



KATARZYNA MACKENZIE

PLASTIC SURGEON

Labiaplasty

Labiaplasty is a female genital cosmetic procedure performed to correct the appearance of enlarged or extending labia minora, or “inner lips” of the vagina. The most common reason for women to request this operation is because the labia are perceived to be too large and aesthetically unpleasing. A small number of women state that the large size of their labia makes them noticeable in tight clothing, or makes sports such as cycling uncomfortable. Others have problems with penetration.

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|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Length of surgery | 1 hour |
| Anaesthesia | General anaesthetic or local anaesthetic |
| Hospital stay | Day stay |
| Risks/complications of surgery | Frequent: Bruising, swelling, temporary numbness, discomfort on movement Infrequent: Infection, bleeding (haematoma), asymmetry, under- or overcorrection |
| Recovery | 1 weeks until return to work and normal social engagements depending on area treated 3-4 weeks until swelling and bruising disappears 4 weeks until return to gym and other strenuous activities 2-3 weeks until full recovery |
| Driving | 1 week |
| Follow up | 1 week, 6 weeks, 3 months, 6 months |
| Duration of results | Permanent |

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Labiaplasty information sheet

Any plastic surgery procedure is a very personal choice and understandably there are a number of questions that arise. This information sheet is a general guide for patients considering labiaplasty under the care of Dr Mackenzie. It should provide the answers to some questions that you may have. There are many factors that can affect your individual operation, your recovery and the long-term result. Some of these factors include your overall health, previous surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Dr Mackenzie and are not covered here. Please feel free to ask her any further questions before you sign the consent form.

Introduction

The labia minora (inner lips of the vagina) differ in size and shape. Patients may find very large labia physically uncomfortable or aesthetically displeasing. In some patients the labia minora may be too large and cause discomfort with underclothes and fitted jeans, difficulty with maintaining hygiene during menstruation and pain during and after intercourse. In some cases, large labia minora may be visible through underclothes and swimwear.

The procedure is relatively simple, excising an area of the labia minora using a variety of incisions; and can be performed under local anaesthetic or general anaesthetic. Careful placement of the scar is important, however, in order to prevent painful scar contracture along the rim of the labia.

What is labiaplasty?

Labiaplasty is a surgical procedure which removes redundant tissue along the ruffled edge, reducing the size and protrusion of the labia minora.

Who is a good candidate for labiaplasty?

Women opt for surgery for a variety of reasons:

- Pain from twisting and tugging of the labia when riding a bike
- Pain during intercourse
- Itching and irritation
- Self-consciousness
- If the contours of labia minora have altered and stretched over time

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What are the limitations of labiaplasty?

- The entire labia minora will not be removed during the surgery – rather they will be reshaped and reduced in size
- 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
- Labiaplasty surgery alters the labia but not the other tissues or the physiology in the area
- It is not recommended that labiaplasty surgery be performed on girls under the age of 18 (genitalia may not be finished fully developing and may undergo further changes as the girl reaches the end of puberty)

What to expect from liposuction consultation?

You would normally meet Dr Mackenzie for at least two pre-operative consultations. The first of which is mainly about assessment and the formulation of an operative plan specific to labiaplasty. Dr Mackenzie usually summarises this consultation in a letter to you and if you decide to move forward towards surgery, a second consultation is scheduled to go over things once more and discuss the possible complications in more detail. It is usual for Dr Mackenzie to write to your GP but often patients do not want this, in which case no communication is made.

During your labiaplasty consultation Dr Mackenzie will discuss:

- Your surgical goals
- What outcome do you expect from the surgery? What is your chief motivation in undergoing labiaplasty?
- Your complete medical history, drug allergies
- Your previous surgery
- Your current prescription medications, including vitamins, herbal supplements, alcohol, tobacco and drug use. Make sure to tell your doctor about any herbal supplements you take, as some of them may cause bleeding problems

Dr Mackenzie will also:

- Evaluate your general health status and any pre-existing health conditions or risk factors
- Assess the size and shape of your labia minora and the proportions relative to your labia majora
- Take photographs
- Discuss your options
- Recommend a course of treatment
- Discuss likely outcomes of labiaplasty and any risks or potential complications

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- Discuss the use of anaesthesia during your labiaplasty procedure

Preparation for surgery

It is important to avoid taking any aspirin or products containing aspirin for 2 weeks either side of the operation since aspirin has an adverse effect on bruising as it thins the blood. The same is true for non-steroidal anti-inflammatory drugs (such as Brufen, Nurofen and Voltaren) and vitamin E tablets. You may also be asked to stop taking naturopathic substances such as garlic, ginko, ginseng and St John's Wort as they may affect clotting and anaesthesia. Always tell your surgeon EVERYTHING you are taking.

