



LABIAPLASTY PATIENT HANDOUT

What Is Labiaplasty?

Labiaplasty is a surgical procedure that reshapes or reduces the size of the labia minora (inner lips) and/or labia majora (outer lips) of the vulva. It is one of the most commonly performed female genital cosmetic procedures, and can be carried out for cosmetic reasons.

The labia naturally vary considerably in size, shape, and colour from woman to woman, there is no single "normal" appearance. Changes to labial tissue can occur due to genetics, ageing, hormonal shifts, or childbirth.

Why Women Consider Labiaplasty

Common reasons include:

- Physical discomfort or irritation during exercise, cycling, or wearing fitted clothing
- Pain or discomfort during sexual intercourse
- Difficulty with hygiene due to excess tissue
- Asymmetry or irregularity that causes self-consciousness
- Persistent chafing or rubbing against clothing seams
- Desire to improve aesthetic appearance

Am I a Suitable Candidate?

Labiaplasty may be appropriate for women who:

- Have persistent physical symptoms (discomfort, chafing, pain) not resolved by conservative measures
- Have realistic expectations about what surgery can and cannot achieve
- Are non-smokers
- Do not have active infection or significant uncontrolled medical conditions
- Have fully completed puberty (labial tissue continues to develop through adolescence)

Labiaplasty is generally not recommended for:

- Active smokers (significantly impairs healing and increases complication risk)
- Women with body dysmorphic disorder
- Those expecting the procedure to enhance sexual performance or ability to achieve orgasm
- Women with unrealistic expectations about the outcome



The Procedure

Labiaplasty is performed as a day surgery (outpatient) procedure under local (at ODC) or general anaesthetic, typically taking 45 minutes to 1.5 hours.

Your surgeon will discuss which technique is most appropriate for your anatomy and goals. The two most common approaches are:

Trim (Edge Excision) Technique

The excess labial edge is removed along the natural border. This produces a clean, symmetrical result and is often favoured for aesthetic outcomes.

Wedge Technique

A V-shaped wedge of tissue is removed from the thickest part of the labia, preserving the natural labial edge. This technique aims to maintain a more natural appearance of the labial border.

Your surgeon will take care to preserve the neurovascular supply to minimize the risk of sensory changes. Dissolvable sutures are used and do not need to be removed.

Recovery Timeline

Recovery is generally straightforward for most patients.

Time frame	What to Expect
Days 1–3	Swelling, bruising, and mild discomfort most manageable with prescribed pain relief
Week 1	Rest recommended; keep the area clean; light pad or liner advised
Weeks 1–2	Most women return to light daily activities
Weeks 4–6	Return to exercise and sexual activity when comfortable and cleared by your surgeon
3–6 months	Final results visible as swelling fully resolves

Important recovery instructions:

- Keep the area clean with gentle soap and water
- Avoid tight clothing and synthetic fabrics in the early weeks
- Avoid tampons, sexual intercourse, and submersion in water (bath, pool, ocean) for 2–4 weeks
- Avoid strenuous exercise until cleared by your surgeon
- Do not smoke. Nicotine significantly impairs blood flow and wound healing



Risks and Complications

Labiaplasty has a generally low complication rate when performed by a qualified plastic surgeon. A systematic review and meta-analysis reported an overall patient satisfaction rate of 94% across all labiaplasty techniques.

Common, temporary side effects (part of normal healing):

- Swelling and bruising
- Mild pain or discomfort
- Temporary changes in sensation

Less common complications:

- Wound dehiscence (wound edges separating) — most commonly associated with the wedge technique
- Asymmetry — the most frequently reported complication
- Scarring or scar contracture
- Infection (rare; treatable with antibiotics)
- Haematoma (blood collection)
- Under- or over-resection requiring revision surgery — revision rate approximately 3.5%

Rare but serious complications:

- Persistent changes in sensation or sensitivity
- Chronic pain or dyspareunia (pain with intercourse)
- Flap tip necrosis (with wedge technique)
- Labial distortion

Important note about sensation: The clitoral nerves run deep and are not within the surgical field, which means the procedure does not typically affect clitoral sensation. However, localised sensory changes to the labia can occur in rare cases.

Patient Satisfaction

Research supports generally high satisfaction rates following labiaplasty:

- Overall satisfaction across all techniques: 94% (systematic review and meta-analysis)
- Deepithelialization technique achieved the highest satisfaction rate: 97%
- Long-term improvements in genital self-image and aesthetic satisfaction have been reported regardless of technique used
- In one study of 113 patients, 96.55% rated their surgical experience as very good or excellent



Non-Surgical Alternatives

Non-surgical options may be appropriate for some women, particularly those seeking improvement in tissue tone or mild laxity rather than reduction in labial size:

- **Radiofrequency (RF) treatments:** (e.g., ThermiVa, Aviva) — use gentle heat energy to tighten and reshape labial tissue without incisions. No downtime; results last up to 12 months with maintenance treatments.
- **Laser treatments:** stimulate collagen production to improve tissue tone and comfort; may assist with mild vaginal dryness or mild urinary symptoms
- **Topical therapies:** for discomfort related to dryness or hormonal changes

Non-surgical options are generally **not suitable** for women seeking significant reduction in labial size or correction of moderate-to-severe excess tissue.

When to Seek Immediate Medical Attention

Contact your surgeon promptly if you notice:

- Increasing pain that is not controlled by prescribed medication
- Heavy or increasing bleeding
- Signs of infection: increasing redness, warmth, swelling, offensive discharge, or fever
- Wound edges that appear to be separating
- Any concern that does not feel like normal healing

Questions to Ask Your Surgeon

- Am I a good candidate for this procedure based on my anatomy?
- Which surgical technique do you recommend for me, and why?
- What results can I realistically expect?
- What is your revision rate, and what would happen if I need a revision?
- How many labiaplasty procedures have you performed?
- Are there non-surgical options that may suit my goals?

This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.