

Genital Rejuvenation

Genital rejuvenation, aka labiaplasty, has become a very popular procedure over the past few years. This has been attributed to a greater awareness that changes can be made and because of the shaving that have left the anatomy more exposed and visible. On rare occasions, having excessive labia can result in pinching and irritation with certain outfits but in most situations, patients simply have a variant of normal and just desire less bulk in the area. Excessive labia can also make one self-conscious when intimate and it's been shown through studies that labiaplasty can improve one's confidence and self-perception.

There are two methods of reducing your **labia minora**. The *wedge method* involves removing a triangle of tissue, shorting the vertical length while still maintaining a normal edge and color. The *trim technique* cuts off the free edge of the labia and is the more aggressive of the two methods. The trim method has a tendency to leave bumps (aka dog ears) at the ends of the incisions and this would require a revision to smooth out. Sometimes a combination of both will be needed, depending on what the anatomy is.

Labia often protrude beyond the labia when standing and the desired outcome having no protrusion. This can be accomplished some of the time but not all the time. I will try to leave at least a centimeter of height with the labia as I believe the labia has some function and should never be completely amputated. If you want an amputation, you will have to find someone else to do this for you.

The **hood** around the clitoris can often be redundant and a hoodectomy can address this. If the excess is more to the side, a lateral hoodectomy would be suggested and this results in parallel incisions extending upwards to the top of the vulva. If the clitoris is covered by a drape of skin, the vertical height and excess coverage can be reduced with a central hoodectomy. Both procedures are designed to reduce the amount of hood in the upper vulva.

Finally, the **labia majora** (outer lip where hair grows) can be excessive or deflated and it too, can be reduced or fluffed up, depending on what the anatomy shows and what the patient desires in terms of outcome. Reductions involve excisions extending the length of the majora and augmentation involves fat grafting.

These procedures will rejuvenate the appearances of your vulva and diminish protrusion and redundancies. The procedures will not improve intimacy from a physical standpoint but can certainly help one's psyche. Most partners are not really bothered by your vulva and if one is complaining, that is a red flag and someone to avoid.

The procedures are done in the privacy of the office, under local anesthetic. Once the initial injections are done, it becomes a very comfortable procedure completed in less than 2 hours. There are restrictive post-op instructions with many limitations, including no intimacy for 6 weeks. Swelling can be extreme but as long as both are symmetrical and not associated with increasing pains or active bleeding, watchful observation is adequate. If you are from out of town, you will be asked to spend the night to ensure you do not have any concerning bleeding. Itching can be intense as you heal and ideally, if you can be seen at 3 weeks post-op, retained, dissolving sutures are removed. Post-op photos are done at approximately 2 months post-op and are provided to you if desired. Finally, if some excesses or bumps persist, revisions can be done 6 months after your procedure under my revision policy.