THE ROLE OF THE OBSTETRICIAN-GYNECOLOGIST IN COSMETIC PROCEDURES

As cosmetic procedures receive increased attention from the media and patient requests for such procedures grow, there is a corresponding need to determine the proper role of obstetrician–gynecologists in this evolving field. A growing number of women are seeking service locations that provide “one-stop shopping” for both medical and aesthetic services. Some obstetrician–gynecologists have offered cosmetic services as an extension of providing gynecologic care, such as providing hair removal and acne treatment to patients with polycystic ovary syndrome.

The scope of obstetric–gynecologic practice includes more than reproductive health care. The specialty’s broad focus on women’s health may include cosmetic services and procedures, just as this broad focus includes a wide variety of primary and preventive care. The obstetrician–gynecologist may provide services that fill a need not adequately met in commercial sites, provide safer or more efficacious treatments than those available in nonmedical settings, or provide services as a convenience to patients. Obstetrician–gynecologists who offer procedures typically provided by other specialists should possess an equivalent level of competence.

For the physician offering cosmetic services, the health, well-being, and safety of the patient must be paramount, and the obstetrician–gynecologist must be knowledgeable of the ethics of patient counseling and informed consent. Inquiries regarding cosmetic products, services, and procedures must come from the patient, and the patient should feel no pressure or obligation to purchase or undergo any cosmetic services. As many patients look to their physicians, often particularly their obstetrician–gynecologists, to define “normal” anatomy, behavior, or function, any unsolicited comments or innuendo could create a perceived need for alteration when none was considered previously. It is the responsibility of the obstetrician–gynecologist to engage patients considering cosmetic services in dialogue that supports the individual’s efforts to analyze and respond to societal or marketing pressures toward an often unattainable aesthetic ideal.

Special care must be taken when patients are considering procedures in an effort to enhance sexual appearance or function, as female sexual response has been shown to be an intricate process determined predominantly by brain function and psychosocial factors, not by genital appearance. Such procedures are not medically indicated, and their safety and effectiveness have not been documented.1 Greater data acquisition and dissemination are needed regarding the safety and outcomes of cosmetic procedures. These will further improve efforts to obtain informed consent and strengthen decision-making.

A synopsis of the report authored by ACOG’s Presidential Task Force on the Role of the Obstetrician–Gynecologist in Cosmetic Procedures is available upon request from the ACOG Resource Center.