

Labiaplasty of the Labia Minora: Patients' Indications for Pursuing Surgery

John R. Miklos, MD, and Robert D. Moore, DO

Atlanta Urogynecology Associates, 3400-C Old Milton Pkwy Suite 330, Alpharetta 30005, GA, USA

DOI: 10.1111/j.1743-6109.2008.00813.x

ABSTRACT

Introduction. Limited information is available regarding patients' indication for seeking labiaplasty of the labia minora.

Aim. The aim of this article is to investigate a patient's indications for seeking labiaplasty of the labia minora.

Methods. This is a retrospective review of the medical records of all patients undergoing labiaplasty at our clinic over a 27-month period.

Main Outcome Measures. Indications for surgery were assessed using standardized questionnaires during the patients' initial history and physical. Patients were divided into three groups as based on the questionnaire, including: Group I—patients seeking the procedure strictly for aesthetic reasons; Group II—patients seeking the procedure strictly for functional impairment (i.e., pain and discomfort); and Group III—patients who feel they are having the surgery for both aesthetic and functional reasons. Patients undergoing the surgery for aesthetic reasons were also asked whether this was strictly a personal decision or was influenced by either another man or woman whether a friend, spouse, or partner.

Results. The review revealed 131 patients had undergone a labia reduction surgery: Group I—those who received labia reduction surgery for strictly aesthetic reasons equaled 37% (49/131); Group II—those seeking the surgery strictly for functional impairment equaled 32% (42/131); and Group III—those seeking the surgery for both functional and aesthetic reasons equaled 31% (40/131).

Conclusion. The majority of patients undergoing reduction of the labia minora do so for functional reasons with minimal outside influences affecting their decision for treatment. **Miklos JR, and Moore RD. Labiaplasty of the labia minora: Patients's indications for pursuing surgery. J Sex Med **;**:**-**.**

Key Words. Labia; Labiaplasty; Labia Surgery; Labia Reduction; Cosmetic Genital Surgery

Introduction

Vulvar plastic surgery is becoming a more commonly requested procedure now than in the past [1–3]. There have been negative comments and editorials written suggesting that both the doctors and the patients should not be pursuing cosmetic vaginal surgery [1–5]. It is important that the physicians understand that patients can suffer from a variety of physical and emotional symptoms [6]. Physical symptoms are usually associated with wearing certain types of clothing, engaging in activities such as walking, jogging, exercise, bicycling, and finally intercourse. Still, other patients are afflicted with emotional prob-

lems such as embarrassment, anxiety, and a loss of self-esteem. This article examines the motivating factors why patients are pursuing labia minora reduction surgery.

Materials and Methods

A retrospective chart review was performed on all patients who had undergone a labia minora reduction surgery at our center from January 2005 until March 2007. The chart review included collecting data on age, parity, and race, as well as a standardized questionnaire about motivating factors and influences for patient pursuing labia minora reduction surgery (Appendix). The questionnaire was

utilized by the physician during the interview process. Based upon this questionnaire, the results were divided into three different groups: Group I—patients seeking the procedure strictly for aesthetic reasons; Group II—patients seeking the procedure strictly for functional impairment (i.e., pain and discomfort); and Group III—patients who feel they are having the surgery for both aesthetic and functional reasons.

Results

The review revealed 131 patients had undergone a labia reduction surgery. They had a mean age of 35.7 years (range 14–57), mean parity of 1.7 (0–6), 95% were white, 3% were African American, and 2% Asian. Results of the questionnaire revealed: Group I—those who received labia reduction surgery for strictly aesthetic reasons—equaled 37% (49/131); Group II—those seeking the surgery strictly for functional impairment equaled 32% (42/131); and Group III—those seeking the surgery for both functional and aesthetic reasons equaled 31% (40/131).

