INFORMATION ABOUT LABIAL REDUCTION

INTRODUCTION:

Labial reduction involves making the labia minora smaller so that they are less obvious and less likely to show themselves either inside or outside the panties and less likely to interfere with comfortable sex.

The majority of women have symmetrical modest size labia which cause no embarrassment and no physical difficulties, but there are a minority of unlucky women who have unusually large labia which can rub on panties, or slip outside them or cross to the other side making foreplay and sex a bit embarrassing.

It is usually easy to reduce the size of labia to make them look and feel normal. Sometimes one side is much bigger than the other, sometimes one or both develop a long hanging pendant part of fleshy skin. This can occur before or after childbirth.

What is required is a smooth uniform symmetrical removal of what is excessive leaving behind a skin lip which is in proportion to the surrounding genitals, and which can be covered and contained easily by panties and which remain closed together comfortably when the legs are together or apart.

Some women are very particular indeed about the precise size, shape and appearance of their labia just as they can be about the size of the lips around their mouth, but other women are not so fussed and simply want to get rid of an embarrassing dangling floppy bit of skin.

When you first come for a consultation you will be asked a series of questions which may include matters of general health, records of childbirth and any past or current genital problems and a limited amount about sexual history. You will be asked why you want labial reduction and what problems you hope it will solve. You may be asked whether you intend to have (more) children.

You may be asked whether you have any special ideas about how you would like your labia to look.

The consultation will include an examination by the surgeon of your labia. It is very important that if you would like to have a chaperone present that you make it clear that you want one. Most women prefer not to have a chaperone, as this is less embarrassing for them. Fortunately the examination can be done usually very quickly and does not require an internal examination. However, please make it clear, and don't be embarrassed about asking for a chaperone if you would prefer this.

The surgeon will probably draw a diagram of how your labia appear now and then can draw a line diagram to show what needs to be removed in the operation and the likely outcome.

Most women's labia are fairly standard in shape and run from the edge of the hood over and beside the clitoris down towards the back edge of the vagina and the anus. Some, however, are much more complicated and have major side branches making reductions more complicated. Some women have simply no idea what a strange shape their labia have

until it is pointed out to them because they have never really looked! In such cases the surgeon will do his best to make them look as normal as possible, but it may prove quite difficult.

The operation can be done under local anaesthetic or under general anaesthetic. Operations done under local anaesthetic are usually easily tolerated and work out at about half the cost of the same operation if done under general anaesthetic. Some people are frightened of having an injection in which case a general anaesthetic may be more appropriate, but it is surprising how easy it is to tolerate the sting of the injection in the labia, just as it is possible to tolerate it anywhere else on the body for removal of moles, correction of prominent ear, eyelid surgery etc. And just because it is the labia doesn't have to mean that it is more painful there than anywhere else. Most of the pain of injection lasts for only a few seconds and then the area remains numb for the next few hours. The advantages of local anaesthetic, is of course, that it is cheaper and that patients can recover very much more quickly from the operation and can usually return home within an hour or so of having the operation. The only disadvantage of local anaesthetic is that it is going to cause a little bit more swelling than would have occurred if the operation had been done entirely under general anaesthetic. But in fact, even if one does have it under general anaesthetic, the surgeon often finds it helpful to inject local anaesthetic to reduce the bleeding that happens during the operation, and also to reduce pain after the operation, and so the amount of swelling that one gets purely from having it under local anaesthetic is not much greater than under general anaesthetic.

TECHNIQUE OF LABIAL REDUCTION:

There are 2 main ways of doing this operation.

