

## Our Experiences with Vulvar Whitening/Lightening

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**Abstract:** Treatments for whitening body parts are pretty standard today. These "Whitening" or "Lightning" processes are often applied in the vagina, vulva, perianal area, bikini area, and knee/elbow areas. With the vulvar bleaching treatment, the sexual life quality of individuals who increase their self-confidence also increases. This study it is aimed to share our experience regarding vulvar whitening procedures performed in our clinic. **Materials and Methods:** This study was carried out on women who applied to a gynecology and obstetrics clinic in Turkey. A total of 38 women were included in the study. Our team carried out the vulvar whitening process entirely in our clinic. The application was made as recommended by the manufacturer. Sexually transmitted infections, genital warts, and dermal hypersensitivity status were not included in the study. The participants' age, marital status, birth, and sexual activity characteristics were presented as descriptive statistics. **Results:** The average age of the participants is 33.2. The youngest participant is 19 years old, while the oldest participant is 51 years old. Eighteen of the participants are single, and the number of married participants is 20. Sixteen of the participants had given birth at least once before. Two participants have no sexual experience. They were single and stated that they were delighted with the result. When the participants were asked to evaluate the application results, eight participants stated that they were less satisfied with the result, and two participants stated that they were satisfied. The number of participants who stated that they were delighted with the application results was 28. **Conclusion:** Perception of the ideal female external genitalia or ideal vulvar appearance differs between countries. The desired appearance by the country affects the methods used by obstetricians and aesthetic surgeons. Today, women care about the appearance of their external genitalia. For many women, the quality of their sex life depends on it. When it has external genitalia in ideal appearance, it increases women's self-confidence.

**Keywords:** Vulvar, Whitening, Lightning.

### INTRODUCTION

Today, body parts whitening treatments are quite common. These "Whitening" or "Lightning" processes are often applied in the vagina, vulva, perianal area, bikini area, and knee/elbow areas. The most common application area is the vulva (Vieira-Baptista, P. *et al.*, 2018).

Vulvar whitening (Vulvar Whitening or Vulvar Lightening) describes the whitening of the vulva by removing the hyperpigmented appearance of the vulva with chemical substances or the CO<sub>2</sub> fractional laser method. Whitening treatments are one of the genital aesthetic procedures and are a kind of peeling process. Over time, due to various reasons, discoloration, darkening, and regional staining may occur in the labia majora located in the vulva region. Genital area bleaching treatments give satisfactory results in solving this problem (Wilkie, G. *et al.*, 2018).

Vulvar hyperpigmentation can be caused by shaving, fabric friction, childbirth, hormonal factors, or aging. In addition, infections can result from medical conditions such as contact dermatitis, chloasma-melasma, ichthyosis, or sexually transmitted diseases. There are some indications for vulvar bleaching treatment. At the beginning of these are women's demands for a more qualified sexual life. With the vulvar bleaching treatment, the sexual life quality of individuals who increase their self-confidence also increases. Among other indications:

Being part of a dark-skinned ethnic group,  
Dissatisfaction with physical appearance,  
Loss of sexual desire due to dark skin,  
There are color changes caused by birth, scars,  
hormonal color changes, and aging (Malhotra, V. *et al.*, 2020).

Removing the hyperpigmented appearance of the vulva with chemicals is one of the most frequently used methods. In this process, powerful agents that act on epidermis and dermis levels are used. The epidermis is shed at the end of the application, and new collagen formation is stimulated. There is no discrimination between men and women and no age restrictions in practice (Hall, R.E, 2021).

This study it is aimed to share our experience regarding vulvar whitening procedures performed in our clinic.

### MATERIALS AND METHODS

This study was carried out on women who applied to a gynecology and obstetrics clinic in Turkey. A total of 38 women were included in the study. Our team carried out the vulvar whitening process entirely in our clinic. Happy intim peel (Skin Tech Pharma Group SL) brand chemicals were used for the procedure. The application was carried out as recommended by the manufacturer.

According to this:

First of all, the area to be treated was cleaned as a precaution for possible infections, The application area is divided into three zones, Chemicals were applied to each zone with oval movements, The applied chemical waited for drying, and the result was observed, The application area was protected from direct sunlight for a week. If necessary, the application was repeated one week later.

