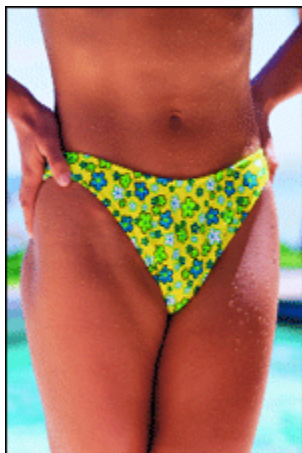


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Something to Talk About

by Lesley Ranft

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Labiaplasty is not discussed much, but patients are seeking it in increasing numbers

Labiaplasty may be one of the least common procedures performed by plastic surgeons, but it is part of an emerging trend as women have become increasingly interested in improving the functionality and appearance of just about any part of their bodies. The motivation of a broad range of patients who pursue labiaplasty is to obtain a solution for the bothersome implications of an enlarged labia minora or labia majora.

In this article, *PSP* turned to physicians from across the nation to get a sense of a procedure that many believe is becoming a mainstay in plastic surgery.

The Rise of Labiaplasty

There are several reasons why a new elective fee-for-service procedure may emerge. In the case of labiaplasty, the reason is a traditional one. The press has jumped on the bandwagon for labiaplasty, creating curiosity among women who thought that they would have to otherwise live in discomfort.



Ricardo Rodriguez, MD, is chief of the Plastic Surgery Department at GBMC hospital in Baltimore. He is board certified in general and plastic surgery. He can be reached at (410) 494-8100.

Ricardo Rodriguez, MD, of Baltimore says, "More and more women are shaving in the pubic area and, as a consequence, notice the extension of the labia. Furthermore, more women today are aware of their vaginal appearance due to their general scrutinizing of their overall appearance resulting from the focus of image in the press and the community at large."

In addition, women are more conscious of changes in any area of the body that may signify aging—including elongated labia. The physicians *PSP* spoke with agreed that labiaplasty is on the rise even though only 793 vaginal-rejuvenation procedures were performed by American Society of Plastic Surgeons (ASPS) members in 2005, according to ASPS statistics.¹ This was the first year that ASPS provided data on

these procedures, and the American Society for Aesthetic Plastic Surgery has yet to include them in its statistics.

The physicians interviewed for this article perform from 20 to hundreds of labiaplasty procedures per year, depending on how they attract patients: most commonly from word-of-mouth referrals and—less commonly but becoming more popular—from the Internet. In fact, some of the physicians who participated indicated that their labiaplasty patients are often willing to travel for the procedure, even from other countries.



Michael S. Kluska, DO, maintains a private practice in Greensburg, Pa. He received his medical degree from the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa, and completed a general

surgery and plastic surgery residency at Ohio University in Cleveland. He can be reached at (724) 836-0400.

According to Michael S. Kluska, DO, of Greensburg, Pa, "There is definitely a need for this procedure, but not enough consumer awareness to build great volume in the practice without word-of-mouth referrals or other forms of marketing." Others interviewed believe that media hype has been responsible for the growing interest in labiaplasty, but it potentially sends the wrong information to prospective patients.

It appears that many women have been learning about labiaplasty after first receiving information about another plastic surgery procedure in the practice. Thus, word-of-mouth referrals and current patients seem to be the targets for labiaplasty. Web sites that focus specifically on labiaplasty and obtain top-ranking search results may also produce a wealth of interested consumers.



Edward Jacobson, MD, FACOG, is a board-certified gynecologist who for more than 20 years has been in private practice in New York City and Greenwich, Conn. He

Relieving Discomfort

Today it appears that women are interested in any procedure that provides relief from a bothersome situation. Gynecologist Edward Jacobson, MD, FACOG, of Greenwich, Conn, has discovered many reasons why patients come to

has performed hundreds of vaginal surgeries. Jacobson is also an associate of the Laser Vaginal Rejuvenation Institute of Los Angeles. He can be reached at (203) 329-1200.

bothered during horseback riding due to the size of their labia. Female cyclists may also find discomfort bike riding. Weight lifters may be challenged as well. In fact, there may be many sporting activities that are downright functionally uncomfortable."

his office for labiaplasty.

He explains, "Women interested in the labiaplasty procedure may be equestrians that are



Stephen J. Ronan, MD, FACS, is board certified in plastic surgery and the founder of Black Hawk Plastic Surgery in Danville, Calif. He can be reached at (925) 736-5757.

Moreover, the day-to-day difficulties arising from enlarged labia majora can be quite inhibiting. As Stephen J. Ronan, MD, FACS, of Danville, Calif, explains, "Some patients have complained of the labia getting caught in jeans or underwear—a factor that is responsible for chafing. Being prone to infection and pain are also associated reasons for proceeding with the labiaplasty procedure. Others have found that the labia being exposed when wearing a swimsuit bottom presents the foundation for embarrassment.

"More patients have remarked that the size of their labia has inhibited their level of intimacy and sexual activity. Others have commented that their sexual partners have either made fun of the patient's labia or felt inhibited to be intimate with the patient.

Older women have remarked that the labia appears aged, being elongated."

