Where would we be without the internet? What did we do before we could order our groceries or a new pair of shoes online and have them delivered to our door? How did we trawl for objects that we didn’t even know we wanted until we were outbid? While the internet has brought with it many advantages it also has its downsides, specifically in the way that it perpetuates misinformation.

In this edition we cover several topics that have not necessarily benefited from the digital age. The first is genital cosmetic surgery (GCS). It seems the proliferation of soft porn images on the internet featuring women with tidy lady bits has led to women questioning the appearance of their genitals. Consequently, there has been an increase in women undergoing GCS such as labiaplasty and vulvoplasty in the last decade. Read our article on GCS surgery to see the type of procedures available and what is normal in terms of female genitals.

Secondly, we answer a common question from women about the human chorionic gonadotropin (hCG) hormone level in pregnancy. Women’s concerns about their hCG levels are often generated by what they read online. Previously women would wait for their healthcare provider to interpret their hCG levels. However, today it is not uncommon for women to post their hCG level on a pregnancy blog or forum and ask advice from other women. While some responses are helpful, some are inaccurate and have the potential to cause women unnecessary anxiety about their pregnancy.

The sheer amount of online information can be overwhelming for women. Without a good awareness of the sources, women can access information that is unreliable, out of date or not relevant to their geographical location (ie., treatments not available where they live). In addition much of the information online is produced by those with commercial interests and, therefore, can be biased or even misleading.

For quality health information women can visit our website at www.womhealth.org.au. The website was recently redeveloped to provide a user friendly homepage grouping information into conditions, pregnancy and parenting or healthy lifestyle related topics. Alternatively, women can access the federal government health portal www.healthinsite.gov.au.

If women are confused or worried about something they have read online about their health, they can also contact the Health Information Line on 3839 9988 or 1800 017 676 (toll free outside Brisbane).

This month has also seen the continuation of our Looking After You seminars where prospective mums and dads can find out what to really expect when they bring home a new baby. See our website for more details and for future bookings.

Kirsten Braun
Editor
Women in Queensland are being encouraged to apply for a Personally Controlled Electronic Health Record (eHealth record). A Federal Government initiative, the eHealth record is an online summary of your health information.

**How does it differ from current medical records?**

Under the current system, each time a woman visits a doctor, hospital or other medical facility her health information is stored in separate files, with little connection to each other.

The eHealth record, however, places all files/records on a nationally linked database, allowing women and their nominated healthcare providers to view, upload and share their health information. It is a simple and effective way of keeping health information in the one place. It allows women to record their allergies, medications and treatments, keep their own notes and track their progress.

**What information will the eHealth record contain?**

The eHealth record can contain information on:

- Your current medications
- Your current conditions / diagnoses
- Your allergies
- Your immunisations

As the system develops, more information can be added by nominated healthcare providers, such as your doctor, allied health professional, pharmacist or specialist.

**What are the benefits of registering for the eHealth record?**

It is not uncommon for women to visit a number of doctors. They may have one doctor for female related health issues (eg., Pap smears, contraception) and another for ailments such as the flu or a sprained ankle. Similarly, women may visit a doctor near their workplace during the week but one closer to home on the weekend. The eHealth record enables women who attend several doctors to have all their medical information stored in the one place.

The eHealth record can also be very important in an emergency situation. If you were hospitalised following an accident or a severe allergic reaction, for example, your health information would be available to hospital staff, ensuring they have your key medical history to help them make the best decisions regarding your healthcare.

**Is the eHealth record private and secure?**

The importance people place on their privacy and security of personal information is understandable. The Australian Government has developed strict security measures and regulations to protect privacy. When women sign up for an eHealth record they are provided with a login and password to access their eHealth record. They are able to control what information is stored and who they want to share the information with. Women are also able to see an activity history of their eHealth record, showing when anything has been added or removed and who has accessed it. A healthcare professional can only access an eHealth record with a person’s permission. If a woman believes at any time that her eHealth record has been accessed inappropriately they can contact the helpline on 1800 723 471.

**Registering for your eHealth record**

To obtain the eHealth record women need to register. Women can register in one of several ways:

- Online at www.ehealth.gov.au
- In person by visiting your nearest Medicare Local (see www.medicarelocals.gov.au) or a Department of Human Services centre that offers Medicare services (http://humanservices.findnearest.com.au/)
- Over the phone by calling 1800 723 471.

