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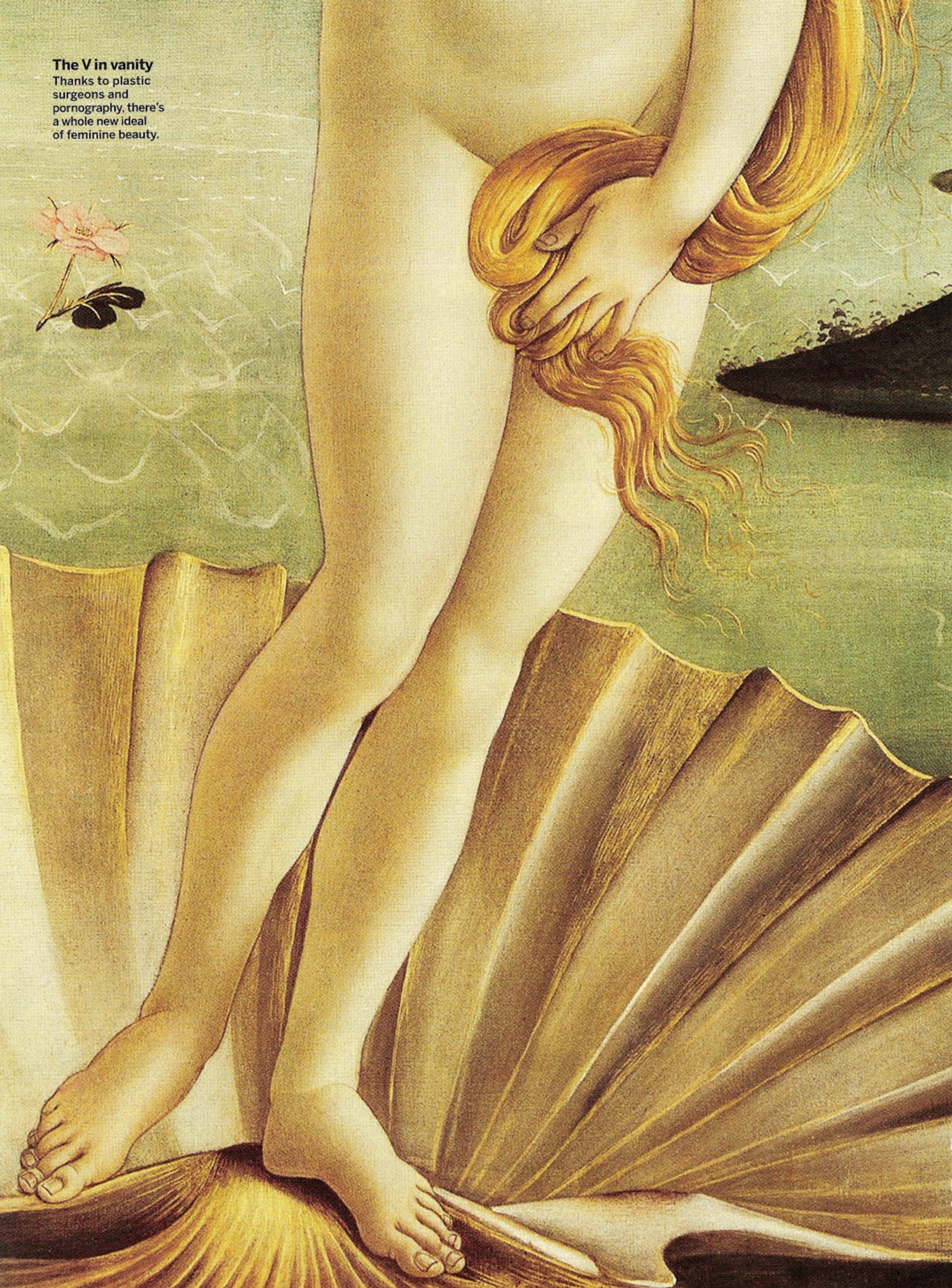


SELF YOU AT YOUR BEST

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The V in vanity
Thanks to plastic surgeons and pornography, there's a whole new ideal of feminine beauty.



surgery **where?**

Hoping to pump up their sex life, women are having cosmetic surgery on their most private parts. But not all of these procedures end well. SELF investigates a disturbing beauty trend. **By Jennifer Wolff**

David L. Matlock, M.D., stands poised before Rosemary Staltare's vagina, preparing to inject her G-spot with a dense dollop of collagen that will plump it to the size of a small stack of quarters. Through an opening in a plastic speculum of his own design, the gynecologist navigates a needle into Staltare's frontal vaginal wall, pumping it up with his "secret" variation of the substance that for years has been used to swell women's lips. Dr. Matlock, known for his appearances on the E! channel show *Dr. 90210*, insists that enlarging a woman's G-spot renders it more accessible and sensitive to the touch for a period of up to four months.

Staltare, a 33-year-old restaurant publicist who has had the \$1,850 procedure twice before for free—and is getting it gratis again today in exchange for letting me watch—couldn't agree more. "It's like having a mini-heartbeat in my crotch," she explains, a sensation that arouses her even during yoga and Spinning classes, or when she drives along bumpy roads. During sex, Staltare says, she has volcanic, multiple orgasms "like huge waves that keep lifting me higher and higher."

