

# Labiaplasty

Patient information leaflet

Plastic Surgery

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## Introduction

Labiaplasty surgery is surgery to reshape the labia. It is one of the surgeries for the so-called “designer vagina”. You may also see it referred to as labioplasty or labial reduction surgery. In the vast majority of patients, the labia minora or inner labial lips are reduced in size and reshaped. Less commonly the labia majora or outer labial lips are reshaped too and sometimes excess skin folds around the clitoral hood are removed or reduced in size as well.

Considering having a labiaplasty is a big decision, and therefore it should not be rushed. If you are thinking about a labiaplasty, it is important to have an understanding not only about the procedure and the operation itself, but also about what you can realistically expect from a labiaplasty.

This information booklet has been written with this in mind, starting with an explanation about labiaplasty surgery. It then goes on to describe the different options in labiaplasty surgery, what to expect from them and the postoperative course.

All operations carry a degree of risk, and a labiaplasty is no exception. Therefore, the last section deals with possible complications from labiaplasty surgery and what may need to be done about them.

## What should I think about prior to my consultation?

Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from a labiaplasty.

Points to consider may include:

- Why do I want a labiaplasty? There are a variety of reasons why you might be seeking a labiaplasty consultation. In some cases, the psychological reasons may not be solved with surgery, and if Miss Kelemen feels you might benefit from professional psychological input (instead of, or in addition to surgery), this will be broached during your consultation. Please do not feel offended if this happens, as it is an incredibly important part of the consultation in many cases.
- What in particular about my labia am I unhappy with? It is important to discuss this during the consultation as the planning of your labiaplasty may change depending on your individual concerns.
- What changes do I want to the features of my labia that I am unhappy with?
- What are my expectations of a labiaplasty operation? Realistic expectations are key to a satisfactory outcome and need to be discussed openly between you and Miss Kelemen.
- Do I have any functional or symptomatic problems as a result of the current size or shape of my labia or is it the appearance that I wish to alter or both? It is

important to distinguish between symptoms directly related to the size or shape of the labia and any other symptoms that may be due to a different cause.

- Why am I thinking about having a labiaplasty at this time in my life? (You should not consider having cosmetic surgery if you are undergoing any instability in your personal circumstances.)

## What are the benefits of labiaplasty?

Labiaplasty surgery will reshape your labia to a more pleasing size and shape. A labiaplasty should result in labia minora that are symmetrical, in proportion to the labia majora and that have a natural appearance. This should also improve or relieve symptoms due to large labia such as discomfort or friction during exercise or sexual intercourse and visibility in tight clothing.

## What are the limitations of a labiaplasty?

The outcome of your operation will be partly determined by shape, size and symmetry of your labia minora and labia majora before the surgery. There are huge variations in the normal range of labia size, shape and colour and therefore there will be variations in individual results after surgery too.

The entire labia minora will not be removed during the surgery – rather they will be reshaped and (usually) reduced in size. The labia minora may still be visible between the labia majora but will not protrude excessively beyond the labia majora.

Excess skin folds can be reduced around the clitoral hood, but priority is given to not causing any damage to the clitoris so there will be a limit to how much tissue is safe to remove.

There is a huge variation between women in their labia size, shape and colour. This is entirely normal, and it is important to be aware of this when considering labiaplasty surgery. Therefore, every case needs to be considered on individual merit before deciding on surgery and post-labiaplasty results are also likely to vary in appearance.

Not all genital symptoms will be improved by labiaplasty surgery. Labiaplasty surgery alters the labia but not the other tissues or the physiology in the area.

Vaginal tightening, hymen recreation and reduction or lifting of the mons pubis are not part of a labiaplasty procedure but are separate surgical procedures in their own right.

It is not recommended that labiaplasty surgery be performed on girls under the age of 18. Some of the reasons include:

- genitalia may not be finished fully developing and may undergo further changes as the girl reaches the end of puberty (surgery should only be done in a stable situation after genital maturity has been reached and there are unlikely to be further physical changes)

- surgery is permanent and carries some risks with it and so should not be performed for (in some cases) aesthetic reasons in under-18s
- everybody considering labiaplasty surgery needs to be old enough and mature enough to give informed consent very clearly about any surgery of this nature.

