

Labiaplasty

Introduction

Labiaplasty surgery is surgery to reshape the labia. You may also see it referred to as labioplasty or labial reduction surgery. In most 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 instead or as well 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 before having a labiaplasty?

Before undertaking surgery, you should think about what you are hoping to achieve from a labiaplasty. Points to consider may include:

- Why do you want a labiaplasty? There are a variety of reasons why you might be considering labiaplasty. In some cases, the psychological reasons may not be solved with surgery, and if we feel that 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 specifically about your labia are you 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 type of change do you want to the parts of your labia that you are unhappy with?

- What are your expectations of a labiaplasty operation? Realistic expectations are key to a satisfactory outcome and need to be discussed openly ahead of surgery.
- Do you have any functional or symptomatic problems e.g. discomfort as a result of the current size or shape of your labia or is it the appearance that you 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 are you considering having a labiaplasty at this time in your life? (You should not consider having aesthetic plastic 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 aims to reshape your labia minora to be more symmetrical, in proportion to the labia majora and to have a natural appearance. It also aims to improve or relieve symptoms due to large labia such as discomfort or friction during exercise or sexual intercourse and visibility or discomfort in tight clothing. Labia majora reshaping may include reduction of excess skin and/or reduction of volume in large labia majora or enhancing volume in lax or deflated labia majora.

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. This is entirely normal. 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 or causing over exposure of the clitoris so there will be a limit to how much tissue is safe to remove from this area. Every case needs to be considered individually before deciding on surgery and labiaplasty results are also likely to vary in appearance.

The entire labia majora are not removed during labiaplasty surgery either. Consideration must be given to the scar location, maintaining the crease between labia majora and labia minora and retaining proportions relative to the labia minora and clitoral hood.

Not all genital symptoms will be improved by labiaplasty surgery. Labiaplasty surgery alters the labia but no 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.

We do not recommend that you have labiaplasty surgery if you are under the age of 18. Some of the reasons for this include;

- Genitalia may not be finished fully developing and may undergo further changes as teenagers reach the end of puberty (surgery should be done in a stable situation after genital maturity has been reached and there are unlikely to be further physical changes)
- Labiaplasty surgery is permanent and carries some risks as all surgery does, and so should not be performed for aesthetic reasons in very young patients
- Everybody considering labiaplasty surgery needs to be old enough and mature enough to give informed consent very clearly about surgery of this nature.

About the surgery

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.

Two of the most used techniques are described below, although on occasion other variations are used to achieve the best results for you individually.

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, we give you a local anaesthetic cream to apply to your labia one hour beforehand to start the numbing process in advance of your procedure.

Wedge labiaplasty

Labia minora 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.

Edge/trim labiaplasty

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 scars are usually very discrete.

Clitoral hood reduction

Clitoral hood reduction is part of some but not all labiaplasty procedures and occasionally is done on its own. It may be incorporated into a wedge labiaplasty or via separate incisions at the side or an inverted v skin reduction depending on the amount of reduction needed. Clitoral hood reduction is done cautiously and is not offered as part of some labiaplasties.

Labiaplasty of labia majora

Labia majora labiaplasty usually reduces excess skin along the inner side of the labia majora. If there is excess volume, liposuction or direct excision of excess fat may be offered. Alternatively, in those with loss of or very little volume in their labia majora and lax skin, fat transfer can be used to augment the labia majora to create a more aesthetic appearance or balance between the inner and outer labia.

The consultation

During your consultation, we 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, we will take a thorough medical history, including records of any medication you may be taking and any allergies you may have. We will also ask about any history of discomfort, infections, previous surgery or trauma and changes with puberty or pregnancy.

A female chaperone is always available to be present for your examination. You will be asked 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, we will assess the size and shape of your labia minora and labia majora and how proportionate they are to each other. We 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.

We will provide you with a professional and honest assessment and discuss frankly the areas that could be improved, as well as the limitations of any procedure. In some cases, we will not recommend surgery, as it will not provide the correct or best solution to the issue troubling you. We may also recommend seeing an additional specialist such as a gynaecologist or a psychologist in some circumstances.

Photography

Preoperative photographs from a variety of standardised views are always taken ahead during the consultation. 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 be obtained.

Preparing for labiaplasty surgery

People often ask if there is anything they can do to help prepare for a labiaplasty procedure. Below are several recommendations:

1. Stop smoking and all nicotine products. Due to the high risk of wound healing complications with smoking (caused by nicotine), it is important to stop smoking and all nicotine products 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.
2. 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.
3. 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.

