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LABIAPLASTY/ LABIA MINORA REDUCTION



Reasons for seeking professional advice for Labia Minora Reduction (Labiapasty)

Women get dissatisfied with their labia minora (inner lips of the vagina) for following reasons: large and/or asymmetrical labia minora can cause pain, discomfort, and recurrent infection. They could become sore, tender, and swollen following sexual intercourse, horse riding, running and exercise including spinning and many other classes. Some women complain of excessively large labia minora getting trapped during penetration (during intercourse) which can cause discomfort and pain during intimate situations. These kinds of issues can be embarrassing and can be a major contributing factor towards affecting women's self-confidence and self-esteem.

Many women have also highlighted that the excessively large size of their labia minora compromises the usage of vaginal products during menstruation. Labia minora could protrude between the space of labia majora causing not only aesthetic but also functional compromises. Many women are dissatisfied of the size, protrusion and visibility through tight underwear, bikini, and gym wear. Young women have complained of not being able to wear certain types of undergarments e.g. thongs. These types of garments could be essential for professional dancers and models, hence, large labia minora in such group of women can affect their livelihood.



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Women have also reported of being ridiculed by their partners of their size and shape of the labia minora. Women complain of labia minora being trapped within the undergarment and hence becoming painful during walking and running.

Women request for labia minora reduction following childbirth as the labia minora have stretched, increased in size, and have become darker. The anatomical disproportion could be following operation and injury on the external genitals hence, this request for consideration of labia minora reduction could be because of aesthetic, functional, sexual, and psychological compromise. We have summarised the indications for this procedure below:

Indications

Psychological

- Lack of confidence
- Low self esteem

Physical

- Hypertrophy
- Hyperpigmentation
- Asymmetry
- Visible through tight clothing
- Insertion of menstrual products-painful
- Trapped in the undergarment

Appearance

- Visible through bikini and gym wear
- Ridiculed by sexual partners
- Professional compromise dancer, models
- Anatomical disproportion
- Post traumatic/ postoperative

Compromised relationship

Sexual dysfunction

- Pain
- Discomfort
- Entrapped during penetration
- Sexual preference
- Ridiculed by partners
- Not confident

Pain

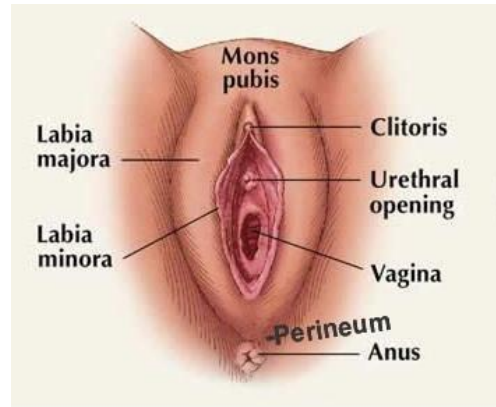
- Cycling
- Hoarse riding
- Walking
- Sports

Post-partum

- Hypertrophy
- Hyperpigmentation
- Ptosis

Recurrent infection/injury

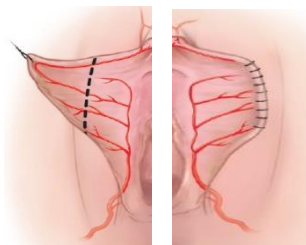
The salient features of external genital/ vagina.



The labiaplasty procedure

The procedure is performed either under local or general anaesthetic, and is conducted using a trim or wedge labiaplasty technique.

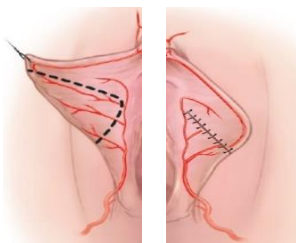
In the trim technique, the edge of the labia minora is carefully trimmed to minimise their protrusion.



Trim labiaplasty

OR

In the wedge technique, a 'V' shape wedge of tissue is carefully snipped from the labia minora.



Wedge labiaplasty

The remaining edges are carefully sewn back together using dissolvable sutures to ensure reduction in the size of labia minora.



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After the procedure

This procedure is done as a day case and doesn't not require overnight stay in the hospital. It will require a follow up after one week to inspect the healing and at the end of 6 weeks to assess the aesthetic outcome.

Complications and outcomes

You are expected to ask your surgeon about possible options, type of anaesthetics, type of techniques including limitations and particularly complications associated with the procedure:

COMPLICATIONS:

- Scarring - Unsightly visible scarring, thickening (keloid), stretching, asymmetry
- Altered sensations e.g., loss, reduced, painful, hypersensitive
- Haematoma
- Infection
- Bleeding
- Swelling, Bruising, Discolouration/Pigmentary Changes
- Painful Intercourse (dyspareunia)
- Vaginismus (spasm)
- Spraying of the urine during micturition
- Chronic Regional Pain Syndrome
- Wound Healing Problems, wound dehiscence (gaping), delayed wound healing, secondary suturing
- Fenestrations, Dog ears, webbing, notching, pigmentation/colour mismatch, edge asymmetry
- Asymmetries of the other adjoining parts of the external genitalia become more visible to patients once the enlarged part of labia minora has been removed.
- Injury to underlying and surrounding structures
- The physiological changes related to aging / Alteration in the corrugation and colour (pigmentation) of the labia minora
- pregnancy and childbirth will continue to change the appearance of the operated area.
- Deep Vein Thrombosis/ Pulmonary embolism/ Death
- Complication related to anaesthetics
- Need for blood transfusion
- The complications are higher in patients who continues to smoke and history of smoking
- Under / Over Correction, asymmetry
- Revisional Surgery
- Imperfect Result/Unsatisfactory Outcome



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Please note: Any form of cosmetic surgery should not be performed if you are pregnant, or you suspect you may be pregnant. It is your responsibility to inform your surgeon or the practice if this may be the case.

