

LABIOPLASTY

ARE YOU THINKING ABOUT LABIOPLASTY?

If you are considering surgery, we want you to be thoroughly informed about this procedure. Reading this information is the first step. However, a personal consultation with your surgeon is the best way to obtain any additional information you need.

What is labioplasty?

Cosmetic surgery of the genital area and more specifically of the labia is also called labioplasty.

Is labioplasty for me?

Women are often concerned about the appearance of their genital area. This may be a concern purely for aesthetic reasons or more functional reasons.

The inner labia may actually protrude so far out of the outer labia that it produces functional problems. It may cause chaffing on underwear; it may cause folds which become irritated and painful. Large labia may also be visible through underwear or swimming costumes, causing embarrassment.

INITIAL AND SUBSEQUENT CONSULTATIONS

During the initial consultation, you may be asked about your concerns and what you would like to see improved. This will help your plastic surgeon to understand your expectations and determine whether they can be realistically achieved.

You will be asked about your medical history including previous operations, past and present medical conditions and current medications. In order to provide you with the best information and safest options, it is important that you give your surgeon complete information. The medical conditions that may increase risks of surgery include high blood pressure, thyroid problems, diabetes and bleeding problems.

Physical examination will be performed, usually with a nurse present. The labial anatomy and the extent of the problem will be assessed and a plan for a possible corrective procedure will be formulated by your surgeon.

Preoperative photographs may be taken during your initial consultation or a subsequent visit. Your surgeon will discuss with you the details of the operation and the possible risks and complications associated with the procedure.

Preparation for surgery

The goal of your plastic surgeon and the staff is to make your surgical experience as easy and comfortable for you as possible.

Smokers must stop smoking 3 weeks before surgery. Aspirin and some anti-inflammatory drugs used for the treatment of arthritis can cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery.

It is helpful to have the genital area shaven or waxed several days prior to surgery as you will find it easier to look after the stitches after surgery. Apart from a normal diet and hygiene, no special preparation is necessary.

Labioplasty is usually performed in a hospital or a day surgery under general anaesthetic or intravenous sedation.

The operation is performed on a day surgery basis, meaning you can leave after the operation is finished and you have recovered sufficiently from the anaesthetic. If this is the case, make certain you have someone drive you home after surgery and to stay with you at least the first night following surgery.

The day of surgery

You will be admitted to the hospital or day surgery by the admitting staff. This requires about 15 minutes of paperwork after which you will be seen by the anaesthetist. This is the doctor responsible for putting you to sleep and keeping you safe during the operation. The anaesthetist will ask you again about your previous medical history to ensure that giving you anaesthetic is in fact safe. During the anaesthetic, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood.

Your surgeon will mark your skin before the operation and if you have not already done so, you will need to sign the consent form for your operation. You will also have the last opportunity to ask any last minute questions you may have.

You will then be moved to the operating theatre. There, you will be placed on the operating table. The anaesthetist and his assistant will prepare you for the anaesthetic and put you to sleep. You will also be given antibiotics intravenously to minimise the chance of infection.

YOUR OPERATION

The operation will take anywhere between 60 and 90 minutes, depending on the type and extent of the operation.

The incisions will be placed according to the preoperative plan formulated by your surgeon. The stitches used in the operation are dissolving, so that looking after the operation will be easier. Once the operation itself is finished, antibiotic ointment is applied to the sutures. Also, a long-acting anaesthetic is injected into the area to minimize your post-operative pain.

After Surgery

When surgery is completed, you will be taken into a recovery area where you will continue to be closely monitored. You will feel drowsy for several hours after the procedure and you will remember very little of

this time. Generally, you will be ready to leave the day surgery about 3-4 hours after the operation is finished.

Because the area is infiltrated with long-lasting local anaesthetic, you will have little or no pain when you wake up. As the anaesthetic wears off, some discomfort will return. This can generally be well controlled by taking oral medications such as Panadeine Forte. Resting also helps decrease the discomfort. The pain will settle over several days to a point where you will be taking only Panadol by 4th day or so.

Straining, bending and lifting must be avoided, since these activities might cause increased swelling or even bleeding. Although you will find that mobilisation is a little slow at first, you should expect to be walking normally within five days after surgery.

It is important that you keep the area clean. Showering 2-3 times per day is a good idea, letting the water run over the area, then patting it dry rather than rubbing. The antibiotic ointment is to be applied to the suturelines 3-4 times a day to minimise the chance of infection.

How will I look and feel?

You will notice swelling and bruising, which is to be expected. The bruising and much of the swelling will disappear over a period of 2 weeks. However, it may be several months before all swelling subsides and you see the final result of your labioplasty. Incisions will initially be red or pink in colour. They will gradually begin to fade till they are skin coloured or lighter after 12-18 months.

Some numbness around the sutureline may persist for months after surgery.

