

Operation of the Labia: Labiaplasty

LABIA / VULVA There is a significant variation in women's labia. The large (outer) and small (inner) labia, along with the clitoris, the clitoral hood, the urinary opening, and the entrance to the vagina, constitute the external genitalia or vulva. These genital parts are immediately visible as they are located externally, unlike the vagina and cervix, which are located internally in the body. The vagina and cervix can be seen if the vagina is opened, for example, with a speculum. The uterus, fallopian tubes, and ovaries can only be visualized through scanning or surgery as they lie inside the abdominal cavity.

NORMAL ANATOMY OF THE VULVA

The length, width, shape, color, and hair of the labia vary greatly, and there is no established normal range. 54% of women have small labia that are visible, i.e., not covered by the large labia. The width of the small labia is on average 14 – 22 mm (Variation: 1 mm – 61 mm). Here is a gallery of pictures of different women's external genitalia.

[Pictures of different normal vulvae](#)

INDICATIONS FOR LABIA SURGERY?

Legal in Denmark:

1. Anatomical abnormalities: Hypertrophy, asymmetry, and deformation.
2. Functional problems: pain/discomfort during intercourse, sexual difficulties, and mechanical issues, including pain and discomfort during exercise and wearing tight clothing.
3. Psychological, emotional, and social problems: embarrassment, as well as decreased self-esteem and self-worth.

Illegal in Denmark: Dissatisfaction with the aesthetic appearance of the labia.

In Denmark, one is not allowed to operate solely based on cosmetic indications.

PRE-EXAMINATION

During the pre-examination, the gynaecologist will review the external genitalia, including the labia, with you while you examine them with a handheld mirror. This allows you to best present the problem to the doctor, who can show you what is normal and possibly abnormal. The doctor will also indicate where the incision may be made in a potential surgery. This is to ensure agreement on the definition of the problem and where to cut in a potential operation. The expected result will also be discussed.

OTHER SOLUTIONS

Before considering surgery, one should explore other options to alleviate the discomfort. This can include changing the type of underwear, wearing looser clothing, changing the bike seat (model, angle, etc.), different intimate hygiene practices, different care of the vulva, using lubricant during sex, etc. You can only be referred for surgery if these measures have not been effective.

REFLECTION PERIOD

Before any potential surgery, you must have at least 3 weeks of reflection time.

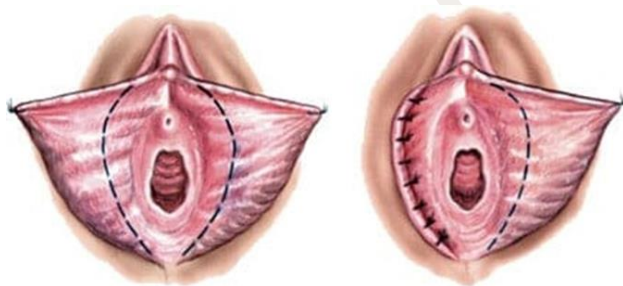
THE OPERATION ITSELF

Upon arrival, you will receive preventive antibiotics against infection and one tablet that reduces the risk of bleeding. The surgery will be performed under local anaesthesia. First, we will review the external genitalia with you again, just as we did during the pre-examination. We will outline the lines that will be cut, ensuring we

agree on how it will be done. Local anaesthesia is then administered, and we wait about 10 minutes to ensure optimal anaesthesia. The surgery is carried out, and the tissue is stitched with small fine stitches made of self-dissolving thread. The operation takes between 20-45 minutes.

RISKS OF THE OPERATION

There is always some risk associated with undergoing surgery. The risk related to the reduction or reconstruction of the labia is very small. Everyone experiences pain ranging from mild to severe as the local anaesthesia wears off. We manage this with pain-relieving tablets, like Ipren, Panodil, and Tradolan. 1-2% experience minor blood accumulation, which is drained in the clinic; about 2% will require an extra stitch after the operation to stop minor bleeding. Approximately 6% may experience wound issues, such as a stitch slipping, necessitating re-opening the wound from the bottom. About 30% may notice slight changes in sensitivity on the free edges of the labia, but only 5% experience this after a year at the follow-up appointment after 3 months.



CONSENT FORM

I hereby confirm that I have been informed about:

1. Labiaplasty is prohibited on cosmetic grounds.
2. Labiaplasty may only be performed due to mechanical/medical issues.
3. Labiaplasty can, in rare cases, lead to complications such as bleeding, infection, decreased sensitivity, and chronic pain in the area.
4. Labiaplasty is not recommended in the presence of chronic diseases in the area. After this information,

I still wish to proceed with the operation aiming for the reduction/reconstruction of the small labia.

CPR _____ Signature _____

Date / /

AFTER THE OPERATION:

When you return home after the surgery, you may experience a fair amount of pain. To prevent this, you should take Pinex 1g four times a day and Ipren 600mg three times a day, and if necessary, Tradolan 50 4-5 times a day. Of course, this assumes that you can tolerate the medication. It is beneficial to supplement with an ice pack. You can make this by taking some pads, wetting them, freezing them, wrapping one in a cloth, and placing it on the labia. This reduces swelling and pain. It is important to rest for the first day and avoid heavy lifting or any strain during the first week after the operation. There may be minimal bleeding after the operation; it is normal to have mild bleeding in the days following the surgery. However, if you start bleeding heavily or experience pain or fever, you should contact us or call 1813.

PATIENT SATISFACTION

According to several studies with long-term follow-up (24-42 months) on patient satisfaction and sexual function, overall patient satisfaction reaches 95-98%.

CONSENT

Before any operation can take place, you must complete the consent form below.