LABIA MINORA REDUCTION

<table>
<thead>
<tr>
<th>Surgical Name:</th>
<th>Labiaplasty</th>
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<tbody>
<tr>
<td>Hospital Admission:</td>
<td>1 night</td>
</tr>
<tr>
<td>Duration of Operation:</td>
<td>1 hour</td>
</tr>
<tr>
<td>Anesthetic:</td>
<td>General Anesthesia</td>
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<tr>
<td>Recommended stay in Bangkok:</td>
<td>7 days</td>
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Who benefits from labiaplasty?

- Clients with congenital condition such as intersex (hermaphrodite).
- Clients who experience pain, irritation, self-consciousness, hygiene issues, or sexual dysfunction due to an enlarged labia.

How is labiaplasty performed?

The labiaplasty procedure is performed under general anesthesia. There are two techniques used in labiaplasty surgery. These are:

*The Trim Method* - The trim method involves reduction of labia minor, the slicing off of the outer edge of the labia minora, leaving about 1cm from the edge of the labia majora. The lips are clamped and then cut with a scalpel in a very quick operation. A thin scar is left on the edge of the labia minora, and leaves you with a scalloped edge after taking a year to fully heal and the scar to mature, especially if the zig-zag cut is used. (The zig-zag cut reduces scar tension.)

*The Wedge Method* - This method of labiaplasty takes a wedge or other shaped section of the labia out, preserving most of the natural edge of the labia minora. It leaves one very small horizontal scar on the labia where the two sides of the wedge are removed and sewn together. This preserves a lot of the natural labia structure, while reducing surface area. This method has two variations, with one being the standard wedge, and the being the hockey stick wedge.

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Pre-Operative Care

Our team will evaluate your medical history to check for conditions that may delay the surgery or the healing process. Some of the common conditions are:

- Bleeding tendencies - problems with blood clotting, or lack of clotting
- Scarring problems you have had in the past - like keloid scars and hypertrophic scars
- Hypertension (High blood pressure) - particularly if it is not under control.
- Smoking – this may affect your reaction to the anaesthetic and prolong the healing process. Please stop smoking 4 weeks prior to surgery.

Please avoid aspirin and brufen-containing medication for two weeks prior to surgery to eliminate the chance of post op bleeding. Generally it is best to continue any blood pressure or blood sugar medications. These may safely be taken with a sip of water on the morning of surgery. Women should ensure negative pregnancy test before surgery.

Protect your health prior to surgery. Even a simple cold could cause complications with the anesthesia. If you do develop an illness right before your surgery, let your surgeon know. You may need to postpone your labiaplasty surgery until you feel better. On the day of your procedure, do not wear any skin care products, makeup, deodorant, perfume, nail polish or powder.

Post-Operative Care

Alar base incisions will tend to crust if not cared properly. Patients are seen on postoperative day number one and incisions are inspected, all crusts are debrided and antibiotic ointment is applied. Typically, sutures are removed from the wedge excision on postoperative day five. However, consider removal at day seven or eight if wound healing is not sufficient. Steristrips can be used to reinforce the wound to assist healing. Sutures along the sill may be left in place for up to two weeks.

Post-op Instructions:

Avoid swimming for at least 1 month to prevent infection and complications.

Lifting more than 5kgs is not allowed during the early stage of recovery.

Do not engage in exercise or intercourse for six weeks to avoid separation of the edges.

Wear loose fitting clothes that will not constrict the healing labia.

If at any time you experience bright red external bleeding, high fever or shaking, chills, foul smelling discharge, burning with urination or persistent pain beyond what is to be expected, call the office immediately.

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