When can I resume my normal activities?

You may be able to return to light work anywhere from one to two days to a week after surgery. In many instances, you can resume most of your normal activities, including some form of mild exercise, after a few weeks. You may continue to experience some mild, periodic discomfort and swelling during this time, but such feelings are normal. Severe pain should be reported to your doctor. You should avoid sexual activity for a minimum of two weeks.

RESULTS OF YOUR SURGERY

Because of individual factors, not everyone will achieve the same results from labioplasty. Your plastic surgeon selects the surgical technique that he feels will obtain the best outcome for you. Incision lines will fade over time but will be permanently present. It is important to realise that the amount of time it takes for recovery varies greatly among individuals and also depends on the extent of the operation.

Since the healing process is gradual, you should expect to wait at least several weeks to get an accurate picture of the results of your surgery.

RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from labioplasty surgery are infrequent. Every year, many operations are performed with no major problems and good results. However, everyone considering

surgery should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your plastic surgeon.

ANAESTHETIC RISKS

All anaesthetics have risks which should be discussed with your anaesthetist prior to the procedure.

GENERAL RISKS OF SURGICAL PROCEDURES

- Areas of the lungs may collapse (atelectasis), possibly leading to chest infection/pneumonia. Treatment of this complication may need admission to a hospital, intravenous antibiotics and chest physiotherapy.
- Clots in the legs (deep vein thrombosis or DVT) with resultant pain and swelling. Rarely part of this clot may break off and go to the lungs (pulmonary embolus or PE) which can be fatal.
- A heart attack because of strain on the heart or a stroke, both of which can be fatal.
- Bleeding may occur. At worst, this will require return to the operating theatre to evacuate the blood clot and to stop the bleeding.
- There will be bruising after surgery. This usually settles after approximately 2-3 weeks
- Wound infection may complicate the operation. The infection is usually treated with antibiotics, oral or intravenous, depending on its severity. This may lead to the wound opening up and / or increased scarring.
- Dehiscence or reopening of the wound may occur. This usually happens as a result of infection and is managed by treating the infection. Dehiscence in the absence of infection can be treated by resuturing the wound.
- Allergies to anaesthetic agents or antiseptic solutions
- Scarring: surgery results in scars, which may heal in unexpected ways. Unfavourable healing may result in scars that are wide, pigmented, lumpy, red, itchy, uncomfortable or even painful long term or even permanently.

SPECIFIC RISKS OF LABIOPLASTY

- Scarring can be unpredictable and thick, stretched scars may result. Most of these can be treated well by steroid injections and silicone sheet application. Visible scarring on the genital area is uncommon but may detract from the final result.
- Inability to pass urine within 24 hours after surgery. This may require the passage of a catheter into our bladder to allow the urine to drain from your bladder.
- Unfavourable scarring may produce long-term discomfort whilst walking or at rest.
- Pain with passing urine to a point where urinary retention is the result. This may require admission to a hospital and a catheter (tube) into your bladder for about 48 hours to relieve the obstruction.
- Painful Intercourse may result from any surgery in the genital area, particularly with incisions close to the clitoris.
- Changes in sensation. Sensation may increase or decrease, temporarily or permanently. Changes in sensation occur in approximately 15% of labioplasty surgery, although they are usually temporary.
- Dissatisfaction with cosmetic results. Dissatisfying results may include scars, incorrect size, asymmetry, unanticipated contour, or folding of the labia and surrounding skin.

MAINTAINING A RELATIONSHIP WITH YOUR PLASTIC SURGEON

Should there be any questions regarding labioplasty, be sure they are answered in advance. Well meaning friends are not a good source of information. Find out everything before proceeding with the operation - a well informed patient is a happy one.

After surgery, you will return to your plastic surgeon's office for follow-up care at prescribed intervals, at which time your progress can be evaluated. Post-operative photographs will form a part of the evaluation of your result. Once the immediate postoperative follow-up is complete, many surgeons encourage their patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your plastic surgeon does not end when you leave the operating room. If you have questions or concerns during your recovery, or need additional information at a later time, you should contact your surgeon.

Smoking and Surgery

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none"> • More coughing • Developing lung collapse • Developing pneumonia • More risk of postoperative and longterm pain 	<ul style="list-style-type: none"> • Increased infection • Increased risk of bleeding • Poor healing • Wound splitting apart • Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve,

which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 4 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 4 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix

Iscover

Non-steroidal anti-inflammatory medications

Acilin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)

Eazydayz (naproxen)

Tri-Profen (ibuprofen)

Feldene (piroxicam)

Viclofen (diclofenac)

Fenac (diclofenac)

Voltaren (diclofenac)

Indocid (indomethacin)

Voltfast (diclofenac)

Inza (naproxen)

Herbal and natural preparations

Garlic tablets

Ginger

Gingko

Ginseng

St. John's Wort

Fish Oil