Representative examples of Labia minora reduction (Labiaplasty):





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Labiaplasty FAQs

1. How long does labiaplasty procedure take?

Typically, it takes between 45 to 60 minutes.

2. How much does labiaplasty cost?

The cost of the procedure starts from around £2750.00 under local anaesthetic as a day case procedure. The exact cost estimate will be discussed after the face-to-face consultation.

3. Is there an initial fee for the consultation with the senior surgeon?

All the initial video consultations are complementary (no charge). There is no charge even for face-to-face consultations at MACS clinic in Watford as well as Clementine Churchill hospital, Northwest London. There will be £200.00 initial consultation charge if you choose Harley street as the location of your initial consultation.

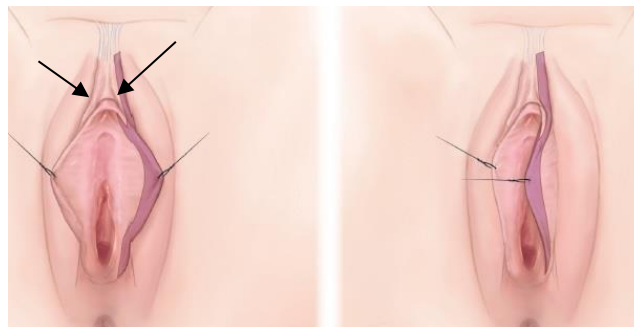


Before

After

4. What is lateral clitoral hood reduction?

Lateral clitoral hood is the fold of skin on outer side of clitoris as well as the dorsal clitoral hood as shown by the black arrows in the diagram below. This fold of skin could be bulkier than normal. The procedure reduces the length and size of the clitoral hood. Your surgeon will advise you about consideration of lateral clitoral hood reduction at the time of labia minora reduction.



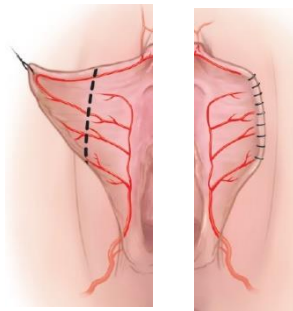
Lateral clitoral hood trimming along with labia minora reduction.

5. What is the difference between the trim and wedge technique?

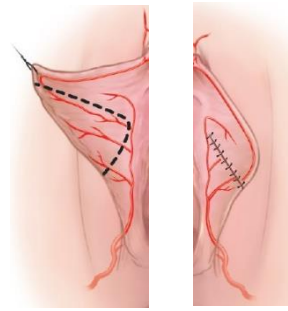
The design of removal of excess labia minora is shown in the left diagram. It is relatively simpler procedure preserving better blood supply of the labia minora.

The design of the wedge technique is demonstrated in the right diagram. The blood supply of labia minora is relatively uncertain and there could be increased possibility of delayed wound healing and perforations (holes) in the remaining labia minora. Your surgeon will discuss various aspects in detail during your consultation.

Trim technique



Wedge technique



6. What types of anaesthetics are used?

The labiaplasty can be performed under local or general anaesthetics and sedation. The majority of labiaplasty at MACS clinic are performed under local anaesthetics. Local anaesthetics are safe, significantly convenient for patients and more cost-effective. A long-acting anaesthetic is infiltrated at the end of the operation for extended control of pain for a period of 4 hours after the operation.

7. What is recovery like after labiaplasty?

Most patients are up and about within few hours after their surgery. During the first 24 -48 hours after surgery, patients should place ice packs on outer genitalia to minimize swelling and bruising. Routine tasks are encouraged if there is no irritation or pressure on operated area. Loose clothing and cotton underwear are mandatory. By 72 hours you may resume regular activities, making sure there is minimal friction to the operated site. Patients may return to office work (computer-based, non-strenuous) within 2-3 days if rigorous physical activity is avoided. The stitches will usually dissolve in few weeks. Patients should be 'on pelvic rest' (no intercourse or tampons) and should avoid bathtubs/hot tubs or swimming in the lake or ocean, rigorous exercise, cycling, horse-riding, jet skis, motorcycles and four wheelers should be avoided during their recovery period and must confirm with the surgeon before



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commencing above activities. We encourage our patients to take a daily shower from day 1 and use a prescribed topical ointment once a day. The post-operative swelling, bruising and discoloration varies from patient to patient. Please be aware that smokers are likely to have more swelling, bruising and discoloration, hence we advise all our patients to stop smoking. The discoloration subsides between 2 to 4 weeks' time.

8. How long will it take for me to see my final results?

Final results are assessed and appreciated between 6 weeks and 3 months following surgery.



Map and directions to the clinic

<http://macsclinic.co.uk/contact-us/#map-direction>