

Labiaplasty

Labiaplasty is a recently popularized plastic surgical procedure of the female external genitalia folds- the Labia Minora and/or the Labia Majora. Labiaplasty reduces the size and reshapes the inner lips of the outside of the vagina or the Labia Minora.

Who would benefit from Labiaplasty or Labial Reduction Surgery?

Many women are born with too large, irregular, or asymmetrical Labia Minora. Others develop stretching and elongation of the labia as a result of childbirth or with aging. This presents not only an aesthetic predicament but more importantly a functional hindrance. Women with large and irregular labia are often embarrassed during sexual interactions, and feel uncomfortable with wearing bathing suits, tight clothes, or jogging shorts. Others experience pain or irritation during intercourse with internalization of the labia minora. In Sportswomen engaged in sports such as hurdles, horse-riding, netball, athletics, the labia can get macerated and may require the use of antiseptic creams such as Sudocream.

Relevant Anatomy

The external female genitalia, depicted below, are referred to collectively as the vulva. This comprises the labia majora, labia minora, clitoris, and the openings of the urethra and vagina. External female genitalia. Labia minora are found inside the labia majora. The labia majora, the larger outer lips, extend from the mons pubis to the rectum. Just inside the labia majora are the smaller lips, the labia minora. In some women, they are hidden by the labia majora. In others, they are thicker and more prominent, and can extend well past the labia majora. Such an extension may be considered for reduction.

The labia minora consist of 2 folds of connective tissue that contain little or no fatty tissue. Anteriorly and superiorly, the labia minora divide into 2 parts. One part passes over the clitoris to form the prepuce (clitoral hood). The other joins beneath the clitoris and forms the frenulum. The

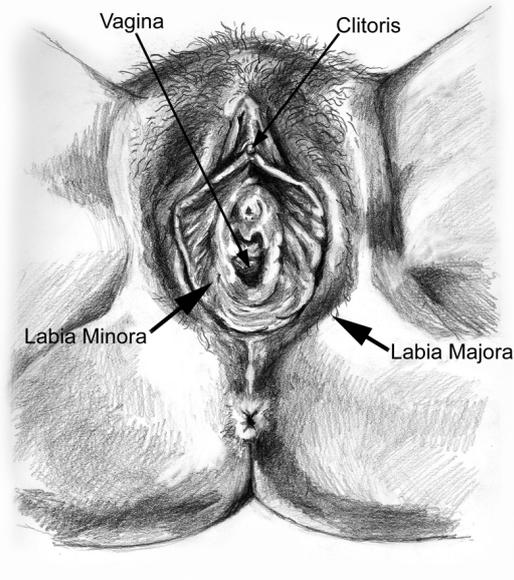
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labia minora join the labia majora in their posterior extent and may be united by a transverse fold known as the frenulum of the labia or the



fourchette.

What types of Labiaplasty techniques are available?

The primary goal of labial reduction is to reduce the size of the labia by removing excess skin. Traditionally, most plastic surgeons utilise the straight line reduction method. With this method a long strip of the Labia Minora is excised, leaving a surgical incision at the edge of the Labia. The scar is at the leading edge of the labia minora and like all scars can be red or lumpy for some months taking a year or so to fade. A technique described by Gary Alter, an American Plastic Urological Surgeon, excises the tissue in a wedge shaped manner leaving a transverse scar within the minora itself with no scars at the leading edge. This is often combined with a hood reduction if it is bulky.

Clitoral Hood Reduction

There is a lot of anatomic variation in the clitoral hood. Patients may complain of anterior bulkiness. Reduction techniques vary according to the presenting excess tissue. Clitoral hood reduction is usually done as an extension of the labia minora reduction incision, wherein excess tissue of the lateral hood is to be removed and usually takes the form of a 'hockey stick' central extension scar that extends in the groove between the minora and majora. Occasionally a crescent shape is marked, with the U oriented upside down and only the clitoral skin excised. There is an increased risk of numbness after such procedures,

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even though the chances are quite slim, because the nerve to the clitoris is quite deep.

Surgery for Labiaplasty

It is performed either under local anesthesia or under general anesthesia as a day case. If performed under local anesthetic, local anesthetic cream is applied to the labia 45 mins prior to the procedure and to make the area completely numb, local anesthetic injections are given just before the start of the operation. The procedure takes approximately 60 mins. It can be performed in conjunction with other cosmetic surgery procedures.

Recovery after Labiaplasty

Most patients experience mild discomfort, swelling, and bruising after Labiaplasty which lasts two to seven days. During this time, women can experience some spotting, and/or urinary hesitance. They should wear sanitary pads, and apply anti-septic ointment to the surgical sites for comfort. Although one can return to a sedate activities and work within two days, you should refrain from jogging, high impact aerobics, biking, horseback riding, running, heavy lifting, and sexual intercourse for about 4-6 weeks.

Potential Risks and Complications

Labiaplasty is considered a minor surgical procedure, and thus is relatively safe. As with any surgery, there are risks associated with labial reduction surgery. Some of the risks that are associated with any type of surgery include:

- Adverse reaction to anesthesia
- Bleeding
- Bruising
- Infection
- Scarring
- Swelling
- Asymmetry- it is not possible to make the labia completely identical.
- Itching
- Separation of the incision

Although scarring is a possible side effect of labial reduction surgery,

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most patients find the scarring to be virtually undetectable after healing has occurred. In addition, there are potential side effects that are specifically associated with labial reduction surgery. Some of these include:

- Feeling unsatisfied with the results, which may occur due to unrealistic expectations or because too much or too little of the labia minora is removed.
- Pain during urination, which should subside after the incisions have healed
- Loss of sensation in the labia
- Wound healing problems: these are commoner in smokers, hence it is advisable to stop smoking 2 weeks before the operation and until the wounds have healed.

Since there are potential complications associated with labial reduction surgery, it is essential to understand all of the risks before undergoing the procedure. For those women who are uncomfortable or embarrassed by the size of their labia, however, the surgery can be highly effective at boosting their confidence and level of comfort.

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