Can medical tinkering with your vagina really improve your sex life? That's the promise plastic surgeons and gynecologists are now aggressively marketing. Dr. Matlock, who practices out of his posh Laser Vaginal Rejuvenation Institute of Los Angeles on Sunset Boulevard, has developed his own handheld laser and has licensed his institute's name and techniques to some 170 doctors worldwide, about 60 of them in the United States. All of these gynecologists, urologists or

plastic surgeons have paid Dr. Matlock \$54,500 for a three-day course that includes training not only in the G-Shot but in other so-called sexual-enhancement procedures, including vaginal tightening, labia reshaping, liposuction of the mons pubis and reduction of the skin around the clitoris in pursuit of what anyone's guess is the vision of perfection. "Women want to have the best sexual experiences possible," Dr. Matlock says. "They want to look pretty in that area and not old and haggard just because they've had kids. If they look good, they feel good, and if they feel good, sex is better."

Unfortunately, there has been little scientific evidence published to substantiate these claims. In the case of the G-Shot, medical science has yet to confirm that the G-spot has any sexual powers in the first place. What is known is that a blob of tissue that may or may not have nerve endings running through to the clitoris may or may not be situated somewhere between the pelvic bone and the cervix along the frontal vaginal wall. Suggest any doubts to Dr. Matlock and he'll look at you as a 5-year-old might had you just swiped his favorite toy.

"Does God exist?" he asks, his voice tightening, his round brown eyes growing rounder. "Some people say no, but I know otherwise. The G-spot is absolutely real."

The G-Shot is just for fun. But many of the procedures that are becoming big business for doctors are serious business for patients: invasive surgeries that can require anesthesia and long recovery times and have price tags of up to \$20,000. (Unsurprisingly, insurance does not cover medically unneces-

What on earth is driving this trend? Vaginal surgery has long been performed on women to treat urinary stress incontinence or pelvic prolapse, when weakened muscles cause the uterus or other nearby organs to fall through the pelvic floor into, and sometimes out of, the vagina. (Both conditions can affect women after they bear children.) And gynecologists may recommend surgery if labia minora extend beyond 2 inches in length and cause discomfort during sex or exercise. But the procedures that today are growing more common have less to do with function than with form—how a woman’s genitalia look and feel as opposed to the way they work. In an unscientific poll of about 275 women at Self.com, more than 1 in 10 respondents said they’d consider surgery that made their private parts look and feel sexier. (On the other hand, 53 percent declared the idea “gross.”) “The cosmetic trend concerns me,” says Elizabeth G. Stewart, M.D., assistant professor of ob/gyn at Harvard Medical School and coauthor of *The V Book: A Doctor’s Guide to Complete Vulvovaginal Health* (Bantam). “There are bad reasons to do labial surgeries, and attempting to be pretty and homogenous is one of them,” she says.

The BJOG study attributed the attention toward all things vagina to the everyday, online availability of pornography that portrays “idealized, highly selective images” of female genitalia. And with Brazilian waxing and laser hair removal more routine, women simply see more of

nature.” Dr. Alter says he performs more than twice as many labiaplasties today as he did five years ago. “Doing these procedures on a hit TV show makes people aware that they are available to them,” he adds. “It’s become more acceptable.”

It has also become highly profitable. At a time when professional liability premiums are soaring and insurance reimbursements are dipping, aesthetic genital enhancements are a lucrative business indeed. Dr. Matlock charges between \$3,500 and \$9,000 for each laser vaginal surgery; a combination of procedures can cost as much as \$18,000. Or one can get Dr. Matlock’s trademarked Wonder Woman Makeover, which, for around \$45,000, includes the vagina overhaul plus breast implants, liposculpting and a “Brazilian butt augmentation.” In April, he began selling his G-Shot to colleagues in the United States, Europe, Japan and the Philippines for \$450 per injection. Doctors may then sell the shots to their patients for as much as \$1,850, a 300 percent markup. “Medicine is a business, and sex is what sells,” Dr. Matlock says.

Like the face, breasts and virtually every other visible body part, the previously hidden vagina has fallen into the grip of a cosmetic surgery culture in which just about any “imperfection”—both real and imagined—can be nipped and tucked into the perceived ideal, regardless of how unrealistic. “People never used to ask for these surgeries,” says Wendy Lewis, a cosmetic surgery consultant in New York and London who charges \$350

an hour to help clients decide which procedures and doctors are right for them. Lewis says her clients who request vaginal surgeries are often mothers

“Makeover television makes women ask, What more can I do?” a plastic surgery expert says. “Now they have **one more thing to be insecure about.**”

themselves—and one another—than they did before. The problem with searching for the perfect genitals is that there is no such thing, says Virginia Braun, Ph.D., senior lecturer in psychology at the University of Auckland in New Zealand and one of the world’s few experts in the sociocultural aspects of women’s genitalia. Like faces, no two vaginas are exactly the same. Women seeking to model their private parts, particularly their labia, after pornographic images are fixating on “one end of a very wide spectrum of genital anatomy, one that might have been altered by surgery or airbrushing,” Braun says. “Some women do naturally look like that, but the majority don’t.”

