

# Designer vaginas

Gynecological surgery isn't just for medical reasons anymore; some women say it enhances sexual pleasure.

By Debra Ollivier

-----

November 14, 2000 | For as long as she can remember, Jill wanted a different vagina. Not only was her labia minora slightly larger than her labia majora ("I'd see women in locker rooms and in magazines and be jealous," she says); after two children she also had serious incontinence problems.

"My vagina had that 'flippy-floppy' feeling. I could barely feel anything. Sex was just not the same." Then a friend of hers saw an ad for Dr. David Matlock and his Laser Vaginal Rejuvenation clinic in Los Angeles. "My friend said, 'Hey Jill, you could do this!' It was meant as a joke. I found Matlock's number on the Net and was in his office within a week."

Jill, a Manhattan lawyer, had two of Matlock's trademark surgeries: Laser Vaginal Rejuvenation (LVR) to tighten her vagina and "enhance sexual gratification" and Designer Laser Vaginoplasty (DLV) to "aesthetically modify" her labia.

She calls her transformation "a miracle," and she is not alone in her enthusiasm. High above Sunset Boulevard, in Matlock's plush, 5,000-square-foot office, vaginas are being redesigned, labia modified, vulvae reconfigured. The women spreading their legs, exposing their personal secrets to the antiseptic trimmings and surgical prunings of a trusty laser are ad hoc pioneers in a rapidly growing industry. But is LVR truly a way of enhancing sexual gratification or simply a way of selling gynecological surgery while pushing the perfect vagina? With the reasons for LVR and DLV as diverse as the vaginas themselves, the answers are not so cut-and-dried.

Laser Vaginal Rejuvenation began as a modification of a traditional gynecological vaginal surgery for stress urinary incontinence. The procedure, which has been a standard gynecological surgery for decades, involves the tightening of the vaginal muscles and support tissues, as well as the reduction of redundant vaginal mucosa (relaxed vaginal lining). By reconstructing the "optimum structural architecture" of the vagina -- namely, by reconstructing the outer third of the vagina: the orgasmic platform, internal and external vaginal diameter (introitus) and the perineal body -- Matlock claims that women not only are relieved of incontinence, but they also enjoy increased levels of sexual gratification.

The connection between vaginal tightness and sexual gratification allegedly became apparent to Matlock 12 years ago when a woman came into his office with extreme stress urinary incontinence after the birth of four children. Matlock recalls her phone call weeks after the surgery. "She called back and said, 'Doctor, guess what? Since I've had the procedure sex is great. My husband says he has the same wife, but a new woman.' And I said, 'OK.' I just put that in the back of my mind."

Later, word of mouth spread, bringing more women to Matlock's office in search of a tighter vagina not just to end incontinence, but for better sex. Some requested that, once on the surgery table, Matlock do a little cosmetic surgery as well -- a plumping up of a flaccid vulva here, a trimming back of a labium there. "I hesitated at first," says Matlock of those fledgling days, when a growing interest in sexual gratification and designer vaginas slowly brought women flocking to his office. "Then I modified my thoughts. I thought, OK."

Matlock ran his first ad in the L.A. Weekly two years ago. Amid the clutter of ads for big breasts, tight butts, large penises and iron shins, the Laser Vaginal Rejuvenation ad featured a bikini-clad woman writhing in orgasmic delight. The headline read: "You Won't Believe How Good Sex Can Be!" Matlock's phones haven't stopped ringing since.

Speaking with the gusto of a moral crusader, Matlock sits in his office with a panoramic view of L.A. looming behind him. On his large, shiny desk stands a transparent plastic model of a vagina and its reproductive system. "Gynecology is a supersurgical subspecialty," he says. "We dedicate our entire professional careers to the reproductive tract. But do we ever go back and look at the things that result from labor, delivery, childbirth? There can be relaxation of that structure and thus a diminishment or a decrease in sexual gratification. Do we concern ourselves with that? No. Not at all. We only concern ourselves with obstetrics. I think there needs to be research in this area, and I'll tell you why: Women *do* [his emphasis] enjoy sex. Women want to enjoy sex. Women want to be able to enhance their sexuality if they can."

