



MD AESTHETICS

## Labioplasty

### **What is a Labioplasty?**

Labioplasty is the medical term for surgery to alter the size of the labia minora and/or labia majora (female external genitalia). This usually involves to removal of excess tissues, most commonly from the labia minora, but can also include adding volume to the labia majora by way of fat grafting – as you get older the labia majora will shrink in size/volume, especially post-menopausal.

### **Women that may benefit from labioplasty surgery are those who:**

1. Have prominent skin of the labia minora protruding
2. Experience pain and/or discomfort as a result of large during exercise
3. Have visible labia in tight fitting clothing
4. Experience pain during intercourse as a result of excess labial tissue
5. Are very self-conscious of their labia, affecting relations with partners
6. want to improve self-image and esteem and to be able to wear tighter fitting garments

### **How is the operation performed?**

The operation is usually carried out under a General Anaesthetic (you are asleep) and takes around an hour to complete. Several different options are available to treat the excess tissue and which one recommended will depend upon the problem(s) you are experiencing/reason you are seeking the surgery. Methods of correction include:

- **Liposuction** – via small 'stab' incisions the excess fat is removed by way of liposuction. This method is a way of dealing with bulky labia majora
- **Excision** – Excess tissue is excised. This is the method utilised for labia minora correction and there are various ways of excising the excess tissue.
- **Fat grafting** – via a small stab incision fat is injected to add volume to the labia majora

The technique employed to give you the best results will be discussed with you by Mr Davis in clinic.

This surgery can be performed under a local or general anaesthetic and is usually performed as a day-case (home the same day), but can also include an overnight depending upon multiple factors such as your overall medical health, distance to home from the hospital, who is at home with you etc. – this will again be discussed and agreed upon in clinic when you consult with Mr Davis.

### **What happens after surgery?**

You will be required to wear comfortable knickers and a sanitary towel after surgery. Vaseline or similar will be applied to the area to provide a barrier and minimise friction whilst the tissues heal - you will be asked to reapply this after each time you have been to the toilet for the first week or so.

You are encouraged to shower the next day after your operation using warm, not hot, water temperature, either dabbing your vaginal area dry, letting it dry naturally or to use your hairdryer on a cool setting to blow it dry – you are **NOT** to rub your vagina for one month after surgery as the sutures used to in the repair are dissolvable and very fine. You will also be required to abstain from physical exercise and any penetrative intercourse for at least 6 weeks after surgery.

A period of at least two weeks off work is advised, depending upon your job. This will be discussed further in clinic during consultation as appropriate.

You will come for a wound check one week after your surgery and return to see Mr Davis in clinic between four and six weeks after surgery, and again after three months. Further follow-ups will be arranged as necessary.

### **Potential risks?**

- *Bleeding & Haematoma:*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your vaginal area. Where possible excessive walking should be limited in the first week so as to minimise friction to the area.

Your labia will usually become swollen, tense and tender with a bleed and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Infection:*

Whilst not common, should it occur your labia may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics. Very occasionally an infection can result in part(s) of the wound coming apart – this is managed by a regular change of dressings and showering, and will be allowed to heal by itself over the subsequent four-to-six weeks. Occasionally thrush can develop requiring treatment with topical ointment (e.g. Cannestan)

- *Swelling &/or bruising:*  
Swelling will almost certainly occur naturally and can take weeks to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.
- *DVT/P.E. (blood clots):*  
Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. As a way of reducing the risk you will be required to wear compression(TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to stay well hydrated.
- *Scars:*  
Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.
- *Altered sensation:*  
The nerves supplying the labia can be damaged during the surgery resulting in your labia feeling numb after surgery. This usually recovers with time, however permanent loss of or reduced sensation can happen.
- *Asymmetry:*  
No two labia are ever completely symmetrical. Despite best efforts to make them as symmetrical as is possible, minor asymmetries will remain after surgery. Very occasionally a notable asymmetry can occur that requires further surgery to adjust.
- *Skin necrosis:*  
Very rarely the blood supply to the skin of the labia can be compromised resulting in skin dying. This is managed, should it occur, with dressings until healed. Very occasionally the scar requires revising.
- *Wound breakdown*  
Very occasionally some of the wound can come apart for a multitude of reasons. This is almost always small enough to manage conservatively with ointment, allowing nature time to heal the area. Should any scar that forms be unsightly or an issue then this can always be revised at a later date, often under a local anaesthetic such as those used by the Dentists if putting your teeth to sleep for a filling etc.
- *Under or over correction*

Occasionally the chest can be either under or over corrected, possibly requiring 'touch up surgery'. Any further surgery is at a cost to the patient financially and with time off work.