

Hymenoplasty – how to do

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Introduction

Hymenoplasty is required to restore the hymen if torn before marriage. Nowadays hymenoplasty is also requested by some females at their 25th anniversary to be enjoyed as re-virgin. However academic literature has not given much details about hymenoplasty. We have found one report [1] which has just described, in not very descriptive manner and without photographs, procedure to do hymenoplasty.

Material and method

We have done hymenoplasty in nine girls over a period of 10 years. All of our patients were unmarried girls over the age of 21 years. Eight of the females were accompanied by their parents and one girl was accompanied by her boyfriend and fiancée. The history was taken and all patients were explained that absence of hymen is not a sign of lost virginity; and same is true for bleeding on first night. But all of the girls and their accompanying persons were firm to get the hymenoplasty done.

Technique

Whenever hymen is torn a few remnants of the torn hymen at the vaginal orifice are always found. Usually two or three

big remnants are present. The procedure was done in local or general anaesthesia as per wish of the patients. In three patients it was done in local anaesthesia and in remaining in general anaesthesia. The patients were placed in lithotomy position. Area was prepared and under magnification two or three remnants were selected (Fig. 1). The remnants are usually in an inverted V shape. The margins of V were freshened of all remnants. Then the freshened margins of all remnants were stitched together in two layers using 5–0 vicryl on cutting needle. Inner layer of one remnant was stitched to inner layer of other remnant and outer layer was stitched to the outer layer (Figs. 2, 3). It immediately gave a continuous fold like structure similar to hymen and did not leave behind any scar of any kind. If there are many small remnants, few may be left unstitched. Neosporine ointment was applied over the suture line and no dressing was given. Post operatively patients were advised to clean the area with warm water and apply the ointment. No dressing is required. For pain, analgesic tablets are enough as there is not much pain. For 5 days combination of metronidazole and ofloxacin is given.

Discussion

Genital plastic surgery for women has come under scrutiny and has been the topic of discussion in the news media, online and in medical journals. In the absence of measurable standards of care, lack of evidence-based outcome norms and little standardisation either in nomenclature or training requirements, concern has been raised by both ethicists and specialty organisations [2].

The celebration of bloody sheet, portrayed in popular cinema, is based on strong religious and cultural beliefs. The Koran states that a bride has to be a virgin, and according to the custom a woman found on her wedding night to have

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been “Touched” brings shame to her family. Consequences include divorce to death [3].

Consequently young women go to great lengths to get their hymen repaired. However it is illegal in most Arab country [3]. But now a days many females request hymenoplasty not for fear of being discovered as unchaste but to be a virgin before marriage and many a times with the consent of their would-be husbands. Same is true for females opting for hymenoplasty at 25th anniversary to enjoy revirgination.

Hymenoplasty should not be confused with female genital mutilation – previously known as female circumcision. Unlike FGM hymenoplasty is performed on women who have reached the age of consent and who request the surgery themselves, therefore the medical, ethical and human rights arguments against FGM are not extendable to revirgination as it is another cosmetic surgery like mamoplasty, etc. [4].

Simplest technique of hymenoplasty described uses catgut sutures to approximate hymen remnants with in-

corporation of gelatin capsules containing blood-like sub-stances which burst on intercourse [5]. Recently from Taiwan a new cercelage method of hymenoplasty has been described [6].

In western society and in India hymenoplasty is legal. The concept of deception is not relevant. This operation is done for the woman, and the principle of confidentiality is as old as medicine itself. But factors such as sporting activities and use of tampons mean that bleeding with first sexual intercourse is not essential [7]. An intact hymen was seen in only 57% of virgins in previous reports.

The role and need of hymenoplasty is debatable. However it is definitely justifiable in certain circumstances, when the woman would otherwise suffer disgrace or worse. More important, however, young women and more particularly males and their families require appropriate sexual education about their adherence to the “Bloody sheet theory”.

Irrespective of the scientific and ethical controversies, demand for hymenoplasty is ever increasing. Hundreds of doctors advertise about their hymenoplasty services over internet. Unfortunately none of them ever show the results of the procedure. Are they doing hymenoplasty or just tightening the vaginal orifice, is not known. It would be appropriate to undertake scientific studies on hymenoplasty before accepting or condemning it. Specifically trained specialists should offer hymenoplasty to their clients should it be necessary. Otherwise, the needy women will be forced to get the procedure done by unqualified persons. Contraindications to this operation such as female sexual dysfunction, mental impairment and body-dysmorphic disorders should be emphasized before embarking upon this procedure. Women demanding such procedures should be made aware that, although they may wish to cosmetically or physically alter their external genitalia, this does not mean that they are structurally abnormal.

Conflict of interest The author does not have any disclosable interest



Fig. 1 Ruptured hymen showing remnants



Fig. 2 Hymenoplasty done on left side

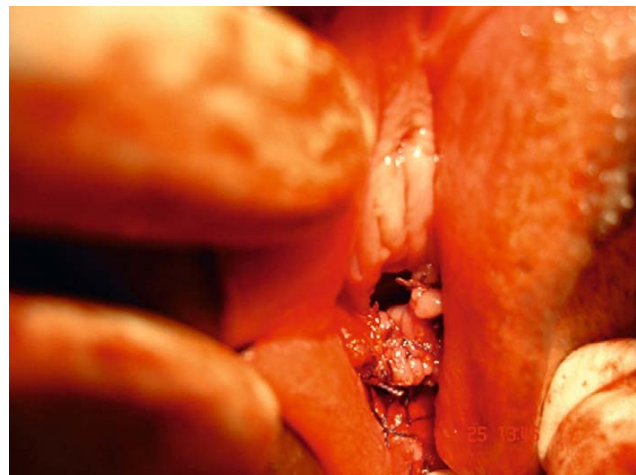


Fig. 3 Completed hymenoplasty

References

1. Longmans A, Verhoeff A (1998) Who wants the procedure and why? *BMJ* 316:459–460
2. Goodman MP (2009) Female cosmetic genital surgery. *Obstetric Gynec* 113:154–159
3. Kandela P (1996) Egypt's trade in hymen repair. *Lancet* 347: 16115
4. O'Connor M (2008) Reconstructing the hymen: Mutilation or restoration. *J Law Med* 16(1):161–175
5. Sara Paterson-Brown (1998) Commentary: Education about the hymen is needed. *BMJ* 316:461
6. Ou MC, Lin CC, Ou D (2008) A cerclage method for hymenoplasty. *Taiwan J Obstetric Gynecol* 47(3):355–356
7. Emans SJ (1994) Hymeneal findings in adolescent women. *J Pediatric* 125:153–160