Of the patients in Group I, 8.2% (4/49) admitted to being influenced by their male partners as reason to seek the procedure. All the patients in Group II had their surgery strictly for functional reasons and had no outside influence. Group III revealed outside influence in 12.3% (5/40) of patients: 7.5% (3/40) by male spouses or partners and 5.0% (2/40) by female partners. In Groups II and III, 54% (44/82) of patients had more than one functional symptom, with 55% (45/82) experiencing discomfort while wearing clothing, 46% (38/82) experiencing discomfort during exercise or activity, and 60% (49/82) having painful/uncomfortable intercourse. Of the patients in this study, 93.1% (122/131) sought surgery because of purely personal reasons and 6.9% (9/131) admitted to being influenced by a male or female partner, spouse, or friend.

Discussion

Labia minora protruding past the distal edge of the labia majora can be of concern to women [5–7]. As mentioned earlier, this condition can constitute a functional or cosmetic problem. Such an enlargement can be bilateral or unilateral in nature. (Figures 1 and 2). Labia enlargement can be congenital as described by Caparo [8] and Radman [9], or can also be the result of androgenic hormones [10], manual stretching [8], and chronic irritation [11].

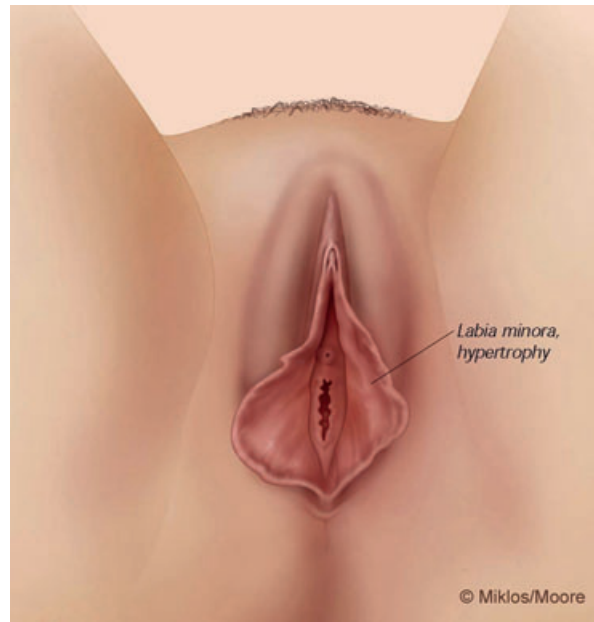


Figure 1 Bilateral labia minora enlargement.

Despite the cause, labia enlargement remains a problem for some women [12,13].

Rouzier et al. [6] reported on 163 women who received a labia reduction surgery. The primary reason for patients requesting labia reduction surgery was aesthetic dissatisfaction in 87% of cases, discomfort in clothing in 64%, discomfort



Figure 2 Unilateral labia minora enlargement.

when taking part in sports in 26%, and entry dyspareunia by invagination of the protuberant tissue in 43% [6]. Our results show similarities when considering the primary reasons for requesting labia minora reduction surgery.

Although many people would consider labia reduction surgery a viable option for pain or discomfort associated with activity, clothing, and sexual encounters, many do not feel labia reduction surgery is a viable option strictly for aesthetic reasons. A survey of 3,627 women found that women with positive body images reported more sexual activity, initiation of sexual activity, orgasm, sex with lights on, greater comfort undressing in front of their partners, trying new sexual behaviors, and pleasing their partner [14]. However, little research exists on the relationship between a woman's genital image and her sexual function. Realizing one's genital image is part of one's body image; it is easy to understand how many women might feel sexually inhibited if they are not comfortable with the appearance of their vagina, vulva, or external genitalia.

Conclusion

Cosmetic vulvar surgery is becoming a more requested plastic surgery for various reasons. This article reveals that not everyone undergoing labia reduction surgery is doing it for purely aesthetic reasons. The majority of patients undergoing reduction of the labia minora do so for functional reasons with minimal outside influences affecting their decision for treatment.

Corresponding Author: John R. Miklos, MD, Atlanta Urogynecology Associates, 3400-C Old Milton Pkwy Suite 330, Alpharetta 30005, GA, USA. Tel: 770-475-4499; Fax: 770-475-0875; E-mail: johnRmiklos@yahoo.com

Conflict of Interest: None declared.