1. **A simple longitudinal cut on either side of the labia which has the same direction as one might achieve if one were to trim the labia with scissors. It is slightly more refined than doing it with scissors because one can remove some of the flesh from within the labia if it is bulky to give them a thinner more natural feel and appearance. This style of operation is usually relatively straightforward. Great care has to be taken to stop all bleeding and this can take several minutes sometimes because the labia are full of blood vessels. The raw edges are joined together by a buried dissolvable stitch. The stitch usually takes about 2-3 weeks to dissolve completely but it has lost its strength within about a fortnight.**

2. **There are variations on this theme, in which one makes a zigzag cut instead of a straight line incision. This has the advantage of allowing some concertina effect in the scar line so that it can stretch easily, but has the disadvantage of complexity of wound closure and a less well defined thin edge to the labia.**

3. **The alternative operation is what one might call the labial flap procedure, in which one removes part of the inner side of the labia in the lower half, and then flaps down the upper part creating a natural looking labia with a shorter scar on the inside of the labia rather than along the leading edge. This is a slightly more fiddly operation and sometimes requires careful adjustment as one does it, and therefore may take a little bit longer, and many plastic surgeons prefer to do this style of operation under general anaesthetic. The theoretical advantage is that one has no scar visible on the outside, although in practice I have found that the end result looks very little different between the 2 techniques.**

4. **I don't recommend the method of excising a central wedge on either side. It tends to leave a distorted appearance and poor scar.**

COMPLICATIONS:

The main complications of this type of surgery fall under the headings of bleeding, infection, wound breakdown and dissatisfaction with the result.

Bleeding

Very occasionally the wound starts to bleed after the surgeon has completed the operation when the patient has already returned to their bed, or it can start when they have left hospital and it is usually due to the fact that a blood clot which formed in a cut blood vessel separates from the vessel and so the artery or vein can start bleeding again.
If it is simply bleeding from a vein, it can usually be helped to stop by gentle pressure over the bleeding point, but if it comes from an artery then it may well be necessary to re-cauterise it or put a stitch around it to stop it from bleeding, in which case the patient will need to come back to the operating theatre. Fortunately, I have never yet had to do this but it may simply be a reflection on the amount of time and care spent ensuring that all bleeding has stopped at the time of the surgery. But one day, inevitably, there will be a patient who bleeds and so I ensure that patients have a means of returning to the hospital should they need to, and a method of contact with the Surgeon (me!) so that the problem can be dealt with very speedily.

Infection

Infection is relatively rare after this type of surgery despite the fact that it is an area full of germs. This is very largely because the labia are so well supplied with blood vessels that natural body defences are better than other parts of the body. I have yet to see a patient with a serious infection after this type of surgery. My own routine is to ensure that antibiotic ointment is smeared along the labia immediately at the end of the operation, and I give the patient some antibiotic cream to smear along the line of the wound on a daily basis for about the next 5 or 6 days, which is the time in which most people would be vulnerable to infection.

Wound Breakdown

Wound breakdown can occur from various causes. One is that the stitch which is dissolvable breaks too quickly either because it was intrinsically weaker than it should have been, or there is a minor degree of trauma and the wound opens up unexpectedly because it just hasn't reached a strong enough stage of healing. By using strong dissolvable stitches it is usually possible to avoid this complication but it is also sensible for the person to avoid sexual intercourse for about a fortnight and even then to make it extremely gentle.

Disappointment

Most patients are happy with the long-term results of this operation but many patients are worried by the initial appearance because of the swelling and bruising and tenderness. If there is disappointment it usually results from not removing quite enough, but this is far better than removing too much which is a much more difficult problem to sort out than having to redo the operation and trim away a bit more.

It is the kind of operation where it is usually possible to carry out a further procedure should it be necessary, but if this is required, it is best to wait until the scarring from the first surgery has settled down and softened, and this can take 2 or 3 months and occasionally longer.

Pain

Pain is not so much a "complication" as an inevitable consequence of doing this type of surgery. Most patients have very little pain at all for the first few hours after the surgery because the local anaesthetic is still working. It will obviously depend upon the particular type of anaesthetic and how much was administered and the amount of pain will also be influenced by the patient's own pain threshold which varies enormously.
Some patients report virtually no pain at all following this surgery and some find the pain severe. Most patients find it best to try and reduce the pain by taking ordinary painkillers and by cooling the area with cold pads. It is advisable to avoid any of the painkillers which are associated with bleeding, and these include all the painkillers like Aspirin or non-steroidal anti-inflammatories such as Nurofen, Voltarol etc. This problem of Aspirin induced bleeding is no longer relevant after about 48 hours, and so I usually advise the patient to take Paracetamol, Co-Codamol or Tramadol in the first 48 hours after the operation, but thereafter they are at liberty to choose any painkiller they like.

