

Labiaplasty Complication Checklist

Please read the Purity Bridge Labiaplasty information booklet and the other information leaflets that you have received in full. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is common to have some oozing from the surgical wounds for a few days following a labiaplasty. If there is any suggestion that excessive bleeding after labiaplasty surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

Patient initials

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 or the quality of your result may be affected by an infection.

Patient initials

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. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials

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.

Patient initials

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.

Patient initials

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. Sometimes, the wound may need to be resutured. Depending on the timing, Ms Nugent may advise allowing swelling to settle and recovery from the initial surgery before any corrective surgery. If there is significant gaping of the wound, reconstructive surgery (which is more complex) rather than simple resuturing may be required in the future.

Patient initials

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. Small asymmetries in labial edges, shape or size have to be accepted as part of the normal healing process. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

Patient initials

Numbness or hypersensitivity

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

Patient initials

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.

Patient initials

Late complications (more than 6 weeks from surgery)

Under-reduction

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.

Patient initials

Over-reduction

Rarely too much tissue is removed during labiaplasty surgery and an unnatural appearance to the labia results. 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. If there is significant over-reduction of the labia or clitoral hood, reconstructive surgery (which can be complex) may be required in the future.

Patient initials

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 rare cases, minor surgical scar revisional surgery may be needed. Rarely tender, stretched or lumpy scars occur. 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. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Patient initials

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.

Patient initials

Persistent over-sensitivity, altered sensitivity or loss of sensitivity

Occasionally the labia and/or the surgical scar and/or the surrounding tissues including the clitoris 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 vulvodynia (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 affected by surgery resulting in reduced sensitivity or numbness in the labial and clitoral area.

Patient initials

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

Patient initials

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-reduction 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. An understanding of what is realistically 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 applicable for further surgery in some circumstances and this will be discussed with you.

Patient initials

Other points about labiaplasty

Recurrence of labial enlargement or stretching

Although the effects of labiaplasty surgery are permanent, 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.

Patient initials

Pregnancy post labiaplasty

While it is safe to get pregnant after labiaplasty surgery, hormonal changes of pregnancy can affect labia shape and size. If you are planning a pregnancy soon after having surgery, Ms Nugent usually advises postponing your labiaplasty until after your pregnancy and after your body has recovered from the changes of pregnancy. Regarding delivering a baby vaginally after a labiaplasty, there is not a specific contraindication. However, scar tissue only ever reaches about 80% of normal tissue strength and so the areas of your labia that have post-surgery scars may be weaker than the rest of your labial tissue and more prone to a tear. There are not any large studies of this in the medical literature.

Patient initials

COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone a general anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

Patient initials

I acknowledge that I have read and understood the nature of a labiaplasty operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.

I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.

I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from labiaplasty surgery.

Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.

I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.

I understand that I have the option of not undertaking any surgery at all.

Patient signature

Date

Patient name

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