

A Review of Labia Minora Labiaplasty Data from July 2003 to the Nov 2015: 737 Cases

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Introduction: Labia Minora Labiaplasty (LmL) surgery is sought after by women for comfort, function and appearance concerns but there is little documentation on comparison of the laser with the scalpel and electrocautery and how these surgeries affect women's perceptions of their genitals.

Materials and Methods: A review of labiaplasty data collected by different methods over the last 12 years is being presented. 554 Cases (July 2003-May 2010) were done with the YAG laser, and 183 were done with electrocautery and sharp dissection (June 2010 to Nov 2015). Clinical and subjective data were collected on all patients with 146 (from Aug 2011 to Nov 2015) having data collected by the validated 7-item Female Genital Self-Image Scale (FGSIS). The minimum score is 7 (one point per item) and the maximum score is 28 (four points per item); the higher the score, the more positive the perception. Pre- and Post-op scores were directly compared. Age was assessed to see if it had an effect on scores.

Results: Reasons for all patients undergoing LmL were identified including three related to appearance (length, pigmentation and asymmetry), and the rest being related to comfort and function (hygiene, problems with placing tampons, irritation with sitting, walking, exercise, activities, clothing, sex, and a multi-directional urine stream (MDUS)). Psychological and emotional components were identified as well (embarrassed, self-conscious, inhibited from sexual activity, feeling abnormal or ashamed, uncomfortable with their bodies). Minimal blood loss occurred (a teaspoon or less), with no major complications with the laser, scalpel or cautery on 25 watts of power. The traditional edge-reducing labiaplasty was performed on the majority of these patients with edge-preserving procedures done on 8 (inferior wedge and fenestration labiaplasty). Minor complications were 3% including asymmetry requiring edge revision (19), edge hypersensitivity (2), chronic pain related to removing too much tissue near the introitus (1) requiring a skin flap transposition which resolved her pain, unhappy with result of edge-preserving surgery with hole formation who underwent an edge-reducing procedure with satisfactory results (1), hole formation with edge separation (1), reduced sensation (1), incidental burn (1). All patients were followed up post-op day 1, offered 2, 6-8 week, and 3-6 month follow-up appointments, with questionnaires mailed out at three months post-op to all of them. The FGSIS was provided pre-op, 6-8 weeks post-op and 3-6 months later to all patients starting 2011 with only the data of those responding to both pre- and post-op included. The majority of patients had resolution of their appearance, comfort and functional concerns. Of those 146 responding to the FGSIS, pre-op scores ranged from 7 to 26, the mean score equaled 14.78 and the median pre-op score was 15. For N=131 who completed the Post-Op Questionnaires, post-op scores ranged from 14 to 28 with a mean post-op score of 25.45 and median score of 27. The difference between the pre-op (CI = 14.20, 15.36) and post-op (CI = 24.90, 26.00) scores was shown to be strongly statistically significant (on the average 10 points higher) with a p value equal to 2.2×10^{-16} . Using the ANOVA test, there was no effect found of age on pre- or post-op scores.

Discussion: There does not appear to be a difference in surgical results with the use of either the laser or scalpel and cautery. There is a slightly higher incidence of complications with the edge-preserving techniques. Using the FGSIS instrument, LmL surgery has been shown to have a positive impact on patients' perceptions of their genitalia. Scores were shown to be independent of age.

Conclusion: Appropriate identification of labial issues can be paramount to greatly enhancing the physical as well as the psychological aspects of women's lives. Regardless of the surgical technique, labiaplasty surgery has been shown to have a positive impact on patients' perceptions of their genitalia both subjectively and using the FGSIS instrument. This instrument can be a useful tool for practitioners to assess the success of LmL surgery.

Biography

Board-certified Ob/Gyn Dr. Troy Robbin Hailpam has done over 2000 vaginal procedures and over 700 labiaplasties, and has had extensive advanced education in cosmetic-plastic gynecology. She is an international leader in the field having participated in the historic first two scientific sessions in cosmetic-plastic gynecology at major international meetings, the first in Hainan, China at the 15th World Congress on Controversies in Obstetrics, Gynecology and Infertility (COGI) in December, 2011, and the second, at the prestigious International Federation of Gynecologists and Obstetricians (FIGO) in Rome, Italy, in October, 2012, to help recognize and validate the needs of women everywhere. She is the author of the recently released online educational eModule for her colleagues through the American College of Obstetricians and Gynecologists (ACOG) on the Labia Minora and Labia Minora Labiaplasty Procedures, and has published articles in reputed journals as well as serves as a scientific peer journal reviewer. She lectures locally and nationally, and holds courses throughout the year on Vulvar and Vaginal Cosmetic Gynecologic Procedures through the American Society of Cosmetic Physicians.

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