## What options are there in labiaplasty procedures?

All types of labiaplasty techniques are directed towards producing the natural and balanced look described above. However, a variety of labiaplasty techniques exist to achieve this goal, and whichever technique is chosen, it should be tailored to suit your individual goals and desires.

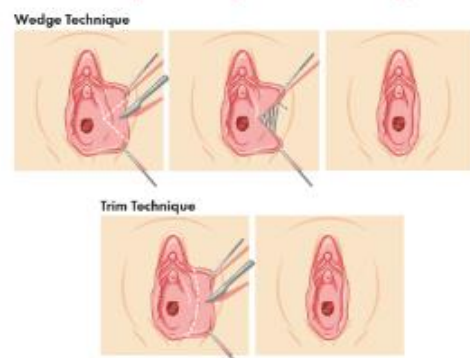
To summarise what happens during the surgery:

- the labia minora are reduced in size and reshaped to achieve a symmetrical and natural appearance where the labia minora do not protrude excessively over the labia majora and symptoms due to excess tissue are relieved.
- Two of the most commonly used techniques are described below, although on occasion other variations are used to achieve the best results for an individual.
- Labiaplasty procedures may be done under local anaesthetic (while you are awake with the area numbed) or under general anaesthetic (while you are asleep).
- If having the procedure done under local anaesthetic, you may wish to have a local anaesthetic cream applied to the area 1 hour beforehand to start the numbing process in advance of your procedure.

## Wedge shaped or staggered V excision of excess labia minora tissue

In this technique, tissue is removed in a wedge-shaped manner with most of the scar running in the crease between the inner and outer labia or on the inner side of the labia minora.

A portion of tissue is removed from both the outside and the inside of the labia minora. There is a very small section of the scar on the edge of the labia minora. This is very effective at reshaping the labia minora in a natural way and can be modified to remove excess skin around the clitoral hood as well.



## Removal of excess tissue along the edge of the labia minora

This technique involves removing tissue in a strip along the edge of the labia minora. It too reduces the size and reshapes the labia minora very effectively. The scar runs along the edge of labia minora. In both techniques, absorbable (dissolvable) sutures are used, and the final scar is usually almost imperceptible.

## Adjustments to the labia majora

In the majority of cases, labiaplasty surgery involves the labia minora alone. In some circumstances, reduction of the labia majora is performed. This may be excision of excess skin or liposuction or excision of excess fat.

Alternatively, in those with loss of or very little volume in their labia majora, fat transfer can be used to augment the labia majora to create a more aesthetic appearance or balance between the inner and outer labia. Miss Kelemen will guide you towards the most appropriate technique for your individual circumstances.

## Consultation

On meeting Miss Kelemen, she will endeavour to put you at ease, and start by finding out about your motivation for seeking a labiaplasty. In addition to clearly establishing the various symptoms and concerns that you may have in regard to your labia, Miss Kelemen will take a thorough medical history, including records of any medication you may be taking and any allergies you may have.

She will also ask about any history of discomfort, infections, previous surgery or trauma and changes with puberty or pregnancy.

## What does Miss Kelemen examine for during the consultation?

A female chaperone is always present for your examination. Miss Kelemen will ask you to undress from the waist down including removal of your underwear. The examination process encompasses a thorough evaluation of your external genitalia. During the examination process, they will assess the size and shape of your labia minora and the proportions relative to your labia majora. They may measure how far the labia minora protrude beyond the labia majora on each side.

Skin folds along the clitoral hood are also assessed. An internal exam is not routinely required as part of this assessment unless indicated clinically. Any asymmetries or factors, that will affect the outcome or type of surgery you may have, will be discussed with you.

Miss Kelemen will provide you with a professional and honest assessment and discuss the areas that could be improved, as well as the limitations of any procedure. In some cases, she will not recommend surgery, as it will not provide the correct or best solution to the issue troubling you.

She may also recommend seeing an additional specialist such as a gynaecologist or a psychologist in some circumstances.

## Photography

Miss Kelemen will always take preoperative photographs from a variety of standardised views. The photographs may be used during your consultation as an aid to discuss your concerns and how they may be affected by labiaplasty surgery. In addition, the photographs form an essential part of your medical records and are used for planning your labiaplasty procedure. Your consent for the photographs will always be obtained.

