



LABIAPLASTY

Background

So important is the female reproductive tract that evolution has protected it with two protectors. This 'double-door' has a pair of labia majora on the outside that are padded with extra fat. The inner – labia minora – are thin, flexible and hairless. Anatomy is highly variable so there is a wide range of what is considered 'normal'.

Why Labiaplasty?

Surgery is usually considered for enlarged and visible minora. Perfect symmetry is rare in nature, but large differences can cause significant distress. Other reasons include post-partum trauma (episiotomy or vaginal tears) and simple enlargement with age. Whilst often symptom-free, many experience discomfort and even pain when wearing certain clothes or with some sports, particularly cycling and horse-riding. Increasingly, women seek treatment for sagging and empty labia.

What is a Labiaplasty

Labiaplasty is surgical alteration of the labia. The minora frequently protrude visibly, whilst the majora become saggy and empty with age.

Originally labia reduction was achieved via simple amputation, but more refined techniques avoid the visible, often stiff, scars that frequently eliminated the natural contour and colour. Excessive removal seems to occur more often with amputation.

The most modern technique involves a flap because it conceals scars and preserves the natural skin edge. It does, however, require more technical skill and time.

Pre-Operative Consultation

A general anaesthetic (GA) is preferred to allow the surgeon to comfortably tailor each labia in an operation that usually takes an hour.

At the end of the operation a long-acting anaesthetic is administered to minimise pain. Finally, a cold pack is applied to help with swelling.

Post-Operative Advice

Any mild discomfort usually subsides over the first few days. It will be helped by cold packs that also reduce the swelling.

The area should be kept clean so showers are better than baths, but short salt-baths can be comforting. Avoid tight, man-made fibres – think Bridget Jones rather than Lycra!

Stitches will absorb over 2 – 4 weeks so do not require removal, but you will see the nurse for a wound check after a week. Review with your surgeon occurs in the clinic 6 weeks after the operation.

Full recovery takes 6 weeks at least so penetration – either with tampons or sexual intercourse – should be avoided until the area has completely healed.

Risks and Complications

Any operation carries the potential for complications, but these are rare with modern techniques. You must ensure you are happy with these aspects during consultation with your surgeon.

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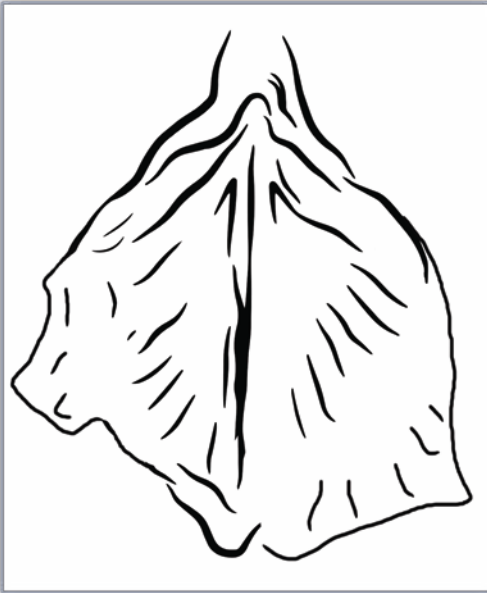


FIG 1 : TYPICAL ENLARGED AND ASYMMETRICAL LABIA MINORA

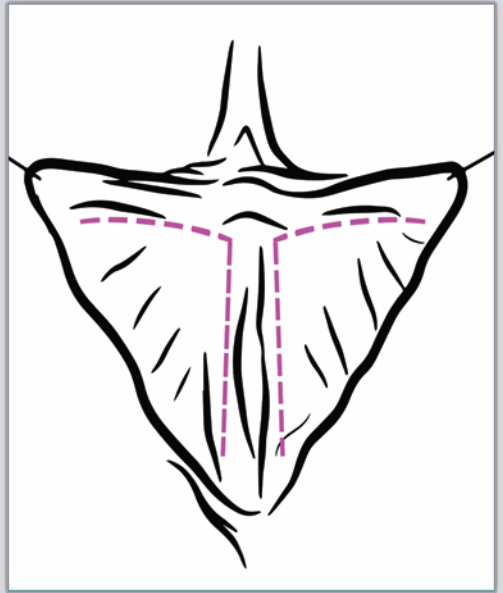


FIG 2 : MARKINGS OF SUPERIOR FLAPS

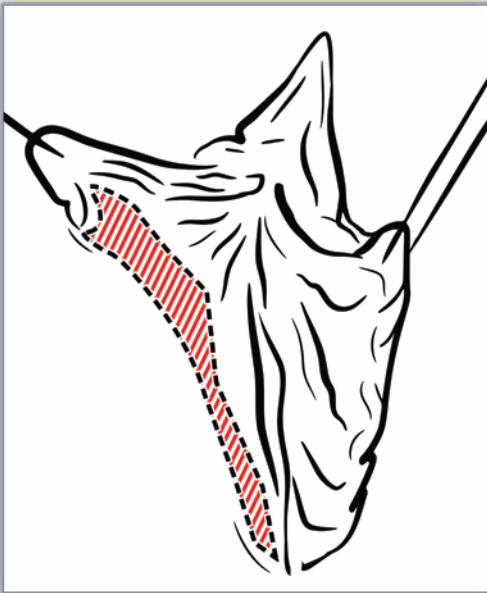


FIG 3 : REDUNDANT TISSUE REMOVED

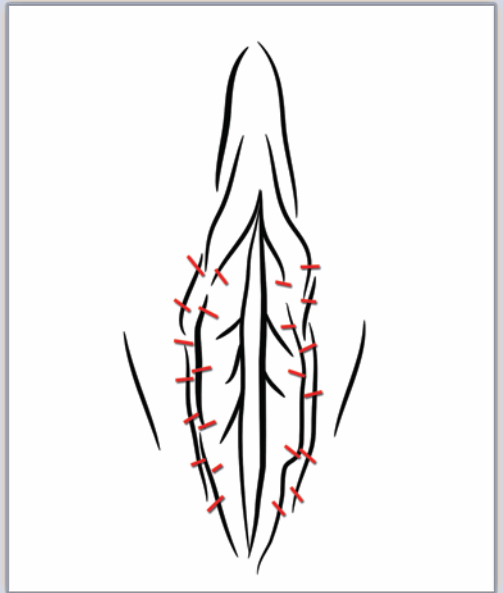


FIG 4 : AFTER INSET OF FLAPS WITH ABSORBABLE SUTURES