



Labioplasty

Labioplasty is the term used to describe the surgical correction of large or different sized labial tissue. In addition to the cosmetic concerns, large or excess labia tissue can cause problems during sports, biking or horse riding, for example. Women also describe difficulties in finding appropriate clothing to wear.

There may be significant psychosocial difficulties regarding relationships and sexual intercourse.

Useful Information:

Preoperative advice: Patients are seen by Mr Adams at their first consultation to discuss individual patient requirements. A second consultation can be arranged if necessary. Patients who smoke are advised to stop for a couple of weeks both before and after their surgery. Smoking can increase the risk of infection and wound healing problems. Patients must avoid Aspirin or related anti-inflammatories (including ibuprofen, naproxen and diclofenac) to minimise the risk of bleeding or bruising.

Operative Procedure: Patients are admitted on the day of surgery. The operation is performed under general anaesthesia or local anaesthesia and usually takes 1 hour to perform. Patients are usually discharged the same day. The stitches are self-dissolving and visible. Chloramphenicol antibiotic ointment is applied to the scars. A simple pad is worn for comfort. Patients are expected to wash daily.

What to expect following surgery: The degree of discomfort is minimal, and passing urine should be normal. Swelling is to be expected for up to a week, and can be aggravated by rubbing or trauma.

Follow-up: Patients are seen by the cosmetic nurse at one week after discharge, if necessary. An appointment to see Mr Adams is made at 6 weeks.

Restrictions/activities: Patients can drive and return to work after a 1-3 days. Exercising or tight fitting clothing should be avoided for 4 weeks. Sexual intercourse should be avoided for 6-8 weeks to allow the wound to heal, and to avoid scar breakdown. Shower daily and avoid baths for 4 weeks.

Risks and complications: As with all surgery complications can occur. Bleeding and infection is possible. Swelling is variable and can give the appearance of asymmetry. A onset of Thrush (burning pain in the vagina) may occur from 4-5 days following surgery and it is strongly advisable to have a *Canesten pessary available in such emergencies.*



What happens when I leave Hospital?

Dressings and Stitches: Stitches are absorbable and drop out by 4 weeks. No dressings are applied.

Pain relief: It is advisable to take pain relief on a regular basis for the first few days to lessen the discomfort. Patients are given painkillers when they leave hospital. Be aware of the risk of Thrush.

Appearance and sensation: Swelling and sensation will be altered for up to 2 weeks following surgery.

Causes for concern: The main risk following surgery is bleeding/haematoma or infection, yet both of these are rare. Persistent swelling can be recognised after resuming sexual intercourse but will settle by 10 weeks. You should let Mr Adams know if you think there is a tear or a break down in the stitches.