Although the discomfort associated with a displeasing labia minora or labia majora was tolerated by women in the past, women today do not necessarily believe that they must tolerate the discomfort any longer.



George John Bitar, MD, is a board-certified plastic surgeon and founder of the Bitar Plastic Surgery Institute, with three locations in northern Virginia. He is on staff at INOVA Fairfax Hospital in Falls Church and Prince

William Hospital in Manassas. He can be reached at (703) 206-0506.

Consultation Issues

Even the consultation prior to a labiaplasty can present problems. George John Bitar, MD, of Fairfax, Va, says, "A cultural stigma has been created by the press corps, making the discussion of a labiaplasty procedure even more difficult for a prospective patient. Unlike other procedures that patients speak very openly about, speaking about a labiaplasty procedure is often a bit embarrassing."

The patient must feel very comfortable with the surgeon. Often, the procedure is performed after a patient has discussed a different procedure with the surgeon. In many cases, both procedures are performed at the same time.



Garry S. Brody, MD, is a professor of plastic surgery at the University of Southern California in Los Angeles, where he is actively involved in clinical practice as well as in teaching medical students and residents. He is board certified in

general and plastic surgery. He can be reached at (323) 442-6470.

Garry S. Brody, MD, MSc, of Los Angeles points out, "Surgeons also need to take time to be inquisitive with patients who are interested in the labiaplasty procedure. This will help both the patient and surgeon identify if this procedure is the right choice to serve functional and aesthetic purposes."

It is also important to discuss alternative options during the

patient consultation. Because much media attention has been drawn to this topic, consumers tend to be confused about the procedure. In fact, after seeing a surgeon on television or reading a newspaper or magazine article about the procedure, many patients go to the Internet to learn more in the privacy of their homes.

Unfortunately, information on the Internet is generally not reviewed and may be inaccurate, or it may pertain to a different procedure from the one the patient has heard or read about. This makes discussing the details of the procedure even more important during the initial consultation.

About the Procedure

The decision about the location of the procedure and the type of anesthesia depends on the patient's comfort level. Some patients are most comfortable under general anesthesia, with the procedure performed in a hospital or outpatient surgery center. Other patients may be best served under local anesthesia, including intravenous sedation.

Some practitioners believe that twilight sedation offers the best opportunity for operative comfort. The procedure requires up to 30 minutes if there are no complicating anatomical factors.

There has been some discussion about the specific technique used for the procedure. Most practices see labiaplasty as a simple, straightforward procedure. The instrument of choice may be a scalpel or a laser.

Some surgeons prefer the laser because they have extensive experience with it and see it as an option to offer the patient minimal downtime and discomfort. At the same time, the laser poses a risk for thermal injury, so other physicians prefer to avoid what they perceive as a risk of an unnecessary complication and use a scalpel.

It may appear to many that a straight-cut, direct excision would be most appropriate. But the complications of decreased sensation and scarring may be more likely to result from direct excision. On the other hand, focusing on tissue rearrangement and using the Z-plasty technique may offer the best alternative.

As Bitar explains, "The trick to the procedure is to be conservative when minimizing the labia. This procedure is different from a breast augmentation patient who is going from a size A to a size C. Patients are often satisfied by a 'medium-range' change."

In most cases, there is minimal bleeding and swelling. Pain may be managed with oral medications, and greater comfort may be obtained with regular sitz baths. The absorbable stitch provides the greatest comfort during recovery.



V. Leroy Young, MD, FACS, is board certified in general and plastic surgery and is the founder of BodyAesthetic Plastic Surgery in St Louis. He is affiliated with Barnes-Jewish West County Hospital in St Louis and

is active on numerous association committees. He can be reached at (314) 628-8200.

According to V. Leroy Young, MD, FACS, of St Louis, "It is important to review the differences between the types of vaginal-rejuvenation procedures available." For example, a vaginoplasty is performed to tighten the vagina wall, whereas "laser vaginal rejuvenation" may focus on improving muscle tone, strength, and control. In contrast, labiaplasty is performed to reduce the size of the labia minora or labia majora. Finally, repairing a congenital defect or traumatic injury may require greater general surgical intervention than any of these procedures.

Patient Satisfaction

By and large, physicians have found that labiaplasty offers the opportunity for high patient satisfaction. The low complication risks and minimal downtime associated with the procedure add to the benefit of reduced discomfort, improved hygiene, and psychological relief.

The cost of a labiaplasty can range from \$1,500 to \$3,500, depending on the level of the physician's expertise, the geographical location, and the type of anesthesia administered—making the procedure cost efficient from both the patient's and the physician's perspective. In the end, many patients have reported that they are "significantly" satisfied with the procedure, and are providing physicians with increasing numbers of word-of-mouth referrals. Indeed, "vaginal rejuvenation" is a rapidly emerging procedure that will perhaps one day be as popular as a bikini wax.

Lesley Ranft is a contributing writer for Plastic Surgery Products. For more information, please contact PSPEditor@ascendmedia.com.

Reference

1. American Society of Plastic Surgeons. 2005 cosmetic plastic surgery trends. Available at: www.plasticsurgery.org/public_education/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=17867. Accessed October 5, 2006.

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