## How to prepare for a labiaplasty procedure?

### Stop smoking

Due to the high risk of wound healing complications with smoking, it is important to stop smoking for at least 2 months prior to surgery. Smoking not only significantly increases your risks of complications, but the coughing postoperatively that it will cause makes it more likely that you will bleed following the surgery.

### Avoid aspirin

Aspirin and non-steroidal medicines (such as ibuprofen or Nurofen) are blood thinning medicines that will increase the risk of bleeding complications. You should ideally stop these medications for at least 2 weeks prior to your operation. These medicines may also increase the degree of post-operative bruising. Paracetamol is safe to take.

### Avoid vitamin E

Vitamin E may also increase a bleeding tendency, so it should not be taken for 2 weeks prior to surgery. Vitamin C is safe to take.

### Do not drink alcohol

Alcohol increases blood flow, and therefore, the risks related to bleeding complications and bruising are increased if you drink alcohol the night before surgery. Therefore, Miss Kelemen advises that no alcohol should be drunk for at least 2 days prior to surgery.

### Colds, flu and other infections

If you develop any sort of illness prior to the operation please contact Miss Kelemen immediately, as you may need treatment prior to surgery, or alternatively your surgery may need to be put back.

### Hair removal

Please perform any hair removal in the pubic area at least a few days in advance of surgery, so that any residual irritation from the technique used e.g. waxing has enough time to resolve prior to your surgery.

## Timing of surgery

Labiaplasty surgery is best done at a time when you do not have your period. You will not be able to use tampons and it will be an additional concern during your recovery period, as it will make postoperative wound care and comfort more difficult for you. Please also time your surgery for a time when you can rest and recover afterwards well.

## What to bring to the clinic or hospital?

Clothing to wear – we recommend you wear a skirt or loose bottomed trousers such as tracksuit bottoms. This prevents any friction on the operated area from a tight crotch of clothing worn postoperatively. Please also wear underwear capable of supporting a sanitary pad and that has a comfortably fitting crotch.

## Planning for surgery

The hospital or clinic admission date and admission time will be arranged for you. You will be asked to fast for 6 hours prior to the operation (i.e. do not eat anything for 6 hours before the planned time of surgery) if you are having a general anaesthetic. Water may be drunk for up to 3 hours prior to surgery, however other drinks should be avoided. If you have any doubts or confusion, please ask. If your procedure is under local anaesthetic, you do not need to fast but may be asked to attend at least an hour in advance for the application of local anaesthetic cream.

## Leaving the clinic or hospital after surgery

Please arrange for someone to accompany you and to drive you home after your procedure even if it has been done under local anaesthetic.

## What happens when I get to hospital?

When you arrive at the hospital you will be shown to a private room and a nurse will go through a detailed questionnaire assessing your health, your allergies and other relevant details (much of which will have been covered before with Miss Kelemen). You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment prior to any planned general anaesthetic.

You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form (if you have not already done so).

## What does the operation involve?

Once you are carefully positioned, Miss Kelemen will do careful markings on your labia as part of the planning of your surgery. She will then inject your labia with a solution containing local anaesthetic and adrenaline. This helps to minimise bleeding during the

operation. Once this is done, your labia will be thoroughly cleansed and sterile drapes placed around them and over your lower body.

The skin incisions are then made, and reshaping of the labia is performed. After this is complete, the skin incisions are carefully stitched and cleaned.

A sanitary pad will be placed in your underwear.

### How long does the surgery take?

The length of time a labiaplasty takes varies depending upon what technique is used and if additional procedures are being performed. The range is usually from 45 to 90 minutes. This may be longer if multiple other procedures are being performed.

### Will it be painful?

Labiaplasty surgery, like any operation, will produce some pain, but it is usually mild to moderate and should be relieved by painkillers. Stronger pain relief is available if required. Resting afterwards at home will help reduce the pain and discomfort as it reduces the friction between the labia that can occur when you are walking around while the labia are still swollen after surgery.

### What else can I expect after surgery?

It is normal that both labia are swollen and bruised. You may have a small ooze of blood from your labia for the first 24 to 48 hours post-surgery. This should not be excessive and should stop of its own accord. You will have some discomfort while walking during the first 7 to 10 days.