No contraindications for the application used by the manufacturer have been reported. However, the researchers did not apply to participants with sexually transmitted infections, genital warts, and dermal hypersensitivity conditions. Similarly, patients with any impairment such as kidney, liver, heart, and Diabetes Mellitus patients were not included in the study in line with the manufacturer's recommendations. Children under 18 were not included in the study due to insufficient data.

The chemicals used in our research are combinations of several different acids and phenols. Phenol has been added to the combination for its anesthetic effects and secondarily for its antiseptic effect.

The application results were evaluated between two and six months after the application. For the evaluation, the participants' statements were taken as a basis. The satisfaction levels of the participants from the application were determined, and these constituted the basis of the evaluation. The four-month period for evaluation varies depending on the baseline skin conditions, anatomical configuration, age, and health of the patient.

The participants' age, marital status, birth, and sexual activity characteristics were presented as descriptive statistics. While the age variable is the mean, the smallest, and the highest, marital status is given as married/single, birth and sexual activity characteristics present/absent. The presence of polycystic ovary syndrome (PCOS), the cause of vulvar darkening, was also examined. The participants' complaints were questioned before the procedure to determine the reasons that triggered their vulvar bleaching demands. It was determined that all participants complained of vulvar darkness.

For this reason, the participants' complaints were not included in the statistical analysis. At the end of the process, the satisfaction levels of the participants were examined, and the feedback received was classified as less satisfied, satisfied, and very satisfied. No participant stated that they were not satisfied with the application.

The participants' data were used in the study with the participants' permission. Participation in the study was based on volunteerism. All participants were informed about the study.

Analyzes were made in SPSS 22 statistical program. The Chi-square test was used in pairwise comparisons. A p value less than 0.05 was accepted as the statistical significance limit.

## RESULTS

The average age of the participants is 33.2. The youngest participant is 19 years old, while the oldest participant is 51 years old. Eighteen of the participants are single, and the number of married participants is 20. Sixteen of the participants had given birth at least once before. Two participants have no sexual experience. Two of them are single one is 19, and the other is 29. Both participants stated that they were delighted with the result.

Nine of the participants are PCOS patients. Only one of the PCOS patients is married, and the others are carers. None of the singles gave birth. There is no one among PCOS patients who is not satisfied with the application results. Two participants stated that they were satisfied, and the other seven participants were delighted.

When the participants were asked to evaluate the application results, eight participants stated that they were less satisfied with the result, and two participants stated that they were satisfied. The number of participants who stated that they were delighted with the application results was 28.

Descriptive and other statistical parameters of the participants are presented in table 1, and pairwise comparisons are presented in tables 2, 3, and 4. As a result of the pairwise comparisons made with the chi-square test, it was determined that the satisfaction levels of the participants were not statistically significant in terms of the variables they were compared ( $p > 0.05$ ).

**Table 1:** Descriptive and other statistical parameters

		Count (%)
<b>Civil Situation</b>	Married	20 (52,7)
	Single	18 (47,3)
<b>PCOS</b>	Yes	9 (23,7)
	No	29 (76,3)
<b>Delivery</b>	At least One	16 (42,1)
	No	22 (57,9)
<b>Coitus</b>	Yes	36 (94,7)
	No	2 (5,3)
<b>Satisfaction</b>	Less Satisfied	2 (5,3)
	Satisfied	8 (21,0)
	Delighted	28 (73,7)

**Table 2:** Analysis of the satisfaction levels of the participants according to their marital status

Civil Situation	Delighted	Less Satisfied/Satisfied	$x^2$	p
Married	13 (48,0 %)	5 (50,0 %)	8.725	<b>0.2</b>
Single	15 (52,0 %)	5 (50,0 %)		
<b>Total</b>	28 (100%)	10 (100%)		

**Table 3:** Analysis of the participants' satisfaction levels according to the number of births

Delivery	Delighted	Less Satisfied/Satisfied	$x^2$	p
At least One	12 (42,8 %)	4 (48,0 %)	10.25	<b>0.5</b>
None	16 (57,2 %)	6 (52,0 %)		
<b>Total</b>	28 (100%)	10 (100%)		