Statement of Authorship

Category 1

(a) Conception and Design

John R. Miklos; Robert D. Moore

(b) Acquisition of Data

John R. Miklos; Robert D. Moore

(c) Analysis and Interpretation of Data

John R. Miklos; Robert D. Moore

Category 2

(a) Drafting the Article

John R. Miklos; Robert D. Moore

(b) Revising it for Intellectual Content

John R. Miklos; Robert D. Moore

Category 3

(a) Final Approval of the Completed Article

John R. Miklos; Robert D. Moore

References

- 1 Liao LM, Creighton SM. Requests for cosmetic genitoplasty: How should healthcare providers respond? *Br Med J* 2007;334:1090–2.
- 2 Tracy E. Elective vulvoplasty: A bandage that might hurt. *Obstet Gynecol* 2007;109:1179–80.
- 3 Paul RN. Nip, tuck, and rejuvenate: the latest frontier for the gynecologic surgeon. *Int Urogyn J* 2007;18:841–2.
- 4 ACOG Committee Opinion No.378. Vaginal “rejuvenation” and cosmetic vaginal procedures. *Obstet Gynecol* 2007;110:737–8.
- 5 Bachmann G, Johnson C, Fourcroy J, Goldstein A, Goldstein G, Sklar S. Is elective vulvar plastic surgery ever warranted, and what screening should be done pre-operatively? *J Sex Med* 2007;4:269–76.
- 6 Rouzier R, Louis-Sylvestre C, Paniel BJ, Haddad B. Hypertrophy of labia minora: Experience with 163 reductions. *Am J Obstet Gynecol* 2000;182:35–40.
- 7 Goldstein AT, Romanzi LJ, Z-plasty reductional labioplasty. *J Sex Med* 2007;4:550–3.
- 8 Choi HY, Kim KT. A new method for aesthetic reduction of labia minora (the deepithelialized reduction labioplasty). *Plast Reconstr Surg* 2000;105:419–22.
- 9 Alter GJ. A new technique for aesthetic labia minora reduction. *Ann Plast Surg* 1998;40:287–90.
- 10 Caparo VJ. Congenital anomalies. *Clin Obstet Gynecol* 1971;14:988.
- 11 Radman HM. Hypertrophy of the labia minora. *Obstet Gynecol* 1978;48(suppl):78S.
- 12 Chavis WM, LaFerla JJ, Niccolini R. Plastic repair of elongated, hypertrophic labia minor. A case report. *J Reprod Med* 1989;34:373.
- 13 Kato K, Kondo A, Gotoh M. Hypertrophy of labia minora in myelodysplastic women. Labioplasty to ease clean intermittent catheterization. *Urology* 1988;31:294.
- 14 Ackard DM, Kearney-Cooke A, Peterson CB. Effect of body image and self-image on women's sexual behaviors. *Int J Eat Disord* 2000;28:422–9.

Appendix*Patient Questionnaire*

Please choose one answer for each of the following questions:

1. Are you considering labia reduction surgery?
Yes
No
2. My reason for wanting labia reduction surgery is strictly cosmetic (I just don't like the way it looks).
Yes
No
3. My reason for wanting labia reduction surgery is I experience discomfort (including but not limited to exercise, cycling, aerobic, sex, undergarment or clothing irritation).
Yes
No
4. My reason for wanting labia reduction surgery includes both cosmetic and discomfort reasons.
Yes
No
5. I specifically have discomfort with intercourse due to labia enlargement.
Yes
No
6. I am considering labia reduction surgery at my own request and not because someone else is encouraging me to do so.
Yes
No
7. I am considering labia reduction surgery and have had outside influence, i.e., (husband, partner, boyfriend, girlfriend, other).
Yes
No
8. If you have answered yes to #7 please confirm whether the outside influence was male or female.
Male
Female
9. If you have answered yes to #7 please confirm whether the outside influence was a spouse, sexual partner, or friend (choose one).
Spouse
Sexual Partner
Friend