Aesthetic Vaginal Labioplasty

Darryl J. Hodgkinson, M.D., and Glen Hait, M.D.

The sociological pressures applied to today's females are very diffuse. The advertising media's promotion of the slim, athletic, muscular, fat-depleted feminine silhouette has created a demand for the services of fitness clubs, wellness centers, nutritionists, and plastic surgeons, all of whom are called upon to refine the female torso to the "ideal" as perceived by the consumer group.

The exposure of female genitals in popular magazines allows more critical appraisal of female genital aesthetics by both men and women. External genital surgery on females has usually been reserved for patients with adrenogenital syndrome or those with ambiguous genitalia.

Labia minora that protrude past the labia majora are aesthetically and functionally unsatisfactory to some women. Aesthetic external genital surgery may be requested by females who feel that their sexual enjoyment will be enhanced by exposing the clitoris or that a shorter labia minora or a reduction in the size of the clitoris may be aesthetically more appealing. Other patients may feel more feminine by defining the external genitalia with a "partial circumcision." Still others may want a reduction in size of the labia minora purely for hygienic reasons or to relieve chafing and irritation.

FEMALE CIRCUMCISION: HISTORICAL PERSPECTIVES

Female circumcision is routinely practiced in Islamic/Arabic countries and is called Khafid (reduction) or tahara (purification). There is now a strong movement to control it as a social custom in many of these countries. Female circumcision was practiced in ancient Egypt and relates to the Pharoanic belief in bisexuality of gods. The operation is usually carried out between 6 and 10 years of age in the prepuberal age group, with the belief that uncircumcised women retain male characteristics that render them unfit for marriage.

First-degree circumcision is the removal of the labia minora and, perhaps, the tip of the clitoris. In the second-degree circumcision, the labia minora and part of the clitoris are removed. In third-degree circumcision, the entire labia minora and clitoris are removed. Lastly, fourth-degree circumcision (Sudanese circumcision) is the complete removal of the entire external genitalia, including the labia majora and minora together with the clitoris.

The first- and second-degree circumcisions, the types recommended by Islam, are called traditional or Sunna excisions. The third- and fourth-degree circumcisions, which are really excision plus infundibulation, are known as Pharoanic circumcisions and are most common in Sudan.

Circumcision is still very common in Egyptian women. Perhaps 75 percent of Egyptian women have undergone circumcision, and probably only 15 percent of the operations are done by physicians.

The sociological, religious, and historical traditions are giving way to the pressures of more modern, educated females who less frequently allow their daughters to be circumcised.

Case Reports

Case 1

A 30-year-old white woman reported a history of sensitivity to topical estrogen creams and a subsequent enlargement of her labia minora. She wished to have them reduced. She also indicated that she had intense embarrassment over the length and asymmetry of her labia minora and that this had precluded her from achieving sexual orgasm. She had consulted several gynecologists, who had declined to perform
the surgery. It was explained to the patient that no predict-
ability of improved sexual response could be made; however,
the external genitalia could be modified by reducing the
length of the labia minora.
Surgical technique. Under general anesthesia with the
patient in the dorsal lithotomy position, the labial reduction
was planned to a length of 1 cm. The incision was carried to
within 1 cm of the clitoral tip but did not include the
fourchette (Figs. 1 and 2). Closure of the incision was by a
single running, locking 4-0 Prolene suture (Fig. 3). Sutures
were removed after 7 days, and follow-up photographs show
the appearance 3 months postoperatively (Fig. 4). The pa-
tient was pleased with both the appearance and the fact that
she could achieve orgasm without difficulty after the sur-
gery.

Cases 2 and 3

A 36-year-old woman and a 30-year-old woman, both of
whom primarily presented for augmentation mammoplasty,
complained, in addition, of the fact that their labia minora
protruded past their labia majora. Because of this, they could
not wear any clothing that was tight in the crotch, either
underwear or outerwear, since any tight clothing would
irritate and chafe the protruding tissue. Each had asked her
gynecologist to reduce the size of the labia minora, and each
had been refused. Each wondered if this procedure could
be performed at the same time as the augmentation.
Surgical technique. Sedation and local anesthesia (1%
FIG. 4. Case 1. Appearance 3 months after reduction vaginal labioplasty.

Both patients had minimal postoperative discomfort and no healing problems. At 5 years after surgery, they are very pleased with the resolution of the original problems and the appearance of their genitalia.

**DISCUSSION**

Hypertrophy of the labia minora has been recognized as a normal variant for many years. Excision of the redundant tissue has been recommended by these authors, but as illustrated by our cases, many gynecologic surgeons are reluctant to perform this operation. Plastic surgeons have been using labia minora tissue for nipple areolar reconstruction (until other methods superseded it), and we have also been involved with vaginal reconstruction. Consequently, operating on the female perineum is nothing unusual for the speciality.

Reduction of the labia minora may improve the physical comfort and sexuality of some women. Care should be taken not to extend the labial resection to the fourchette and to keep the labial length to about 1 cm, so that the labia will protrude just past the introitus. The superior aspect of the resection should be planned so as not to distort the urethral orifice.

**SUMMARY**

Labia minora that protrude past the labia majora are aesthetically and functionally unsatisfactory to some women. Historically, female circumcision has been practiced in Islamic/Arabic countries for many centuries and is still commonly practiced in these countries. Three case reports present middle-aged women who were dissatisfied with the size and protuberance of the labia minora, and an aesthetic labioplasty was performed in these three women. The technical aspects of this procedure are outlined, and a representative case with 3-month follow-up is presented pictorially.

Darryl Hodgkinson, M.D.
314 Main Street
Newport News, VA. 23601

**REFERENCES**