

LABIAPLASTY

MEMORIZE THIS PAPER PRIOR TO SURGERY

Why have a Labiaplasty?

Many women with enlarged labia feel uncomfortable. This may simply be due to esthetics, as they feel embarrassed or self-conscious in front of their partners. Other women feel a physical discomfort when wearing tight clothing, having sexual relations, or exercising.

Large, asymmetric or irregular genital labia (lips) can occur naturally or develop with age, childbirth, hormones, or even from sexual intercourse. In most women, the labia minora (inner genital "lips") are seen only when the legs are separated, however in some women, large labia minora are visible even when the legs are not apart, or are barely separated, causing embarrassment, self-consciousness, distancing in relationships, and discomfort. Enlarged labia may also be noticeable in tightly fitting pants, and might cause discomfort during intercourse or bicycle riding. For these reasons, many women with asymmetric or large labia choose to make the labia smaller, more defined, and/or more symmetric through a procedure known as labiaplasty or labia minora reduction. (The labia minora are the inner genital "lips" while the labia majora are the external genital "lips")

The Preoperative Visit

This visit will be scheduled approximately two weeks before surgery. It will give you an opportunity to ask questions you might not have asked previously. We will review your medical history, give you a pre-operative examination, and discuss what to expect during surgery. If you are over forty years of age or have a history of heart problems, we may arrange for an electrocardiogram and lab tests. We will also take preoperative photographs, which become a permanent part of your medical record and remain strictly confidential. Your operative consent will be read and signed, preoperative instructions reviewed, and prescriptions for the medications will be given to you at this visit. Your fees will be due at this time. Arrangements to facilitate overnight or postoperative care will be made to suit your individual needs.

Preoperative Instruction Checklist

You must **shave the entire genital area** the night prior to surgery and make sure you clean the area the night before and the morning of surgery with a good antiseptic soap, like Phisoderm or Cetaphil.

Medications: Do not take aspirin or ibuprofen for three weeks before or two weeks after surgery. Please inform us of any and all medications you take including prescriptions, over the counter, vitamins, herbal or natural medicines, and supplements. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

Smoking: Smoking or nicotine use (chewing tobacco, nicotine gum, snuff) can have a severe detrimental effect on wound healing. The nicotine decreases the vital blood supply

to the skin and can cause poor healing or even skin death. **STOP ALL NICOTINE PRODUCTS 2 MONTHS BEFORE AND AFTER SURGERY.**

Caffeine- Excessive use of products with caffeine such as coffee, tea, or soft drinks, especially Diet Coke, can have similar effects as nicotine. **STOP ALL CAFFEINE PRODUCTS 2 WEEKS BEFORE AND AFTER SURGERY.**

Make sure you have the following supplies for your postoperative home care:

1. Polysporin ointment
2. Maxi-pads
3. Prescription medication- antibiotics and painkillers
4. Ice packs
5. Support panties

What to Expect During Surgery

Before surgery begins, you will be asked to change into a surgical gown and will be taken into a private operating room. An intravenous line will be inserted into a vein in your arm. This will make it possible to administer fluids and to deliver the necessary medications to make you comfortable. Monitoring devices will be connected to you to assure your safety.

Labiaplasty is usually performed under local anesthesia or with a mild IV sedation. The IV sedation is preferred but it does cost a little more. The procedure should take 1 to 2 hours to perform with an additional 30 minutes in the recovery room.

Postoperative Guidelines

You should expect a little bleeding, swelling, bruising, and pain. This is all normal and should be easily tolerated.

Medications: Take all the medications we prescribed according to the instructions on the bottle. You may feel a bit drowsy, so have someone help you. If you need a refill, call the office and give us the number of your drugstore or pharmacy. Do not take aspirin or ibuprofen for three weeks before and two weeks after your surgery.

Pain: The period of greatest discomfort usually lasts about 24 to 48 hours. Thereafter, you should have less discomfort and less need for medication. Occasionally, it lasts a bit longer, as different people have different pain tolerances.

Swelling: Everybody swells a little differently but generally the more active you are right after surgery the more you will swell. Putting ice packs on the genital area for the first 24 hours will cut down on the swelling. Remember some swelling is normal. If one side swells significantly more, twice as big as the other side, that might be a reason to come to the office and let the staff inspect.

Bleeding/Oozing: It is normal for the first 2 or 3 days to have a little bleeding. Just keep the polysporin ointment and a pad over the site and eventually the oozing will subside.

Use panties with some firm support to hold the pad in place. Gentle pressure will cut down on the oozing and swelling.

Activity: You should take it easy the day of your operation and for 2 or 3 days following. Avoid wearing tight pants or going out in the heat for the first week. After the first few days you can progressively increase the amount of walking and gentle exercise that you want to do. No strenuous exercises for at least 3 weeks. Excessive activity in the first few weeks can initiate severe bleeding that may require another surgical procedure to control.

Ice Pack: Using an ice pack for the first 24 hours is helpful but not mandatory.

Showering/Bathing: After 24 hours you can shower everyday. Avoid bathing or swimming for 2 weeks.

Sexual Intercourse: No sexual intercourse for 4 to 6 weeks.

Call (214) 363-4444 if you have:

- Severe pain that doesn't respond to medication.
- Significant swelling, and/or unrelenting pain which occurs more on one side than the other.
- Redness, warmth, or rash-like formation on the skin.
- Excessive bleeding or drainage in the drain (more than 25cc/hour).
- Deep pain in the legs/calves; which may indicate a blood clot.
- Shortness of breath or labored breathing can be a sign of blood clots in your lungs.
- Any other problems or questions not answered on this sheet.

Infection Alert

There is evidence of an increased incidence of MRSA (methicillin-resistant Staphylococcus aureus) and other antibiotic resistant bacteria in our community. In the past, these resistant bacteria were typically found only in hospitals, but they are now found everywhere. Frequently people can be a carrier of the bacteria without their knowledge. An infection with this bacteria can cause severe damage to the skin and even death. We are diligent in cleaning and sterilizing our facility and try to limit the exposure of outside bacteria from patients into our surgery center. We therefore have implemented the following hygiene steps to help prevent the contamination of our facility and therefore decrease your postoperative infection risk.

Rare Complications

Deep venous thrombosis (blood clots) affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other area, causing severe damage to that organ or even death. This is the reasons we have you stop hormones, wear TED hose, and walk every 3 hours the night of surgery.

Post Operative Visits

You will be seen approximately 5 to 7 days after surgery. The stitches that you have will dissolve generally within the first 2 weeks. If there is a stitch that does not dissolve or if it becomes bothersome we may be able to remove it for you.

You will be more comfortable using the private postoperative waiting room for your initial postoperative visits. Park at the handicap spot in front of the Sherry Lane door. Press the doorbell and we'll let you in from the inside.

Please feel free to call us at any time during your healing period. **THE OUTCOME OF YOUR SURGERY IS IN YOUR HANDS AS WELL AS THE DOCTOR'S. IT IS YOUR RESPONSIBILITY TO FOLLOW ALL INSTRUCTIONS GIVEN.**

The instructions above are general and some portions may not apply to all patients. Changes in the instructions depend on your medical history, number and type of procedures and type of anesthesia.