By marrying this type of sexual marketing rhetoric with gynecological science and cosmetic surgery, Matlock unwittingly formed a new and lucrative alliance. Today women from all over the world come to Matlock's office seeking a rehailed, resexed vagina. Like Jill, they claim phenomenal and life-changing results -- two adjectives that could very well describe what LVR and DLV have done for Matlock. Poised to launch an international franchising and licensing network, Matlock stands on the edge of a cresting wave that has already made him a millionaire several times over, generated media attention (Howard Stern has praised the man) and provoked the wrath of many in the ob/gyn community.

"I think this is a way of preying on vulnerable women," says Dr. Linda Brubaker, fellowship director of Female Pelvic Medicine & Reconstructive Surgery at Loyola University Medical Center. "I reconstruct vaginas all the time. I agree that the field of women's sexual functioning is a poorly studied area. But I don't buy any of what Matlock is saying. There are standard pre- and post-operative intervention tests and tools that could be applied here to substantiate his claims. Curious that Matlock has not applied any of them to his own work, nor published any scientific material relating to his work, nor subjected anything to peer review. The longer this is untested, the better for him."

Matlock makes no apologies in response to his critics. "I didn't create the market. The need was there. The market was there. I saw it. I'm serving that market." He looks out the window, a bit circumspect. "Doctors can be very vicious. They can be very, very jealous."

Brubaker brushes aside his indictment of the ob/gyn community. To those considering LVR or DLV -- two procedures that are not without their risks, among them hemorrhage, infection, loss of sensitivity, lingering pain from nerve damage -- Brubaker says simply: "Run away, run away, run away."

Apparently, a growing number of women are doing just the opposite. Consider Sherry. A 33-year-old financial consultant, Sherry went to "thousands" of gynecologists to discuss the problems with her "relaxed vagina" before going to Matlock. "Dr. Matlock was the first person who even remotely understood the situation." She describes the result of her surgery as "overwhelming -- psychologically, physically, it was just night and day. It's like being flat-chested your whole life and then finally having breasts." Here she pauses, then adds: "This is L.A. Everybody wants to be beautiful. Everybody wants to be 22 years old with big boobs. Everything can be bought and sold."

Jill also went to "a gazillion gynecologists" who dismissed her problem. Then she met Matlock. "It's a personal preference. Life is short. For women who are severely damaged, sex should still be intense and passionate." And herein lies the crux of the problem. No one would disagree that "severely damaged" women are entitled to great sex. To drive this point home, Matlock lifts up a large alarm clock from his desk. "I don't want to be gross," he says, "but I could easily put this in the vaginas of some of the women coming in here. Do you understand what I'm saying? And that's just not right." But while a staggering 30 percent of women will develop some form of pelvic floor disorder resulting in incontinence or compromise of vaginal integrity after birth, only 5 to 10 percent will be so damaged that they can easily fit a household appliance in their vaginas.

By obscuring the lines between the severely damaged and the

naturally relaxed vagina, Matlock has leveled the playing fields among all women and widened the market potential for his genital landscaping. His tight-vagina hype also flagrantly misses the point. With sexual ground zero located in the clitoris, one can only wonder for whom the tight vagina truly tolls -- men or women?

Says Sherry, "You give more pleasure to a man, which affects your own sense of sexual gratification. It's not necessarily about having better orgasms. It's the way you feel as a woman." In a moment of unguarded candor, Matlock himself suggests that a tight vagina might help you keep your man from running after younger women when he leans forward and asks, "Why not have the best sex you can at home? Why not? You tell me why these 40-, 50-, 60-year-old men are running after younger women? They want these women with these nice, hot, tight --" he puts his hands out here emphatically for me to finish the sentence. "Why is that?" he persists. (Which begs another question: Is surgically modifying your vagina the answer?) Giving a 40- or 50-year-old woman a 20-year-old vagina is not all that Matlock has in his bag of genital tricks. He can also restore her virginity through a technique called hymenoplasty. Essentially the reconstruction of the hymen, this procedure has brought to Matlock's office a steady clientele of Middle Eastern women. "You can't believe how hysterical some of these women are. They come in here and say they're going to get killed unless they get this done. They're telling us that back home their brother will kill them, that their father will kill them. It's terrible. The majority of these Middle Eastern women are coming in to have hymenoplasty because they're getting ready to get married in their home country. All of them tell me that the groom's side of the family can pick whatever doctor they want to determine whether or not she's a virgin, to determine whether she's worth it or not to be married to their son. So there are religious implications, there are social implications."