**Table 4:** Analysis of participants' satisfaction levels according to the presence of PCOS

PCOS	Delighted	Less Satisfied/Satisfied	$x^2$	p
Yes	7 (25,0 %)	2 (20,0 %)	19.62	<b>0.09</b>
No	21 (75,0 %)	8 (80,0 %)		
<b>Total</b>	28 (100%)	10 (100%)		

## DISCUSSION

Perception of the ideal female external genitalia or ideal vulvar appearance differs between countries. The desired appearance by the country affects the methods used by obstetricians and aesthetic surgeons. Aesthetic operations on female external genitalia have increased significantly after 2015. Today, many women care about the appearance of their external genitalia. For many women, the quality of their sex life depends on it. When it has external genitalia in ideal appearance, it increases women's self-confidence. The expression "perfect external genitalia" represents an important area in the concept of female beauty. It was emphasized that physicians should inform their patients about possible complications arising from procedures in this area and other details on this issue, and a study on this issue was published in 2012 (CSNDBS, 2017; Iglesia, C.B, 2012).

Discussions about the fact that genital aesthetic procedures do not have medical indications and are unnecessary are left behind. Professional

organizations in different geographies of the world support these processes, as their contribution to women's self-confidence cannot be denied. When the American College of Obstetricians and Gynecologists, one of the leading gynecology associations, evaluated the genital aesthetics issue for the first time in 2007, he stated that the procedures related to the subject are procedures that do not have sufficient medical indications and have not been adequately researched. However, after the committee's announcement, extensive evidence-based studies were published in 2011 on the effectiveness and safety of these procedures. Confidence in genital aesthetic procedures supported by these evidence-based studies has increased, and it has been emphasized that the recommendations of the commission mentioned above do not comply with scientific norms (ACOG, 2007; Ostrzenski, A, 2011).

The Canadian Association of Obstetricians and Gynecologists declared that it supports genital cosmetic surgery in its policy statement. It

recommended a review of the medical, sexual, and gynecological histories of patients requesting genital cosmetic surgery. He also wanted the patient to be informed about normal variations in genital appearance, physiological changes that develop with aging, and the unpredictability of changes during pregnancy and menopause (SOGC, 2013).

The UK-based Royal College of Obstetricians and Gynecologists has published ethical evaluations on female genital plastic surgery. Within the scope of the published evaluations, it was emphasized that female genital aesthetic procedures should not be performed before the age of 18 (RCOG, 2013).

The Human Reproductive Ethics Committee of the International Federation of Gynecology and Obstetrics published a report in 2015 that regulates the relations of surgeons working in cosmetic gynecology with patients requesting cosmetic gynecology procedures. The report states that patients requesting cosmetic gynecology procedures should be informed about the differences between these procedures without medical indications and therapeutic, surgical procedures. In the report it published, the committee draws attention to some issues regarding those who request aesthetic procedures. Accordingly, those who request aesthetic procedures should be informed about biological variations, evaluated regarding body dysmorphic disorder and other mental problems, and the surgeons performing the surgery should have competent skills in this field (Figo Committee, 2015).

When the results obtained in our research are examined, it is seen that our country is also affected by the genital aesthetic movement that surrounds the world. It is noteworthy that among our participants, besides 19-year-old young women, there are also 51-year-old women approaching menopause. There are married participants and single participants in the research, and there are women who have given birth and those who have never given birth.

It is understood from the features listed above that the genital aesthetic demand does not come from a group of women with specific characteristics. It has entered a process where such demands come from all socio-demographic layers of society. The data obtained from the statistical analyzes also confirm these inferences. The analyzes confirm that the participants were not unique in terms of

any variable. Participants showed a homogeneous distribution, not numerically stacked in any variable.

As a result, women want to feel better and renew their self-confidence by making their appearance more attractive. Unless there is a medical contraindication, refusing these innocent and reasonable requests will mean rejecting the psychological dimension of the issue and will result in losses rather than gains.

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