### When will I leave hospital?

Labiaplasty surgery is typically performed as day case surgery. You will get a follow-up appointment before you leave the hospital. Upon leaving the hospital, an outpatient appointment will be made for you to see the nurse to have your wound reviewed, usually done at 7 – 10 days following surgery. The stitches are absorbable and will fall out on their own accord. You will be given a Clinisept® spray and wash to use for the 2 weeks of the postoperative period.

### Dos and Don'ts after surgery

- Take things easy & slowly after surgery particularly during the first 3 to 4 days. Gentle walking, no heavy lifting or jumping up and down for first 2 to 3 weeks. Restrict your normal activities (do not “over do it”). As you recover, you will be able to increase the amount you do. This helps to minimise the amount of swelling that develops after surgery and thus your discomfort.



- Cold (cool rather than ice cold!) compresses can be used for comfort on your labia but please do not place ice directly on your skin or leave them in place for too long. Ice is too cold and will damage the delicate skin of the labia especially when it is already recovering from surgery.
- Keeping your labia clean – daily showering with cool or tepid water cleanses the area and is soothing. The area can be padded dry gently afterwards. Douching or showering after using the bathroom in the early stages can be helpful too. Do not use any perfumed or stringent toiletry products. You will be given a Clinisept® spray and wash to use for the 2 weeks
- Wear a sanitary pad in your underwear until any discharge has settled and change it as required.
- Wear loose clothing as clothing with a tight crotch will irritate the labia and be uncomfortable during the initial stages after surgery
- Do not use tampons for at least 4 weeks after surgery and/or your discomfort has settled.
- Allow 4 weeks before returning to most forms of exercise
- Allow 6 weeks before returning to exercise such as cycling or horse-riding that involves sitting on a saddle
- Allow 6 weeks before sexual intercourse
- First post-operative follow-up – you will have a check-up with the nurse 7 to 10 days after surgery.
- Driving – you should be able to drive 2 to 3 weeks after surgery
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort – please take painkillers regularly for the first 3 to 4 days. After this, you will still need to take painkillers but may not need them as often.
- It is important to drink plenty of fluids and eat a balanced healthy diet. Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- Generally, visible bruising is present for about 2 weeks.
- The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but takes up to 6 weeks to fully settle. Swelling can, on occasion, take longer to fully settle. You need to be patient and give yourself time to heal.
- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: “what have I done?” and experience feelings of guilt and low self-esteem. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

## What is the recovery period?

As a rule, most people will have fully recovered, and be back to doing all their normal activities (including sports) by 6 weeks. For the first 1 to 2 weeks, you will have to restrict

your usual routines to allow you to recover from the effects of surgery. Between weeks 2 and 6 you will be able to increase what you do.

How long before daily activities may be resumed?

- Social engagements can usually be planned by 2 to 3 weeks after surgery.
- Driving may be commenced between weeks 2 and 3 depending on comfort levels.
- Exercise should be avoided for 4 to 6 weeks after surgery.
- Sexual intercourse should be avoided for 6 weeks postoperatively.

<b>Day of surgery</b>	Review in hospital by Miss Kelemen for surgical planning and surgery itself
<b>1 week after discharge</b>	Reduce activity and rest  Daily tepid showering of area  Regular analgesia  Use of sanitary pad in underwear  You will be given a Clinisept® spray and wash to use for the 2 weeks
<b>Week 1 - 2 after surgery</b>	Clinic or hospital appointment with nurse for wound check
<b>Week 2 - 3</b>	May start to drive
<b>Week 4</b>	Gentle exercise may start
<b>Week 6</b>	Review by Miss Kelemen  Exercise/heavy physical activity may gradually be started
<b>Beyond 6 weeks</b>	Longer term follow-up appointments will be arranged as needed by Miss Kelemen

Before you decide to undergo labiaplasty surgery, it is important that you are informed of the potential risks, complications and side effects.

Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section. After a labiaplasty there are a number of side-effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

## Commonly experienced side effects after labiaplasty surgery

### Swelling

This is normal following a labiaplasty and reaches a maximum about 3 days following surgery before starting to settle down. Most swelling is gone by 6 weeks in most patients. However, swelling can persist for longer on occasion. Commonly, the swelling subsides at different rates on each side, which is quite normal, and nothing to worry about.

### Alteration in skin pigmentation (discolouration and bruising)

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle.