That Matlock could become the Salman Rushdie of the Islamic vagina doesn't seem to unhinge him. On the contrary. "If I can help a woman in this unfair world," he says with a certain characteristic zeal, "then I'm going to go ahead and do it. I have no problems

about doing it whatsoever. The man, he gets to do whatever he wants to do. Is he held accountable for anything? Absolutely not. But the woman is held accountable like this [he brings his hand to his throat like a knife]. It's serious."

Serious perhaps, but not always a question of life or death. Matlock cites the occasional flurry of Japanese women who come in for hymenalplasty. "At one point it became a regular thing. They'd come to the States, do a little school, go on vacation, then come here, have hymenalplasty and go home."

As for Americans, while Matlock concedes that virginity before marriage is essentially a nonissue, a growing population of American women is seeking the "virgin experience" to share with their husbands. "I'm seeing quite a bit more of that happening," says Matlock. "Women coming in because they want the experience."

Take Helena. A financial analyst, Helena first went to Matlock for Laser Vaginal Rejuvenation. "It was the best thing I ever did. My husband was ecstatic," she said. With her new vagina in place, Helena was drawn to the option of getting a new hymen. "My husband and I would have loved it if he had been my first. Our anniversary is coming up; we're renewing our wedding vows. We want to have the virgin experience."

Helena paid for her new hymen with a credit card. When we spoke she was still waiting for the healing process to end (a process she described as "full of lots of pain and crying, but that I'd go through again if I had to") before setting up the special one-time conjugal event with her new vestal vagina.

Hymenalplasty and its bizarre implications aside, there is nothing new about LVR and DLV. Vaginal tightening has been done for decades to help women with extremely compromised vaginal integrity. For the even fewer women out there with true genital "deformities" -- extraordinarily long or protruding labia, for example, or excessive vaginal flesh -- surgery has also been an option for years. "Labial surgery?" says ob/gyn Dr. Cornelia Daly. "There's nothing to it. It's

been around for 30 years. Lasers have even fallen out of favor. We have more sophisticated tools that do the same thing these days." According to the ob/gyn community, Matlock has simply put a new spin (sex sells) on an old procedure.

And yet in his hype he offers an appealing line. "There are over 25 medications for male impotence," he says. "It takes \$500 to \$600 million to bring one drug into research and development. Those are facts. Is there anything remotely similar there for women? No. Not at all. There are over 200 prosthetic devices for men on the market. Anything similar for women? Not at all. If men had problems like that -- if men had babies, and we had certain body parts stretched out as a result -- they would have been looked at, researched and solved a long time ago." And who would disagree? Adds Lucy, "If men had these problems they would have been solved in a petri dish long ago."

The irony here (which seems lost to the doctor himself) is that Matlock wants to liberate women from the shackles of a man's world while selling them what could be the ultimate and most oppressive form of sex/beauty fascism. And as cosmetic surgery becomes more widespread, designer vaginas may become as common as the silicon breast -- a sinister prospect that has many women's advocates up in arms. "Women's genitals are fascinating, unique and beautiful," says pioneering sex therapist Betty Dodson, whose [Web site](#) includes a "genital forum" featuring a panoply of different vaginas in all their diversity. Dodson -- who for decades has helped women discover their genitals, and particularly their clitoris, which she describes as women's "little phallic symbol that terrifies the status quo" -- considers LVR and DVR as truly odious procedures except for very extreme cases.

"Now we want little doll-like genitals and vaginal orgasms and Viagra for women!" she laments, reemphasizing the need for women to assert their "clit power" as the only true road to enhanced sexual gratification. "If men can get close enough to lick and diddle, they don't give a rat's ass about the size of your genitals or the shape of your labias," she says. Dismissing the link between vaginal tightness

and sexual gratification as a way for men to cash in on women's insecurities and for women to appease the male ego, she practically yells into the phone: "We have catered to men's desires forever! We have lied to them and fooled them for centuries! Enough!"

**salon.com**

-----

**About the writer**

Debra Ollivier is a frequent contributor to Salon and Le Monde. She divides her time between Los Angeles and Paris.