For procedures lasting longer than 1 hour it is normal practice to stop the contraceptive pill one cycle before the date of surgery. For smaller procedures may not be necessary and you should discuss this with Dr Mackenzie before surgery.

Some patients find homeopathic remedies such as arnica helpful to reduce bruising although it is very difficult to prove their efficacy scientifically. If you wish to use arnica you should begin 2-3 days before the operation and continue for a week afterward.

If you are a smoker it is absolutely imperative that you to stop for 6 weeks before surgery and for 6 weeks afterwards so as not to restrict the circulation to the skin. This restriction applies to all forms of nicotine including patches, inhalers and nicotine chewing gum!

Surgery requiring general anaesthesia is most safely conducted when patients are fit and healthy. General anaesthetic is unwise in patients who are unwell with viral illness or colds.

On the night before surgery we would ask that you eat well and remain well hydrated. In most cases you will be asked to come to the hospital at 7:00am on the morning of surgery, having had nothing to eat from midnight. Clear water can be drunk up to 2 hours before surgery and tea without milk or coffee without milk can also be taken. Milk is considered to be solid food and cannot be taken within 6 hours of the start of surgery.

On the morning of surgery, you will be admitted to the ward. You will meet the anaesthetist who will discuss the anaesthetic with you in detail and you will also see Dr Mackenzie who will mark the surgical site as required and complete the consent form for surgery with you.

While making preparations, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days at home.

At your initial consultation, Dr Mackenzie will recommend the exact nature of your proposed treatment, including procedure details, recovery times and any possible side-effects. You should then have a

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cooling-off period before booking surgery and meeting Dr Mackenzie again for a second consultation. At that second consultation, she will go over the risks and complications in more detail with you. There will also be some more specific points to discuss about the practicalities of the procedure, which are summarised below.

What is involved in the operation?

Labiaplasty is a procedure that can be done under either local anaesthesia with oral sedation or under general anaesthesia as a day case.

The most common type of labiaplasty is the trim procedure, in which the extra tissue is removed and sewn up directly. Next in popularity is the wedge procedure, which maintains a natural border after a pie-shaped piece of tissue has been removed. The labia are reshaped to create a more aesthetically pleasing look and then sutured.

Closure is usually done with absorbable sutures.

Recovering from a labiaplasty

Most patients take a week off from work, during which they can reduce swelling and pain by icing with a cold pack sandwiched between the patient's underpants and an elastic garment, like Spanx. This can be done "twenty minutes on, twenty minutes off." The patient can also lie with her bottom elevated to reduce swelling.

You may experience minor discomfort, which can be controlled by medication.

Patients can resume wearing tampons or having intercourse after four to six weeks. Trim labiaplasty generally allows for a quicker recovery.

Most patients are able to return to work within a couple of days following surgery.

While the most distorting swelling is gone by 6 weeks, residual swelling may take six months to disappear.

What are the results of a labiaplasty?

Labiaplasty typically results in shorter labia that no longer hang down below the level of the hair-bearing labia majora. Most patients who experienced symptoms from twisting and tugging of their labia generally find relief after surgery. According to multiple studies, labiaplasty surgery is associated with a high satisfaction rate of over 90%.

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How long will the results last?

The results of a vaginal rejuvenation procedure are intended to be permanent, but significant weight gain or a subsequent pregnancy can alter the results.

What are the risks of a labiaplasty?

The risks associated with labiaplasty include:

- Bleeding/hematoma
- 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
- Infection
- The labia can be bruised for a few days after the procedure
- Over-resection
- Asymmetry
- 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.
- Pigment discoloration
- Delayed wound healing
- Skin loss and necrosis
- While some women desire an aggressive reduction, this can result in chronic dryness, scarring at or near the vaginal opening and pain with intercourse
- Healing problems are more likely to occur with a wedge procedure, particularly if the patient is exposed to substances that cause blood vessels to shrink

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 Dr Mackenzie 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.