**What are the benefits of registering your children?**

Keeping track of your baby’s or young child’s health information can be challenging.

You can register your children for an eHealth record, so you and your healthcare providers are able to access their health information when needed, even if they get sick in the middle of the night.

Registering your child for an eHealth record also makes it easier to keep track of important details, such as whether their immunisations are up to date, what tests they have had, and any allergies or adverse reactions to medication. This information is also vital for the healthcare providers involved in your child’s care.

In addition, the eHealth record features a child development function for parents to record information such as head circumferences, height, weight and observations about their child’s personal growth and development.

An eHealth record is designed to store more and more information as your child grows, making sure their key health information is kept up to date, and setting them up for a lifetime of better connected healthcare.
What is genital cosmetic surgery (GCS)?

There are several procedures that come under the term GCS. They include:

**Labiaplasty** – This involves surgery to the labia minora (inner lips) and less frequently, the labia majora (outer lips). Labiaplasty of the labia minora is the most commonly performed GCS procedure. It generally involves reducing the size of the inner lips so they do not protrude below the outer lips. It is also used to correct asymmetry of the lips, where one lip is significantly different in size/length to the other. Some women have labiaplasty because their labia cause them chafing, irritation and also limit their participation in activities such as bike riding. However, many women also undergo labiaplasty because they are embarrassed about the appearance of their labia.

**Vaginoplasty** – This involves tightening the inside of the vagina and the vaginal opening by removing excess tissue from the vaginal lining. It effectively results in a vagina with a smaller diameter. Vaginoplasty is often promoted as a solution for women who have experienced a loss of vaginal tone due to childbirth. It is also referred to as ‘vaginal rejuvenation’.

**Hymenoplasty** – This procedure reconstructs the hymen (the thin membrane of skin that partially covers the vaginal entrance in a virgin). The edges of the torn hymen are reconnected so that when sexual intercourse takes place the membrane will tear and bleed. While hymenoplasty is predominantly performed for religious or cultural reasons, it is also being promoted as ‘re-virgination’, for women who want to give their partner the ‘gift’ of their virginity.

**Labia majora augmentation** – This procedure seeks to plump up the outer lips by injecting them with fatty tissue taken from another part of the woman’s body.

**Vulval lipoplasty** – This procedure involves the use of liposuction to remove fat deposits from the mons pubis (the pad of fatty tissue covered by pubic hair). This results in the mons pubis being less prominent.

**G-spot augmentation** – This procedure involves injecting a substance such as collagen into the G-spot in order to enhance its size and, therefore, theoretically also a woman’s sexual pleasure. The effects will last 3-4 months on average after which the procedure needs to be repeated.

**Clitoral hood reduction** – This procedure involves reducing the hood of skin which surrounds the clitoris, exposing the glans (or head) of the clitoris that lies underneath. A clitoral hood reduction is aimed at providing more stimulation, therefore, heightening a woman’s sexual pleasure. The procedure is also known as hoodectomy.

Who is having GCS?

There has been an increase in the number of women having GCS in the last decade. Medicare claims for vulvoplasty and labiaplasty jumped from 707 in the 2002/03 financial year to 1,588 in the 2012/13 financial year. Medicare statistics do not include women having their surgical procedures in the private health system so the true number of GCS procedures is likely to be higher. In November 2012, a cap was placed on the Extended Medicare Safety Net (EMSN) for vulvoplasty and labiaplasty. Essentially this means that the Medicare benefit amount that women can claim for these items is now capped, regardless of the fee charged by the doctor. It will be interesting to see what effect this change has on the number of procedures being carried out.
Why are more women seeking GCS?
The rise in numbers of women having GCS is in some part due to a greater awareness of the available procedures. There is a wealth of information about GCS on the internet and major women's magazines have also featured articles on the topic. Similarly, many surgeons advertise GCS services on the internet and in other publications. While more women know about GCS, this doesn’t explain why more women feel the need to have it. What is causing women to modify their genitals?
The rise in popularity of Brazilian waxing appears to be one reason why GCS is on the rise. Removing the vast majority of pubic hair means that the genitals are less camouflaged and women are more aware of their appearance. Increased exposure has led women to feel more self-conscious about their genitals and worried about whether they are ‘normal’.