4. Complications and bruising are increased if you drink alcohol the night before surgery. We advise that no alcohol should be drunk for at least 2 days prior to or after surgery.
5. Illness including colds or infections. If you develop any sort of illness prior to the operation please contact us immediately, as you may need treatment prior to surgery, or alternatively your surgery may need to be postponed.
6. Hair removal. Please perform hair removal in the pubic area at least a few days in advance of surgery, so that any irritation from the technique used e.g. waxing has enough time to resolve prior to your surgery.
7. 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.
8. You will be asked to complete your consent form ahead of attending for surgery.
9. What to bring with you on the day of surgery. 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 after labia surgery. Please also wear underwear capable of supporting a sanitary pad and that has a comfortably fitting crotch.
10. Surgery arrangements. The hospital or clinic admission date and admission time will be arranged for you. If having a general anaesthetic, you will have a preassessment in advance to undertake the pre-anaesthetic checks needed. You will be asked not to eat for 6 hours prior to the planned time of your surgery. Water can usually be drunk for up to two 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.
11. Leaving 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.

Day of surgery

When you arrive at Purity Bridge or the hospital, if having your labiaplasty under local anaesthetic, you will be given local anaesthetic cream to apply to your labia in advance. You would normally apply this yourself. If your surgery is under general anaesthetic, a nurse will go through the necessary checks ahead of the procedure such as checking your blood pressure. An anaesthetist will also see you. You will be asked to change into a

hospital gown in preparation for surgery. We (your surgeon) will also see you, check if you have any further questions and that you wish to proceed, confirm the plan and complete any outstanding paperwork.

What does the operation involve?

Once you are carefully positioned, careful markings are made on your labia as part of the planning of your surgery. A solution containing local anaesthetic and adrenaline is then injected. This helps to minimise bleeding during the operation and helps with pain relief during and afterwards. 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.

Pain relief after surgery

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 you 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 after surgery. This should not be excessive and should stop of its own accord. You will have some discomfort walking and moving around during the first 7 to 10 days.

When will I leave hospital?

Labiaplasty surgery is typically performed as day case surgery. You will have follow-up appointment(s) booked before you leave the clinic or hospital.

Follow up

Upon leaving Purity Bridge or the hospital, an outpatient appointment will be made for you to see the nurse at one to two weeks after surgery and your plastic surgeon at four to six weeks to have your wound and healing reviewed. The stitches are absorbable and will fall out on their own accord.

After care instructions

We advise the following to look after your labia, help speed up your recovery from surgery and reduce the risk of complications:

- Take things easy & slowly after surgery particularly during the first 3 to 4 days. Gentle pottering about, no heavy lifting or jumping up and down for first 2 to 3 weeks. Restrict your normal activities (do not “overdo it”). A balance between taking things easy and being up and about needs to be reached. 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 patted 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. We will give you an antiseptic spray to use that is gentle enough for delicate skin after surgery.
- Wear a sanitary pad in your underwear until any discharge or bleeding has resolved 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
- 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. Supplements designed to help wound healing and nutrition around the time of surgery can also be helpful. We recommend Skinade MD.
- 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 usually 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 after surgery.

Typical timeline following surgery

Day of surgery	Review in Purity Bridge or hospital by your plastic surgeon for surgical planning and surgery itself
During week 1	Reduce activity and rest Daily tepid showering of area & disinfectant spray Regular analgesia (painkillers) Sanitary pad in underwear
Week 1 – 2 after surgery	Clinic or hospital appointment with nurse for wound check
Week 2 - 3	May start to drive
Week 4 - 6	Gentle exercise may start Review by your plastic surgeon
Week 6	Exercise/heavy physical activity may gradually be started
Beyond 6 weeks	Longer term follow-up appointments will be arranged as needed

Complications

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 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 peak 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 extent and rate of resolution happens to a different level on each side.

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 skin 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 or bleeding 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 us in case you need to be reviewed earlier than your planned check.

Complications

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 be assessed in case you 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 after surgery 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.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people, wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to health or nutrition problems, due to nicotine or 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 and/or dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

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.

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. Depending on the timing of this problem, we 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 re-suturing may be required in the future. A wedge labiaplasty is at higher risk of needing more treatment or having lasting effects if a wound separation occurs than an edge/trim labiaplasty.

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 must 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). The more asymmetrical your labia are before surgery, the more likely that there will be more asymmetry afterwards. Edge/trim labiaplasty can leave some irregularities along the edges, sometimes called ‘scalloping’.