### Light wound discharge

It is reasonably common to have some light blood-stained discharge on the sanitary pad during the first few days after surgery. This usually settles and should not be excessive. If it persists or requires changing the pad frequently, please contact the hospital in case you need to be reviewed earlier than your planned check.

## Early complications (within the first week of surgery)

### Bleeding (haematoma)

If there is any suggestion that excessive bleeding after labiaplasty surgery has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

### Infection

Rates of severe infection in labiaplasty are low (despite the surgery being in the groin area). However minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required.

### Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after labiaplasty, particularly when done under local anaesthetic. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising.

## Persistent swelling

Swelling to the labia is normal after a labiaplasty operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases it can be more severe and persist longer than usual.

## Intermediate complications (within 6 weeks of surgery)

### Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

### Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be re-sutured.

### Asymmetries and irregularities

While no-one is perfectly symmetrical, and no two labia are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

### Numbness or hypersensitivity

The labial skin may be numb or over sensitive in the aftermath of surgery. The feeling will normalise eventually but can take several weeks or even months in some cases.

### Changes in colour or texture of the skin

Normally surgery will not affect the colour or texture of the skin. However, occasionally, darker or paler pigmentation may appear after surgery. Sometimes the skin is darker or lighter in different parts of the labia (e.g. the front compared to the back) and when the tissue is moved during surgery, these differences can become more apparent. This is not normally an issue after labiaplasty surgery but occasionally can be noticeable.

## Late complications (after 6 weeks from surgery)

### Under-correction

While every effort is made to achieve the correct balance between removing enough tissue to achieve the desired result and leaving enough tissue behind to allow a natural appearance, occasionally not enough tissue is removed. This may require a further surgery to achieve the desired result by removing more tissue.

### Over-correction

Rarely too much tissue is removed during labiaplasty surgery and an unnatural appearance to the labia results. This is something Miss Kelemen is very aware of and take great care to avoid doing. It can be a difficult problem to treat, and it may involve moving or transferring surrounding tissue into the area to reconstruct the labia in further surgery.

### Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 6 to 12 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from labiaplasty surgery are barely perceptible but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, minor surgical scar revisional surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, Miss Kelemen will discuss with you the best ways of treating them.

### Tight scar

Very rarely a tight scar develops after labiaplasty surgery and may require further intervention to release or soften it. In severe cases, a surgical release of the scar may be required.

### Persistent over-sensitivity or altered sensitivity

Occasionally the labia and/or the surgical scar and surrounding tissues remain over-sensitive following surgery. This can interfere with exercise or sexual intercourse. While this usually is a temporary problem, occasionally it can persist for a long-time post-surgery. It may result in vulvodinia (pain around the vulva (female external genitalia) or dyspareunia (pain during sexual intercourse), which can be difficult to treat. The opposite

can also happen where the nerve endings in the area are damaged by surgery resulting in reduced sensitivity.

## Recurrence of labial enlargement or stretching

Although the effects of labiaplasty surgery are permanent in most cases, on occasion due to hormonal changes e.g. pregnancy or menopause or due to significant changes in weight, the labia can stretch out again. This can be corrected by a further surgery in most cases.

## The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to under or over-correction of your labia size and shape, or due to irregularities or asymmetries. In some cases, this unhappiness is a result of unrealistic expectations not being met; hence the importance of an understanding between you and Miss Kelemen about what is realistically achievable (and not achievable) through a labiaplasty. No-one can guarantee “perfect labia” after labiaplasty surgery, and an understanding of what is achievable in your particular case is essential prior to undergoing surgery.

Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be incurred for further surgery in some circumstances, and this will be discussed with you.

## Non-surgical labiaplasty

A non-surgical labiaplasty is tightening of the skin of the labia using non-surgical techniques such as radiofrequency or laser techniques. These often require a course of treatments and are usually only suitable for milder cases. They are not currently offered by Miss Kelemen.

## Conclusions

By reshaping and resizing the labia minora, a labiaplasty can have a very beneficial effect for your symptoms and confidence.

Further information: [www.noemikelemen.com](http://www.noemikelemen.com)

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that: I have read and understood the information leaflet and I consent wish to proceed with the **functional labiaplasty** procedure performed by Miss Kelemen.

Name: .....

Signature:.....

Date: .....