How the female genitals appear in pornography has also been given as a reason why women are pursing GCS. Professor Ajay Rane, an urogynaecologist recently remarked to Australian Doctor that GCS was “promulgated by internet pornography – it’s promoting a false idea of what genital anatomy should look like.”

In order for an adult magazine to be classified as ‘unrestricted’ and, therefore, sold on the shelf in a newsagent, a woman’s genitals must be ‘discreet’. Women’s genitals are, therefore, typically airbrushed so that the labia minora are not visible, often resembling those of a pre-pubescent girl. The internet has meant that women are more likely to encounter pornographic images and inevitably they may find themselves comparing their own genitals to those of the women featured.

What is normal?
Many women who consider having GCS actually have genitals that are in a normal range. A study published in the International Journal of Obstetrics and Gynaecology in 2011, for example, found of the 33 women requesting a labiaplasty, all actually had normal sized labia minora. Knowing what is normal, therefore, is important in any woman’s decision to explore GCS. Patients who request a labiaplasty in Professor Ajay Rane’s clinic are firstly shown some 300 images of women’s genitals as a way of demonstrating the natural variation.

The female genitals vary greatly in their colour, size and shape. In a 2005 study of 50 pre-menopausal women, published in the British Journal of Gynaecology, the labia minora ranged from 20-100mm longways and 7-50mm in width. As this was only the variation in 50 women, the variation in the general population is likely to be much wider. Labia minora can be short, thick and ruffled or long, thin and smooth and anything in between. They range in colour from deep pink, brownish pink, reddish pink, purplish, grey or black. They are often not the same colour all over but a combination of different colours (i.e., edges darker). It is also not uncommon for the labia to be asymmetrical, with one being larger/longer than the other.

The function of the labia minora is to provide a protective covering for the urethra and vagina. They also play a role in sexual arousal. When sexual arousal occurs blood flows to the area and the labia minora swell, heightening sexual pleasure. The labia minora also provide lubrication so that the skin doesn’t rub.

The labia majora are also designed to protect the genitals underneath. In addition they act as cushions during sexual intercourse. The labia minor and labia majora are derived from the same tissue as that of the shaft of the penis and scrotum, respectively, in a male embryo. This helps to explain why the labia have the appearance that they do.

The Mons pubis is also designed to reduce discomfort during sex by providing padding over the pubic bone. This is why it remains, even after a significant weight loss.

As well as a wide variation amongst women, an individual’s genitals will change over their life span. During puberty girls may notice a darkening of the skin in the genital area and/or an enlarging of the labia in response to the hormonal changes. Pregnancy is also a time when the labia undergo changes, including enlargement and/or a change in colour. When women reach menopause the connective tissue and fat deposits in the labia majora (outer lips) are reduced and they appear thinner. Similarly, the labia minora may shrink and change colour, becoming paler.

Choosing a surgeon
Surgeons who conduct GCS have different qualifications, training and experience. Women should look for a surgeon that belongs to a professional body. For example, a member of the Australian Society of Plastic Surgeons (ASPS) has completed a minimum of 12 years medical and surgical education plus at least five years of specialist postgraduate training. The ASPS provide a searchable database of surgeons on their website (www.plasticsurgery.org.au).

There are a number of questions that women can ask their surgeon:

- Their experience at performing a particular procedure
- What particular technique they use (e.g., in labiaplasty there are several different surgical variations)
- The risks/complications and side effects of the procedure and how common (or rare) they are
- How side effects/complications are treated/managed
- The level of post-operative pain and how long it will last for
- Length of recovery (including how much time needed off from work/household duties/sex)
- If surgery/treatments are required for post-operative complications, who is responsible for the extra costs.

Kirsten Braun
What are the possible complications?
If left untreated, PID can lead to persistent pelvic pain. It can cause scarring in the fallopian tubes, which can narrow them, blocking the path of ova (eggs) travelling from the ovaries to the uterus. If an egg blocked in the fallopian tube is fertilised, an ectopic pregnancy (where the foetus develops outside the uterus) can occur. This is a serious, potentially life-threatening health condition that requires immediate medical attention.