Dr. Alter—who, like Dr. Matlock, appears on *Dr. 90210*—argues that many women have long been uncomfortable with their labia, but until now didn’t know they could change them. “I’ve treated patients between the ages of 14 and 60 who cross every socioeconomic boundary, and all of them have been very self-conscious about how they look down there and won’t wear a bathing suit at the beach or shower in a communal setting,” he says. “Patients constantly tell me they don’t mention these issues to their regular gynecologists because they fear feeling trivialized and embarrassed. I get women who are so self-conscious, they wouldn’t have oral sex, and now they feel normal and not like a freak of

in their 30s or 40s who miss the feel of their pre-childbirth vaginas; a few are middle-aged women who are divorced or getting divorced and have younger boyfriends they worry about satisfying. “In the last two years, I’ve gotten many more requests. Makeover television makes them ask, What more can I do? Women are so insecure about everything; now they have one more thing to be insecure about.”

“I grew up with some of the same feelings a man with a small penis might have,” says Abby, a 31-year-old mother of two from Colorado Springs. Her labia were perfectly symmetrical, she says, but in her high school locker room days, she noticed that they were about a half inch longer than anyone else’s. After she married, she says, her anxiety eventually faded: “What I may have felt about my labia when I was 15 was not what I felt when I was 30.” Still, intercourse sometimes pulled the labia into her vagina, which was painful. In the spring of 2006, she raised the issue with her gynecologist, who, she says, “offered to make an appointment to scalpel them off right there in her office. That’s when I realized that these kinds of procedures were fairly common.”

Curious, she began to research the idea on the Internet, where she stumbled onto another intriguing possibility: laser vaginal rejuvenation to tighten her vagina. (continued on page 246)

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Surgery where?

(continued from page 241) "After two childbirths, my vaginal opening had gotten much bigger," Abby says. She could achieve orgasm, "but there wasn't as much friction. When I realized I could have the vagina of my early days, I thought, I'm going to love that; my husband is going to love that; this will be fun!"

Abby sought out a specialist, gynecologist John Miklos, M.D., of Atlanta, who offered to reduce her labia and tighten her vagina but was clear that neither surgery was medically necessary. When Dr. Miklos (who trained with Dr. Matlock) was done with her, Abby says, "my vagina had basically been restored to its virginal state." As for her labia, they "were icing on the cake...flat and flush and very juvenile-looking." Her recovery was longer and more painful than she expected—"much worse than when I had my gallbladder removed," she says. She knew

"People say these surgeries demean women," Abby says. "For me, it was **selfish.**"

she couldn't have sex for eight weeks after the surgery; what she didn't know was how uncomfortable it would be when that time was up. It took another two months of using a vaginal dilator before she could again have painless, "full, free-flowing penetration."

The pain was worth it, Abby says, as today with the increased friction "my sex life is definitely better. People say these kinds of surgeries demean women, but for me, it was completely selfish and self-serving. I don't get the controversy around this. If people don't want to get it done, they don't have it. But it's there for them if they do."

For now, it's impossible to know if vaginal surgery is more likely to improve a woman's sex life or devastate it. One person who would love to answer that question is Debby Herbenick, sexual health education coordinator at The Kinsey Institute for Research in Sex,

Gender and Reproduction at Indiana University at Bloomington. During the past several years, she has approached specialists in the field of cosmetic genital surgery about gathering patients to participate in a long-range study of sexual enhancement related to these surgeries. Not one has agreed. So far, the only studies are two surveys by Chilean doctor Jack Pardo Schanz, M.D., another graduate of Dr. Matlock's class. In surveys at the Clinica Las Condes in Santiago, he found that 90 percent of women who underwent vaginal tightening surgery said their sex life was either greatly or significantly improved. (He noted that the study had "several shortcomings." There was no control group; the results were based on subjective experiences; and the follow-up period was only six months.) Dr. Matlock says his patient surveys for the G-Shot show an 87 percent satisfaction rate, but he could not share details of his unpublished research with SELF.

"Surgeons insist most of their patients are very happy with the results," Herbenick says. But she wants to know who these women are and to follow up over time to learn what, if any, impact these procedures have on arousal, desire and orgasm. "Some women will say that it's easier for them to have an orgasm now or that they feel more aroused, more easily," she says. "But is that 5 percent of patients or 70 percent?"

Until there is medical proof, some doctors remain skeptical—and worried that cosmetic surgeons are profiting from women's insecurities by promising a physical cure for what may not be a physical problem. "There are women who think that if they have a tighter vagina, their husbands will come back," says Stephen B. Young, M.D., president of the Society of Gynecologic Surgeons in Germantown, Tennessee. Dr. Young has operated on women whose long labia interfere with daily life, but he draws the line at performing such surgeries for purely aesthetic reasons or tightening relaxed vaginas solely for sexual enhancement. "Very commonly, men and women have issues that don't allow them to have a good sex life," Dr. Young says. "Rarely do these problems have anything to do with the size or shape of the woman's vagina." ■

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