Some pain relief may be obtainable using Ibuprofen gel (Ibuleve) if applied directly to the labia minor after about 24 hours following the operation. It shouldn't be used on the day of surgery because it may provoke more bleeding.

It is very unusual for pain to last more than 2 or 3 days in terms of pain at rest and without pressure on the area, i.e. this is pain to be distinguished from pain on pressure which is normally known as tenderness. The area may well be tender for several weeks although most patients say that it only lasts for a week to 2 weeks.

Bruising

Bruising is very common after this type of operation because there are so many blood vessels in the labia which can easily leak a small amount of blood causing the equivalent to a black eye. Bruising by itself isn't necessarily painful, so just because you have a very discoloured labia doesn't have to mean that they are painful or tender.

Oozing

One should distinguish bleeding from oozing. Oozing merely means some fluid leaking from the edges of the wounds. The fluid may be a little bit blood stained. Oozing is likely to continue for a few days particularly if there are any raw points, which haven't sealed themselves immediately after the operation. Fortunately oozing is not usually very important and is simply a nuisance because it will soil panties etc. It is therefore wise to wear a sanitary towel for the first 5-7 days after the operation.

Anti-Bruising Creams

There are a lot of people who believe that the application of Arnica cream or taking Arnica tablets before the operation reduces the amount of bruising. This is a homeopathic medication for which there is no scientific proof that it works, but there are a lot of people who believe that it does work, and there is no suggestion that it would do any harm and therefore if you are inclined to take Arnica then I would not discourage you from doing so.

Time Off Work

It will obviously depend upon the kind of work that you do as to how much time you are going to need away from work. Most people take a minimum of 2 days off work but I know of patients who take more than this quite justifiably. It all depends upon how much

discomfort, bruising etc you have. Patients in the United Kingdom are allowed to self-certify for a week or 5 working days and I think that most patients find this to be sufficient. There is no absolute requirement to give a reason for being off sick, but if in doubt it may be reasonable to tell a white lie and simply say that you have problems with your waterworks or that you have some severe bruising from a minor accident.

Sex

Most women can resume gentle sexual activity within 3 weeks of this operation, although I know that some patients prefer to wait longer and some less time. It is less likely that you will have any problems after the first technique of operation mentioned in this information sheet, because there is minimal tension on the wound and there is less tendency for the wound to open up if stretched by intercourse.

Long Lasting Pain And Tenderness

One of my patients, who had a very straight forward operation with a good cosmetic result, had severe pain and tenderness in the front part of the labia beside the clitoris (but not in the clitoris). This lasted about 2months and was very upsetting. It eventually disappeared and returned to normal but we never found the cause but could only assume that tiny nerves became over sensitive to ordinary stimuli. This is a problem that can happen in any wound in the body but is very uncommon. It is sometimes known as neuroma pain. I have known of this problem in only 1 of the 70 labiaplasty patients I have treated, but I have heard of other Surgeon's patients in whom this possible neuropathic type pain follows labiaplasty and which can be devastating. I conclude that there is a risk of long lasting pain after labiaplasty, but it is very rare and probably affects only 1% to 2% of patients and it usually clears up eventually.

One helpful tip from a patient is the use of Bepanthen nappy care ointment which she found to make it much more comfortable.

Photographs

Most women are very embarrassed about having this area of their body photographed and so I routinely don't take photographs. However, if you would like to have photographs taken then please ask and these will be done with confidentiality.

Cost

The cost of doing this operation varies enormously from one hospital to another and because there will be different price ranges for the operation done under local anaesthetic as compared to general anaesthetic.

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