As a result of PID, badly damaged tubes can also become completely blocked. This can cause infertility. Studies suggest that after one episode of PID, a woman’s chance of having a successful pregnancy decreases by about 10 per cent. After two or three episodes of PID, a woman’s risk of becoming infertile is about 50 per cent.

In addition, women with a history of PID who become pregnant have a higher risk of pregnancy complications, such as miscarriage, premature birth, and stillbirth.

What is PID?
PID is a term used to refer to the infection or inflammation of organs and tissues in the pelvis. The condition is characterised by the infection of one or more of the following: the cervix (the opening of the uterus, located at the top of the vagina), the endometrium (the lining of the uterus), the fallopian tubes (the tubes that carry ova, or eggs, from the ovaries to the uterus), the ovaries, and/or other abdominal organs, such as the appendix.

What causes PID?
PID occurs when bacteria move upwards from the vagina to the cervix, uterus and fallopian tubes. Most cases occur as the result of sexually transmitted infections (STIs), such as chlamydia and gonorrhoea – more than half of all sexually acquired PID cases result from chlamydia, and about a quarter result from gonorrhoea. PID can also develop following pelvic procedures, such as the termination of a pregnancy or the insertion of an intra-uterine device (IUD). The disease can also occur as the result of childbirth, a ruptured (burst) appendix or a bowel infection.

The disease is most common among young, sexually active women. Since most cases of PID occur as the result of an STI, having unprotected sex can increase your risk of developing the disease. Women who have had a previous episode of PID are also at increased risk of future infection.

What are the symptoms?
Many women do not experience any symptoms of PID, so may not know they are infected. This is especially the case with infections that occur as the result of chlamydia. Women who do have symptoms, generally experience pain in their lower abdomen. Other common symptoms include:

- abnormal vaginal discharge
- unusual vaginal bleeding
- abnormal menstrual periods
- pain during sex
- bleeding following sex
- increased period pain
- painful urination
- fever

Sometimes symptoms are mild and develop slowly; in other cases women may experience severe pelvic pain and become very unwell in a matter of days. Women who show no symptoms are still at risk of developing serious complications.

What are the treatment options?
The longer a woman delays treatment for PID, the more likely she is to become infertile or to have a future ectopic pregnancy because of damage to the fallopian tubes. Early treatment can prevent long-term complications.

PID is treated with antibiotics. Generally two or three different antibiotic varieties are prescribed at once. It is important for...
Alcohol consumption linked to breast disease

Drinking between puberty and pregnancy affects your breast cancer risk

Drinking alcohol prior to your first pregnancy can increase your risk of developing breast disease, new research warns. The study, which was published in the *Journal of the National Cancer Institute* in August, shows that young women who drink alcohol between the time of their first menstrual period and their first full-term pregnancy have an increased risk of developing benign (non-cancerous) breast disease and breast cancer.

The study was conducted as part of the Nurses’ Health Study II. Researchers analysed data collected from more than 91,000 women’s responses to questions about their medical history, reproductive history, drinking habits and lifestyle.

The results indicate that the more alcohol a young woman drinks before her first pregnancy, the higher her risk grows – women who consume an average of about one-and-a-half standard drinks per day have a 34 per cent higher chance of developing breast cancer than non-drinkers.

“Alcohol intake, particularly before first pregnancy, when breast tissue is likely at its most vulnerable stage, may play an important role in [causing] breast cancer,” says the study’s lead author, Dr Ying Liu, from the Washington University School of Medicine, in the USA.

This research confirms breast tissue is particularly sensitive to cancer triggers prior to pregnancy. “The longer the duration from menarche (first period) to first pregnancy, the higher is a woman’s risk of breast cancer,” says Ying. It was already known that women who never have children, or delay becoming pregnant, are more susceptible to breast cancer.

The findings could have important implications for breast cancer prevention.

Get connected...

Stay abreast of your health checks

More than one in nine Australian women develops breast cancer by the age of 85. Early detection offers the best chance of recovery, so we are all encouraged to check our breasts regularly for changes or abnormalities. To learn what you should be looking out for, download Dr K’s Breast Checker: Australia app from the iTunes store. Developed in consultation with Breast Cancer Care WA and the McGrath Foundation, this app provides evidence-based information. You can set up automated monthly breast-check reminders and find out what to do if you notice changes.

