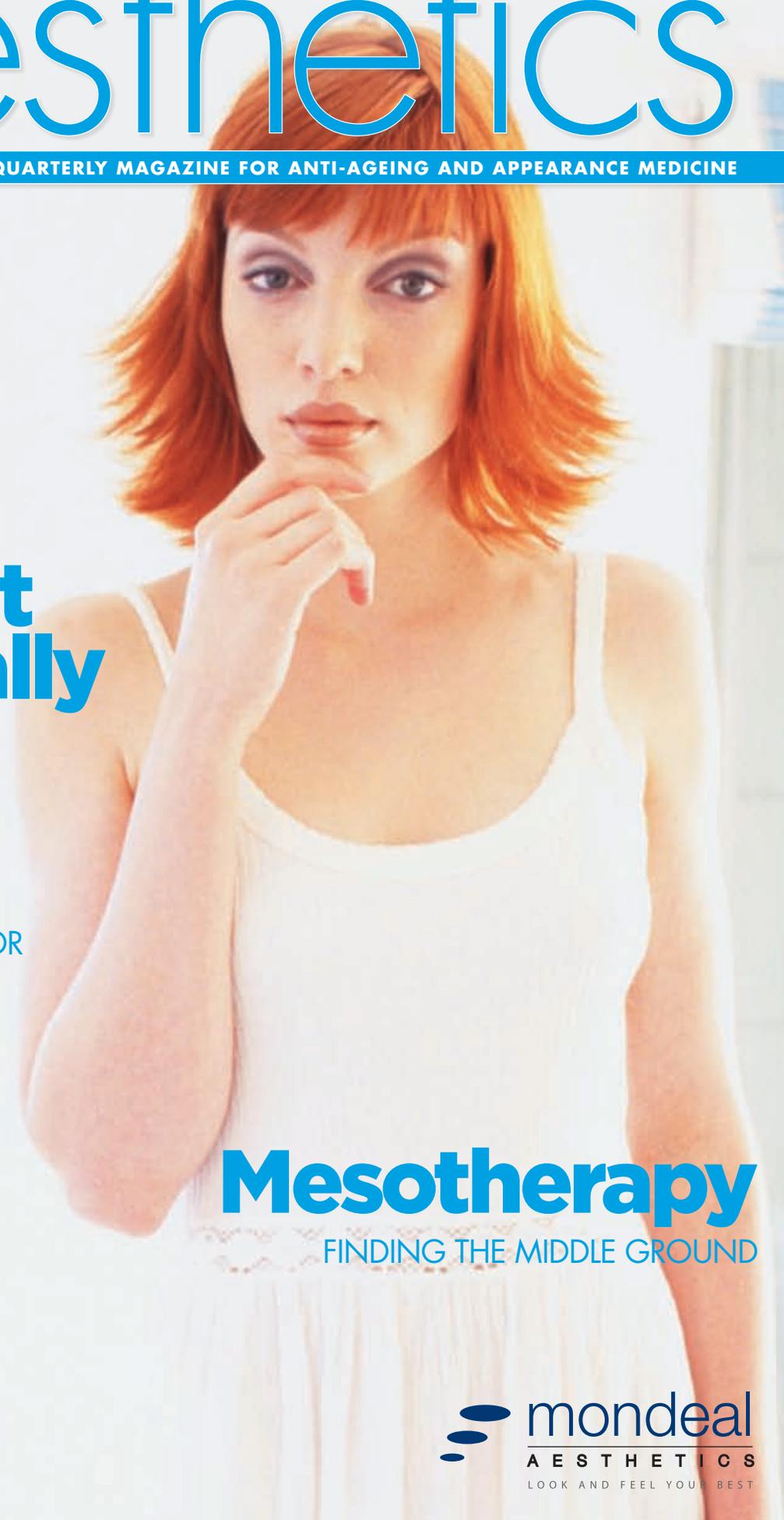


AUSTRALIAN
ADVANCED

Aesthetics

ISSN 1836-733X
02•10

THE QUARTERLY MAGAZINE FOR ANTI-AGEING AND APPEARANCE MEDICINE



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Gynaecological Labioplasty – the ‘Designer Vagina’

Dr Michael Miroshnik

Surgical labioplasty (also called labiaplasty or ‘designer vagina’ by the media) is a plastic surgical procedure designed to reshape and usually reduce the size of the external lips of skin (labia) comprising the female vulva. The term has been expanded these days to refer to almost any plastic surgical alteration of the external genitalia in the female.

The outer lips (labia majora) or more commonly the inner lips (labia minora) can be refashioned to make the region both aesthetically more pleasing as well as functionally improved. Additional procedures such as liposuction of the mons pubis and reduction of clitoral hooding as well as other external rearrangements can be performed simultaneously if required.

The labia minora are the inner lips

surrounding the vaginal orifice and are subject to the greatest variation in size, shape and pigmentation in the area. Indeed, like noses, these inner lips come in a wide variety of shapes and sizes! The usual complaint by women is that their labia minora are excessively long, not symmetrical or too pigmented. Some women were born with enlarged labia, whereas others develop the enlargement with age or after child-birth.

Large labia minora, apart from being unsightly to some and causing significant psychological distress, have also been well documented to interfere with good hygiene and sexual intercourse, as well as cause discomfort in tight pants and certain sports, such as cycling.

For many years, women have coped with their condition and lived with the discomfort or psychological distress. They have felt embarrassed to seek medical advice and

adopted various strategies, such as avoiding tight clothing, to minimise problems. Today, however, due to various media portals, the condition has been well exposed, barriers broken and consequently many more enquiries have been generated by the public.

The good news is there are highly effective and safe techniques available to plastic surgeons to correct the condition. The procedures themselves are as vast as the variations in labial shape, size and pigmentation. They vary from simple resection of the excess labial tissue to sophisticated flaps which are designed to make scars extremely inconspicuous while preserving the sensation in the region.

Simple surgical excision or ‘trimming’ of the labial tissue, although a time-honoured procedure practiced by many, may not be ideal as the natural contour and colour of the labial edges are eliminated. Instead, they are replaced with a paler, stiffer scar line that may not look natural.

For this reason, I favour a wedge-like ‘V’ resection to remove the excess tissue and simultaneously develop a flap to reconstruct the labia. Extreme care must be taken to preserve any nerves that are encountered within the region, as sensation preservation is obviously of paramount importance. From my experience, this procedure has an extremely high patient satisfaction rate. It is usually performed under general anaesthesia as a day surgery and yields excellent results with an imperceptible scar.

Preparation for the surgery is an important factor which aids in a speedy recovery. It is usual to get a full Brazilian wax, or at least completely shave the region to remove any pubic hair around the labia. This will greatly help with hygiene over the ensuing weeks of healing. Stitches used are mostly dissolving so there is no need for their removal.

After the procedure, patients are instructed to have regular baths and apply a topical antibiotic ointment to keep the area as clean as possible. In our practice, we try to time the procedure so that it does not fall during menstruation to again assist with hygiene and make recovery more comfortable.

Although the procedure is day surgery, it is best the patient prepare themselves for at least four to five days off work to have a comfortable recovery. Using ice in the pubic region also helps greatly with the control of swelling and pain in the first 24 hours. It is important to note that although most feelings of swelling and discomfort are gone after two weeks, women undergoing the procedure are to abstain from any sexual activity for at least one month to avoid healing problems.

Patient satisfaction with the procedure is extremely high, most women reporting a vast improvement in both the physical and psychological aspects of their lives after the procedure and wondering why they didn’t address the problem earlier. ♡