ONLINE SURVEY (SUPPLEMENTARY FILE 1)

FEMALE GENITAL COSMETIC SURGERY (FGCS)

HEALTH PROFESSIONAL QUESTIONNAIRE:

1. AGE _____________years

2. GENDER (Please circle): Male       Female       Indeterminate/Unspecified/Intersex

3. YEARS OF PRACTICE: ______________years

4. HEALTHCARE PROFESSIONAL CATEGORY (tick all that apply)
   - GP
   - Obstetrician Gynaecologist
   - Nurse
   - Cosmetic Surgeon
   - Plastic Surgeon
   - Urologist
   - Allied Health Professional – describe:___________________
   - Other__________________

   How long have you been practising in your role above?

   In which country did you complete your professional degree? ______________________

5. LOCATION OF PRACTICE (tick all that apply)
   - Urban
   - Outer Metropolitan
   - Rural

   In which state do you currently work in? ______________

6. SPECIAL INTEREST IN: (tick all that apply)
   - Women’s Health
   - Obstetrics and Gynaecology
   - Mental Health
   - Sexual Health
   - Cosmetic Medicine
   - Other__________________

7. FEMALE GENITAL COSMETIC SURGERY (FGCS):
   Knowledge and practice. (please circle)
i) Have you seen patients who have asked you about any form of FGCS?  
Yes / No  
Where have you acquired information about FGCS from? (tick all that apply)

☐ Media  
☐ Conferences  
☐ Other health professionals  
☐ Consumer websites  
☐ Other ___________________________

ii) “How confident do you feel to give advice for each of the following procedures”

- labiaplasty? Not confident/Reasonably confident/Very confident  
- clitoral hood reduction? Not confident/Reasonably confident/Very confident  
- perineoplasty?  
- hymenoplasty? Not confident/Reasonably confident/Very confident  
- orgasm shot (O-shot)? Not confident/Reasonably confident/Very confident  
- vaginal rejuvenation? Not confident/Reasonably confident/Very confident  
- vulval liposuction? Not confident/Reasonably confident/Very confident  
- G spot augmentation Not confident/Reasonably confident/Very confident

iii) How comfortable do you feel advising a woman who asks for FGCS?  
☐ Not comfortable  
☐ Comfortable  
☐ Very comfortable

v) How many patients do you see requesting FGCS?  
________ per week  
________ per month  
________ per year

vi) Have you had any patients less than 18 years old asking you about FGCS? Yes / No  
What is the age range of women asking you about FGCS?  
☐ Not applicable. I haven’t had any patients asking me about FGCS.  
Youngest: _______ years  
Oldest: ________ years

vii) FGCS and risks of surgery  
Do you know about the possible short term risks of FGCS?  
☐ Not at all  
☐ A little  
☐ A lot
Do you know about the possible long term risks of FGCS?
- Not at all
- A little
- A lot

Do you talk about possible risks of FGCS for patients who request this?
- Not applicable. I haven’t seen a patient asking for FGCS
- Only if they ask me
- Sometimes
- All the time

viii) Have you been asked for (tick all that apply):
- an examination?
- your opinion?
- a referral?

ix) Do you examine these women’s genital area?
- Yes
- No
- Sometimes
- Not applicable (I haven’t seen any patients asking about FGCS)

x) Do you offer / refer for counselling?
- Yes
- No
- Sometimes
- Not applicable (I haven’t seen any patients asking about FGCS)

xi) Which specialist group have you referred women to for FGCS? (tick all that apply)
- Cosmetic Surgeon
- Plastic Surgeon
- Obstetrician Gynaecologist
- Urologist
- Psychologist / Psychiatrist
- Colleague for second opinion
- Women’s health GP
- Not applicable (I haven’t seen any patients asking about FGCS)

8. GENITAL APPEARANCE AND EDUCATION:
   i) Do you feel confident in assessing genital appearance?
      Female anatomy
      - Not confident
      - Confident
      - Very confident
      Male anatomy
      - Not Confident
      - Confident
ii) How much teaching regarding genital anatomy (both male and female) have you received in your medical training?
   Female -
   □ none
   □ a little
   □ some
   □ a lot
   Male -
   □ none
   □ a little
   □ some
   □ a lot

9. INFORMATION TOOLS:
   Have you heard of the Labia Library (LL) website? Yes / No
   Have you used or referred patients to LL? Yes / No
   Do you have other tools to assist you?
   Describe them ______________________________________________________

10. Please indicate what you think about Female Genital Cosmetic Surgery. (tick all that apply)
    □ I have no opinion
    □ If a woman wants this it is her choice
    □ It should not be performed on women less than 18 years
    □ A woman should be counselled first
    □ It is acceptable for cosmetic reasons
    □ This surgery is unacceptable for cosmetic reasons
    □ It is no different to other types of cosmetic surgery

11. What is your opinion of the role of GPs for FGCS?
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________

12. Any final comments?
Thank you for your contribution