This app is designed to make you more breast aware, but remember, if you notice any unusual lumps or nipple discharge, you should visit your GP immediately. If you are aged 50 or over, you should continue to regularly have a mammogram every two years.

Where to go for help?

To speak confidentially with a Women’s Health nurse or midwife, call our Health Information Line on 3839 9988 or 1800 017 676 (toll-free outside Brisbane).

women being treated for PID to complete the entire course of prescribed antibiotics because even if symptoms cease, the infection may still be present. Women are advised to undergo follow-up testing after completing the antibiotics to ensure the infection is cured. To avoid reinfection, women are also advised not to have sex until follow-up tests confirm that the infection is cured.

It is recommended that women diagnosed with PID contact any sexual partners they have had within the past six months to advise testing. Since most cases of PID are caused as a result of chlamydia, male partners may be infected with the STI. A course of antibiotics is usually advised whether or not infection is found on testing because men often show no symptoms and tests for chlamydia are not 100 per cent reliable.

Women with severe PID symptoms (fever, nausea, vomiting) may need to be hospitalised and to have intravenous antibiotics. Pregnant women with PID also need to be hospitalised for treatment, even if symptoms are mild, because it is safer to receive antibiotics intravenously during pregnancy.

It is important to know that antibiotic treatment cannot reverse damage that has already occurred to the reproductive organs. In some cases, surgery may be required to repair damage and remove scar tissue from the fallopian tubes.

How can a woman’s risk be reduced?

To help prevent the transmission of bacteria that can cause PID, women should protect themselves against STIs. Condoms create a physical barrier that prevents bodily fluids, such as sperm and vaginal fluid, from passing between sexual partners. If used correctly and consistently, condoms are effective at preventing STIs. Women should also be tested for STIs regularly, particularly if they have engaged in unsafe sexual activity, or had sex with a new partner, or a partner who may have other partners.

Joanna Egan
Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column features answers to some of them.

Q: I am 7 weeks pregnant and experienced a small bleed. My doctor ordered a series of blood tests to measure my hCG levels. What is a hCG level and what number should my level be?

A: The hormone human chorionic gonadotropin (or hCG) is produced during pregnancy by the placenta. A woman’s hCG levels increase steadily throughout the first trimester of her pregnancy, generally doubling every 2-3 days. At the 8-11 week mark hCG levels peak and then decline. The hCG hormone is measured in milli-international units per millilitre or mIU/ml.

What is considered a ‘normal’ hCG level varies greatly from woman to woman and from pregnancy to pregnancy. For example, at 7-8 weeks from the last menstrual period, a normal hCG level can be anywhere from 7,650 mIU/ml to 229,000 mIU/ml. Levels at both ends of the range (and everything in between) are considered normal with a reading at the higher end not necessarily considered ‘better’ than one from the lower end. Unfortunately there is a lot of misinformation on the internet about hCG levels and what numbers are considered ‘normal’.

A single reading of the hCG level does not provide enough information about how the pregnancy is progressing. This is why doctors generally order more than one blood test. By conducting a series of blood tests, taken a few days apart, the doctor will get a more accurate picture of the hCG levels. It is the change in the levels that is important, not the actual number itself.

If the pregnancy is not progressing normally the hCG levels do not rise sufficiently or rise too much. If the hCG levels do not increase as expected, it can mean a miscarriage has occurred. When a miscarriage occurs the hCG levels fall rapidly. Less than expected hCG levels can also indicate an ectopic pregnancy (where the fertilised egg has implanted outside the uterus, usually in the fallopian tube). In an ectopic pregnancy hCG is still produced but at a lower amount than with a normal pregnancy.

Conversely, if the hCG levels are too high it can indicate a molar pregnancy. A molar pregnancy or hydatidiform mole, as it is also known, occurs when the tissue that would normally form an embryo grows abnormally in the uterus. Molar pregnancies are extremely rare, occurring in about one in 1,200 pregnancies. A multiple pregnancy (twins/triplets) can also result in higher than expected hCG levels.

Vaginal bleeding is a symptom of miscarriage, ectopic pregnancy and molar pregnancy. The results of blood tests and hCG levels will provide your doctor with important information about how the pregnancy is progressing. Depending on the results of the hCG levels and any further symptoms more tests may be required. For example, if an ectopic pregnancy is suspected an ultrasound will be conducted as it is a medical emergency.