

**Miss Judith Hunter MA MB BChir MD FRCS (Plast)**  
**Consultant Plastic Reconstructive & Aesthetic Surgeon**  
9 Harley Street  
London W1G 9QY

## **PATIENT INFORMATION**

### **LABIAPLASTY**

#### **Aim of Surgery**

This surgery involves removing excess tissue from your labia minora (inner lips) so that they are tucked in more neatly. It does **not** involve any procedure on your clitoris, vagina or outer folds (labia majora). It can be performed under local or general anaesthetic but most people choose a general anaesthetic so they are completely asleep during the procedure. There are two main methods of performing this surgery, either a wedge excision or an edge trim. They are both good procedures but the wedge excision has the advantages of having a more hidden and shorter scar and a more natural colour and edge to the labia but it does have a slightly higher incidence of minor wound healing issues.

#### **What to Expect**

A labiaplasty is usually performed under general anaesthetic and the procedure takes about 60 minutes; a general anaesthetic means that you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand; you can drink water only from 6 hours up to 2 hours beforehand. You may have a pre-op assessment where occasionally blood tests are taken. A labiaplasty may be performed as a day case.

You will need to have sanitary pads to place in your knickers as you may notice a few drops of blood from the wounds. You should expect to take 1-2 weeks off work and you will need to avoid cycling, prolonged sitting or sexual intercourse for a month. You will need to check with your insurance company regarding driving but it may not be advisable for two weeks whilst the wounds are healing. Usually we will arrange for you to be seen for a wound check the week after the surgery and then perhaps the following week, depending on wound healing. Miss Hunter will oversee these reviews and will also see you in clinic at around 6 weeks.

**Contact – Concerns / Queries: Sophie Freud - PA to Miss Judith Hunter**

**Tel: 07980 307829**

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#### **Post Op Instructions**

You will be able to walk straight away but you need to avoid excessive sitting and disruption to the area as explained above for one month. Try to rest in bed for the night after surgery, just getting up for the lavatory or showers. After this, please do walk around but be careful of the area that has been operated on. You should shower twice a day from the time of surgery, there will be dissolving sutures which will be covered with ointment. Please simply use a shower head to allow a jet of water to go up into the operated region (without soap), gently dry the area and apply more ointment that we will provide you with. Place sanitary pads as needed to soak up any minor discharge. Do not use tampons whilst the area is healing. Please also try to shower after going to the toilet. Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first. Avoid swimming for 6 weeks. At your first clinic review we will check the wounds. At this stage you can keep showering and drying as above. Once all is healed, usually at 2-3 weeks, you will not need to apply any ointment or dressings.

#### **Complications**

##### *Of the General Anaesthetic*

It is possible to get a blood clot in the legs or lungs or a chest infection after any general anaesthetic although there is a very low risk of this and we do everything we can to prevent this. You will have compression stockings and calf compressors on during the operation and you should walk around as soon as you can after surgery.

Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.

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#### *Of any Operation*

**Bleeding:** You will be quite bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding, if this happens the affected area will swell up soon after the procedure or there will be excessive bleeding from the suture line. It is possible, although rare, that you would need to return to the operating theatre for this to be attended to.

**Scars:** Scars will either be along the edge of the labia minora (edge trim) or tucked inside (wedge excision). With the wedge excision, this can result in a slight notch and slight colour change between the front and back parts of the labia. Scars can take up to eighteen months to really settle down. Even when faded, they will always be there if you look closely enough.

**Infection:** We take all possible steps to avoid infection. You will have antibiotics around the time of the operation and you may be given antibiotics to take home. An infection is unusual but very treatable if it does happen. Redness spreading from the wound edge, pus coming from the wound, a bad smell from the wound or feeling flu-like and unwell may be signs that you have an infection and you should seek help.

**Pain:** This should be controlled with painkillers. You will be sent home with some which you should take regularly for the first few weeks, afterwards you can take them as and when you need to. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

#### *Specific to Labiaplasty*

**Asymmetry:** no two sides of the body are identical to start with and there might be subtle differences between the labia afterwards too.

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**Wound Breakdown:** It is not uncommon for wounds to gape open a little after surgery, especially in the wedge excision, this is due to tensions on the wound and the region that is operated on being prone to small wound healing problems. This is a nuisance rather than a real problem and can mean you will need dressing changes for a little longer than 2 - 3 weeks; eventually the wounds should all heal in well. Occasionally there may be a permanent mild contour defect (such as a small notch) as natural labia are a little uneven, this may not be a problem.

**Nerve Damage:** This is a very sensitive area with lots of nerve endings. The scar itself can be sensitive after the operation, and this may be a long term issue, it is possible that the scar may be painful during sexual intercourse. Occasionally there may be patches of numbness on the labia however, as we are not operating on the clitoris or vagina, this should not be a major issue. There is also no guarantee that this operation will solve any sexual issues - this is not a treatment for sexual dysfunction, it is a cosmetic procedure to trim protruding labia minora tissue.

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