Labiaplasty (nymphoplasty) / vulvo-perineoplasty

This sheet, given to you by your gynaecological surgeon, is intended to complement the explanations provided during your consultation. Do not hesitate to ask if you have any questions.

What is a reduction labiaplasty?

The aim of the operation is to remove the excess tissue of the labia minora while restoring a satisfactory, natural appearance. Surgical reduction of the labia minora is classically indicated when there is pain or discomfort related to the size of the labia minora.

What is a vulvo-perineoplasty?

This operation consists of correcting the appearance of the posterior fourchette of the vulva and of the entrance to the vagina, in particular in the case of an anatomical lesion following childbirth. There may sometimes be a gaping or a band of scar tissue that may require surgical treatment.

How does the operation take place? What type of anaesthesia?

In most cases the operation is performed as day surgery, with a return home the same evening.

The operation is performed under general or regional anaesthesia (spinal anaesthesia). The anaesthetist will inform you in particular of the details and risks of the technique chosen, according to your condition.

What are the labiaplasty techniques?

Two surgical techniques exist. The choice of technique depends on your anatomy and on your surgeon's practice.

- Longitudinal resection: this consists of directly removing the excess part of the labia minora that protrudes between the labia majora.
- Triangular (wedge) resection: this technique treats both excess length and excess height of the labia minora. A triangle of mucosa is marked out and then cut away, and the labium is then reconstructed.

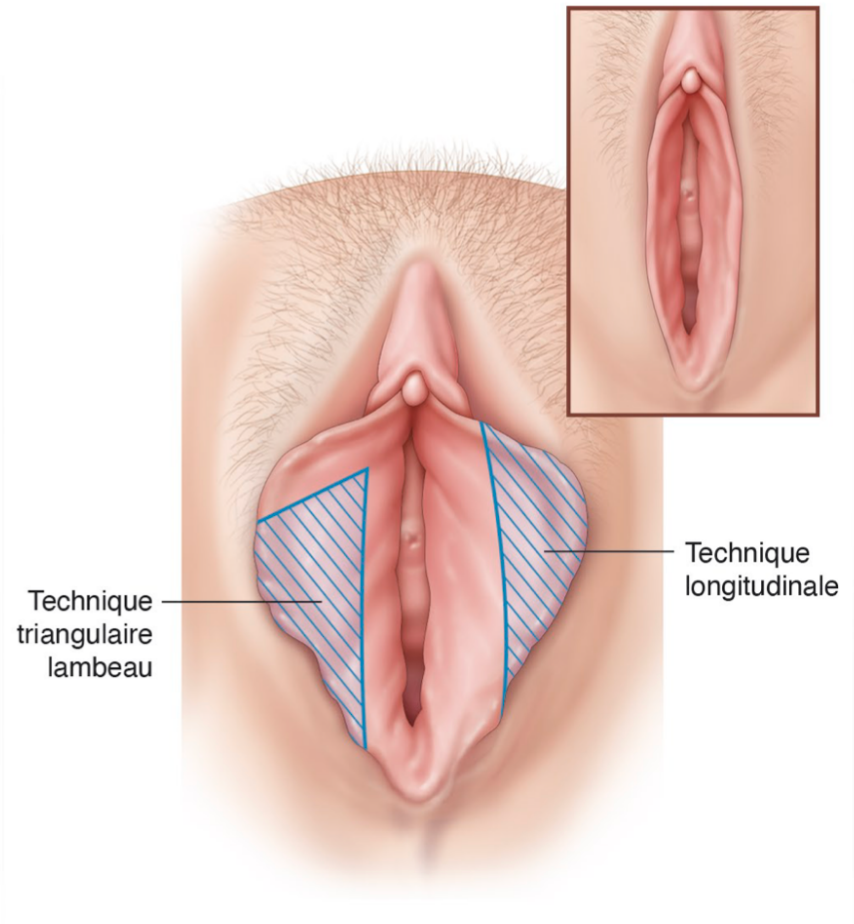

diagram of the vulva — “Triangular (wedge) technique” on the left, “Longitudinal technique” on the right.

How is a vulvo-perineoplasty performed?

The aim of the operation is to restore a normal appearance to the vulva and to the entrance of the vagina. If there is a band of scar tissue, it will need to be divided. If there is gaping, the tissues on the posterior wall of the vagina will be brought together.

In all cases, the stitches will be made with absorbable sutures, which will fall out in the weeks following surgery.

Pre-operative recommendations

Strictly stopping smoking before the operation is essential in order to reduce the risk of skin necrosis and of healing problems, which are greater in smokers.

What happens in the post-operative period?

You will spend time in the recovery room before returning to your room. The nursing team will monitor any bleeding and the return of normal urination.

A vaginal pack or urinary catheter is generally not needed, but in some cases they are necessary. They are usually removed within hours of the surgery.

You will be able to eat and return home as soon as the surgeon gives approval.

Should I expect complications?

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to inform the doctor of your medical history (personal and family) and of all the treatments and medicines you take. Despite all the precautions taken, problems may occur in isolated cases during and after the operation.

During the operation

- Haemorrhage or the formation of haematomas. Very rarely, injury to nerves or soft tissues by compression.

After the operation

- The main risk is the wound opening up (dehiscence) if a haematoma forms; this most often requires local wound care, sometimes antibiotics and, rarely, further surgery.
- You will feel a pulling sensation in the treated areas. This will be well relieved by simple painkillers during the first week. Ice may also be applied to reduce oedema (post-operative swelling).
- You may also see bruising (haematomas) appear, which will then clearly subside.
- The final result of a reduction labiaplasty should not be assessed before two months. You need to wait 12 months to judge the final appearance of the scars.

In the longer term

- Necrosis of the skin or mucosa: rare, generally localised, and requiring prolonged local wound care.
- Pain during intercourse: exceptional and generally temporary.
- Altered sensation of the labia minora: this is very rare, most often temporary, and generally recovers within three to six months.

What recommendations should I follow after the operation?

Loose clothing or skirts, and cotton underwear, are preferable during the first 15 days.

It is very important to avoid any moisture build-up (maceration) as far as possible: dry yourself thoroughly after your daily shower and after each time you pass urine. It is recommended to avoid any sexual intercourse, use of tampons, baths or water activities, as well as any strenuous sport, until your post-operative consultation, which generally takes place after one month.

Will I need time off work?

Time off work is generally prescribed. Its duration depends on the discomfort experienced after the operation.

Reasons to seek medical advice

After the operation, if you notice very heavy continuous bleeding, foul-smelling discharge, unusual pain or fever, do not hesitate to contact the surgical team.