

Identifying Negligence in Cosmetic Gynecology

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Thank you, the Synergy Congress company from Canada, for inviting me to present this lecture for both groups, medical experts and medical malpractice attorneys.

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Female genital cosmetic surgery is a new field and on the rise. Unfortunately, this type of surgery also escalates severe surgical complications that cause women to suffer from persistent and severe pain or sexual dysfunction or both. In many instances, surgeons put esthetic operations ahead of the function of the particular anatomical structure. Additionally, in most instances, there are ill-designed cosmetic-plastic gynecologic surgical techniques. The next identifiable issue is selecting appropriate surgical interventions and avoiding one-fits-all surgical procedures for cosmetic gynecology. The selection of surgical intervention goes hand-in-hand with a proper understanding of the female external genital anatomy.

The most severe complications result from inappropriate patient selection, wrong surgical technique implementation, and the skill of surgeons. Negligently performed genital cosmetic procedures will result in difficulty sitting, walking, exercising, sexual intercourse, and daily routines. The most severe complications include peripheral nerve injury with pain at the surgical site (neuropathy) or neuralgia, also known as referred pain or refractory pain in the distant area from the surgical site. Attorneys must connect symptoms with negligently performed cosmetic surgeries. They are identifying a medical expert based upon solo of his/her credentials which are often deceptive—establishing the link between neuropathy or neuralgia and female genital cosmetic surgery is demanding for experts because neuralgia associated with cosmetic gynecologic surgeries is a new medical phenomenon. For some women, those complications were so severe that they had committed suicide. Furthermore, injury to the perineal body (structure located under the posterior-distal vaginal wall) can lead to urinary or fecal incontinence or both.

For over twenty years, I have been conducting clinical-scientific research on female genital cosmetic-plastic surgery, including corrective surgery for botched operations. Additionally, I have done a clinical study on implementing the gross, topographic, functional, and surgical anatomy to cosmetic gynecologic surgery. I have published these studies' results in midstream and prestigious medical journals. Those scientific-clinical articles and my CV are available free on the websites www.cosmetic-gyn.com and www.f-sui.com.

In my experimental research on female genital anatomy, I discovered six new structures within a female's genitalia. Unfortunately, in most instances, current surgical concepts are not utilizing these fundamental anatomical findings. As a result, the authors of the new surgical techniques are not using these discoveries, which causes ill-designed concepts for esthetic gynecology and severe complications from these operations. Unfortunately, practitioners implement these experimental surgeries without explaining the nature of experimental cosmetic surgeries in their informed consent. Additionally, surgeons do not seek approval from the Institutional Review Board (IRB) or Ethics Committee for a particular procedure. Such complications are avoidable when the anatomy is understood!

Practitioners published their low-quality clinical articles on new surgical interventions in little-known open journals. In January 2020, the American College of Obstetricians and Gynecologists (ACOG) issued an opinion about one most popular articles and classified this publication as marketing literature and not a scientific-clinical one. Manuscripts for medical textbooks are not subjected at all to the same rigorous review as scientific articles. Therefore, practitioners take advantage of this policy and publish surgical books without any independent assessment of quality, objectivity, creativity, and appropriate transparency (NIH scientific integrity definition). When scientific-clinical articles conflict with authors' views on the topic, they omit those data. Currently, substandard books about cosmetic-plastic gynecologic surgical practices are available worldwide, and this situation has profound consequences for women's health and teaching.

Medical malpractice attorneys face a dilemma regarding legal advice regarding cosmetic gynecologic cases since it is a new and unique medical field. My research can assist in resolving this problem. **First**, my study shows a breach of the standard of care in applying fundamental principles of cosmetic-plastic surgery and female genital anatomy (the gross, topographic, functional, and surgical anatomy) into the surgical practice when performing cosmetic-plastic gynecologic surgery. **Second**, my studies demonstrate that surgeons depart from adequate patient

selections and providing inappropriate postoperative care. *Third*, my research shows that an expert must perform a clinical examination of a woman seeking legal advice to document the injury or damage. After such a medical examination, an expert may disclose clinical findings without violating a woman's privacy. The clinical evaluation should include esthetic and functional testing of external genital structures (the pubic mons, the front and back fusion of the labia majora [the hairy labia or thick labia], clitoral prepuce [the clitoral hood or clitoral foreskin], and its opening, clitoral frenulum, labia minora [thin labia], frenulum of the labia minora [the fourchette], fossa navicularis, labia majora, and their anterior-posterior commissures, and the posterior perineum [the crotch]). The relationship between these structures is critical to the female external genitalia appearance and overall health. However, deceptive practice, teaching, and marketing still are widely spread. For example, the practitioners marketing vagina cosmetic surgeries, and the vagina is an internal organ. A cosmetic procedure can not be performed on internal anatomical structures or organs because it will be against cosmetic surgery's principles and definition. However, reconstructive surgeries can be executed on the internal structures, including the vagina.

In 2007, the American College of Obstetricians and Gynecologists (ACOG) presented its opinion and determined that most marketing literature on websites about cosmetic-plastic surgical practice and teaching are deceptive. Furthermore, ACOG demonstrated that practitioners adopt traditional gynecologic operations, changed the procedure's name by introducing phrases or slogans such as vaginal rejuvenation, designed vagina, vaginoplasty, labioplasty, minoroplasty, Barbi cut, e.t.c.; however, those who published these slogans have never described the basic concept of these surgical techniques. Nevertheless, practitioners are still using these slogans for marketing, practice, and teaching.

In summary, Ostrzenski's research can help medical experts focus on the case's facts and their appropriate interpretation to assist attorneys in developing a structured methodology for a medical malpractice case. Ostrzenski's clinical-scientific research on cosmetic-plastic gynecology can assist attorneys in developing a medical malpractice case, preparing summary judgment motions, affidavits, declarations, stipulations, cross-examinations, and present a claim to the jury.