

GENERAL INFORMATION

Labiaplasty is offered to women with excessive, redundant labia who suffer from unsightly contour lines and physical discomfort. Such women report pinching or chafing when sitting or walking, hindrance during intercourse, and difficulty maintaining hygiene during menses or after defecation.

The term labiaplasty refers to the reduction in size of the labia minora. The labia minora are the bands of tissue on either side of the vagina that are directly inside the labia majora. These two flaps of skin extend down from the clitoris. Hormonal changes in the body brought on by pregnancy, puberty, menopause, and age, enlarge and darken the color of these tissues. Many women find these changes particularly disturbing as they may be obvious to them and their sexual partners. In some cases, the labia minora can become so large that they will interfere with sexual intercourse.

Labiaplasty is one of the most common genital rejuvenation procedures performed. The procedure involves cutting away the excess tissue and closing the incision. The aim of the surgery is to reduce the labia minora and not to totally remove them.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not reducing the labia surgically.

SPECIFIC RISKS OF LABIAPLASTY SURGERY

Scarring:

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of a different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. Scarring in this area may result in painful intercourse, other sexual dysfunction, or changes to the urinary stream; in some cases, it may require surgical revision or treatment.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue (neuroma) or due to tissue stretching. Scarring in this area may result in painful intercourse, and in some cases may require surgical revision or treatment. This may lead to functional problems with sexual intercourse or urination/defecation.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of skin may die or slough. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have a decreased blood supply to tissue from a past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Skin Discoloration/Swelling:

Bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than the surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Change in Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation, but is possible. Diminished (or complete loss of) skin sensation may not totally resolve after surgery.