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-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.

Over-reduction

Rarely too much tissue is removed during labiaplasty surgery and an unnatural appearance to the labia results. It may also create a disproportionate appearance of your external genitalia with too little tissue in some areas which makes other areas look too large. It may also cause over exposure of the clitoris or vaginal introitus (opening). This is something we are very aware of and take great care to avoid. It is also the reason why we will limit the amount of labia reduction that we offer to some patients. This can be a difficult problem to treat. It may involve moving or transferring surrounding tissue into the area to reconstruct the labia in further surgery and more than one stage of reconstructive surgery (which can be complex).

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 or other treatment to help them settle down. In some cases, 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. Should these occur, we will

discuss with you the best ways of treating them. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Tight scar

Uncommonly 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/or 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 after 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 labial or clitoral area are damaged by surgery resulting in reduced sensitivity which can also affect sexual satisfaction.

Clitoral exposure

If the clitoris becomes over exposed by labiaplasty or clitoral hood reduction surgery, significant discomfort and irritation can occur. This does not happen commonly but is a risk when the tissue near the clitoris is reduced.

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.

Other points about labiaplasty

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 may need a further surgery in some cases.

Pregnancy after 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, we advise 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.

Decreased/negative impact on sexual satisfaction

If a physical complication happens after labiaplasty e.g. infection or bad scarring or altered or damaged sensation, this can affect your sexual satisfaction negatively. If you have psychological distress or upset due to labiaplasty or any of its consequences, this can also affect your sexual satisfaction negatively. If you suffer from sexual dysfunction before labiaplasty, this may also persist afterwards if other underlying reasons are still present. Labiaplasty brings about a physical change, but psychological therapy or other medical treatments may be needed to help with sexual function if the problem is not due or entirely due to excess labial tissue.

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; hence the importance of you understanding what is realistically achievable (and not achievable) by a labiaplasty. No-one can guarantee “perfect labia” or perfect healing after labiaplasty surgery. An understanding of what is achievable in your particular case is essential prior to undergoing surgery as well as understanding that there is variation in how people heal after 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 or adding dermal filler to labia majora. These often require a course of treatments and are usually only suitable for milder cases. We do not currently offer these treatments.

Plastic surgery results

Please note that after surgery, there are factors out of the control of a surgeon, due to the behaviour of your soft tissues (skin, fat etc). This is dependent on many factors including genetics, age, collagen quality, skin elasticity and more. The way in which your soft tissues behave following surgery can be unpredictable and can sometimes result in recurrent laxity (looseness) sooner than expected, or a change in shape or position of your tissues unexpectedly. As this is not a direct complication of the surgery per se, should there be a “soft tissue failure” that you would like to address after surgery, there would be fees incurred.

When considering any form of plastic surgery, and risks are reflected on, these risks can broadly be thought of in three domains: financial, emotional and physical. The physical risks have been outlined above. Anyone undergoing a procedure must appreciate that they will need to pay for the procedure – the costs cover the surgical fee, the anaesthetist fee (when required) and the clinic or hospital fee (which includes the clinical and administrative staff, the equipment, the running costs of the facility etc.). Unlike purchasing a commodity, when there is a certainty of the outcome or product, in plastic surgery there is, by definition, variability in outcome, particularly as we are manipulating biological tissues, and these are soft tissues that may behave variably between different people and sometimes unpredictably. This is fundamentally important to reflect on before you proceed, as it follows that no guarantees of outcome can be given for any procedure. Your surgeon will always do their best to perform all surgeries to the best of their abilities, but some factors are outside their control. Your decision to go ahead, is therefore one in which you are trusting your surgeon to do their best but also accepting that they cannot guarantee a particular outcome. It must also be accepted that there is a risk that further costs may be required for future surgery, depending on the situation.

This is where the emotional risk comes in – for many people, the procedure they are agreeing to undergo is not only hoping to produce a physical change, but also an emotional one – how you feel about yourself, that part of your body and overall, your confidence. Again, for the reasons above, no guarantees of effecting that emotional change can be given, which is understandably challenging to accept as part of the process but is something that must be accepted. Your Purity Bridge surgeons work closely with experienced psychotherapists and many patients find a consultation with a

psychotherapist prior to surgery beneficial – please let the clinic know if you would like to be referred.

Summary

By reshaping and resizing the labia minora and/or majora, a labiaplasty can have a very beneficial effect for your symptoms and confidence. We hope this booklet has helped you. If you have any further queries, please do not hesitate to get in touch.

