, sexual functioning has received a good amount of research and clinical attention for women with a history of breast cancer as well as those with gynecological cancers.[3-6] Much of this work, however, has appeared in the oncology and health psychology literatures. These issues have received less coverage in the plastic and aesthetic surgery journals.

The present study makes a novel and important contribution to this literature through its focus on sexual functioning and vaginal laxity in breast cancer survivors. Using appropriate psychometric measures to assess these constructs, Qureshi et al were able to compare sexual functioning in a large sample of women with and without breast cancer and seen in a plastic surgery practice.[7] Almost two thirds of women reported a sexual dysfunction, approximately 50% reported distress related to their sexual functioning, and one in six reported vaginal laxity. A history of breast cancer was associated with a greater likelihood of a self-reported sexual dysfunction. While a cross-sectional study, the use of previously published measures that assessed specific domains of sexual behavior and satisfaction was a methodological strength that serves as a model for future work in this area as well as the growing interest genital enhancement or rejuvenation procedures.

As the authors note, these findings underscore the relevance of aesthetic surgeons inquiring about sexual functioning as part of an initial consultation with a patient. Questions about sexual satisfaction, distress, and functioning are likely of greatest relevance for patients who are seeking cosmetic or reconstructive genital procedures. They also are highly relevant for seeking breast augmentation, reduction, and reconstruction, given the central role of the breast in female identity and sexuality. Aesthetic surgeons are encouraged to assess sexual satisfaction and functioning, either via questionnaire or direct questioning, when these issues are likely to be impacted by a proposed procedure, as improvements in sexual functioning will likely be associated with overall patient satisfaction.

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Disclosures

The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

Funding

The author received no financial support for the research, authorship, and publication of this article.

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