Preface

Cosmetic Procedures in Gynecology

This issue describes cosmetic procedures that can be incorporated into gynecologic practice successfully by additional education and training that is readily available through credible post residency educational programs. While it is recognized that typical post graduate training in obstetrics and gynecology does not provide adequate preparation for the inclusion of cosmetic therapies into safe, quality practice, many obstetricians/gynecologists also recognize that there is not only demand by patients, but also other compelling reasons to consider including these procedures into their scope of practice. In addition to a rapidly growing consumer demand, there are other issues that may affect the obstetrician/gynecologist’s decision to learn and provide these treatments, including an ever-expanding unfavorable medical legal climate in providing traditional obstetric and gynecologic services, and the enhanced ability to provide economic sustenance to one’s practice.

The scope of practice for the obstetrician/gynecologist has historically included more than reproductive health care, as practitioners have treated such conditions as adolescent pustular acne, hirsuitism, scalp hair loss, and a variety of minor, but unsightly skin lesions. Although the American College of Obstetricians and Gynecologists does not define for the practitioner what her or his scope of practice should be, cosmetic therapy per se is not necessarily excluded provided that the provider has adequate training and experience and functions within an acceptable ethical framework.1,2

It would be naïve to assume that financial incentive is not taken into account by the practitioner in considering this type of practice, as consumer demand, industry incentives focused on new devices, and the prospects of a “cash-only” revenue stream have much appeal at a time of diminished revenue through third-party payers. Financial gain
itself should not condemn the practice of cosmetic therapy; as long as proper ethical boundaries are maintained within the context of patient-generated inquiries into these treatments, therapeutic outcomes are excellent, and patient safety is held paramount.

This issue does not deal with “genital aesthetic surgery,” as these procedures are of unproven benefit and remain on the fringe of accepted gynecologic practice. The rigor by which these procedures have been assessed remains suspect, and the training required to attain the required skills has not been openly codified.

I wish to thank the contributors to this issue as respected practitioners within their academic- and community-based institutions. Each has extensive experience in their fields and has written about the subjects presented, while teaching others their skills in a selfless manner. Some are obstetricians/gynecologists by training bringing credibility to the specialty while expanding the boundaries of practice in the health care of women.

Douglas W. Laube, MD, MEd
Department of Obstetrics and Gynecology
University of Wisconsin School of Medicine and Public Health
Madison, WI 53715, USA

E-mail address: dwlaube@wisc.edu

REFERENCES