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## **Easy way to perform a labia minora reduction**

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## **Easy way to perform a labia minora reduction**

### *Abstract*

*Background* Labia minora reduction is a surgery in the rise. Surgeons are left with a large choice of described techniques yet there is a paucity of visual data to guide surgeons through this procedure. Also, many gynecologic surgeons are reluctant to perform this operation emphasizing potential complications.

*Technique* We present a step by step visual support of a wedge resection technique.

*Experience* This technique of labia minora reduction is safe and carries a great satisfaction rate among patients.

*Conclusion* We believe that a visual description of a simple and quick technique will help standardized patient care and achieve good outcomes.

## ***Introduction***

The primary indications for labia minora reduction are hypertrophy of labia minora with aesthetic or functional impairment and labial asymmetry (1). Labia minora hypertrophy can be associated with discomfort while walking, exercising or sitting. It can also be a cause of organic entry dyspareunia. We notice an increase of requests concerning labiaplasty. The real need for this surgery is controversial. Clinicians who receive requests from patients for such procedures should perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention (2). There is no standard definition of labia minora hypertrophy but labia minora is commonly described as hypertrophic when the width from Hart's line is greater than 4.5 or 5 cm. A new classification based on the distance of the lateral edge of the labia minora from that of the labia majora, rather than from the introitus was proposed by Motakef et al. (3).

Different techniques of labia minora reduction have been described (4,5). Recent data support that wedge resection technique is preferred by surgeons (6). Yet this procedure remains unfrequently performed among gynecologist and the surgeon's comfort with the procedure might be involved. We present an article and video that focuses on a simple surgical technique to guide surgeons through a quick and easy technique of labia minora reduction.

## *Technique*

The procedure is done under general anesthesia and an additional local sedation can be offered with a pudendal nerve injection. The limits are drawn with a sterile marking pen. In order to visualize the final result and adjust the drawing if needed the operator can fold the labium minus. It is of paramount importance to take time to precisely delineate the resection limits. Labium minus is spread out and 2 Kocher clamps are placed to delimit the area of excess tissue. The first clamp is placed on the posterior part with a 30° angle to the base, so that the tip of the flap is large enough to allow an adequate blood supply. The second clamp is placed far from the clitoris to form a triangle with an external base.

A scalpel blade is then used to incise the labium following the outlined limits. Clamps are then quickly removed leaving tissues to bleed. No coagulation is performed. Both ends are brought together without tension using 4/0 absorbable sutures. A Kelly clamp is used to tag the lower extremity and expose the operating site. Subcutaneous tissue is closed using simple interrupted 4/0 Vicryl sutures. Atraumatic tweezers are preferably used not to damage tissues and sutures must all be tension free. The skin is closed when the subcutaneous layer is blood-free using also 4/0 rapid Vicryl simple interrupted sutures. The Kelly clamp is gently moved to the right and the internal side of the wound is closed using the same technique. If the patient is suffering from a bilateral form of hypertrophy, the same technique is performed on the opposite side.

## *Experience*

In our practice, this standardized technique has been the most often used, in 88.4% of cases in the past decade. Technique's choice is left at the surgeon's appreciation. When asked, 89.5 % of patients who answered our satisfaction questionnaire, were satisfied both on an esthetical and functional aspect and they would repeat this surgery again. The primary concern with this wedge resection technique is that patient can be left with distorted flaps in case of dehiscence. We do not recommend the use of electrosurgical units to control bleedings or cut tissues to prevent this type of complication. To control tissue bleeding we perform as many sutures as necessary on the subcutaneous layer to prevent the risk of post-operative hematoma. Hematomas can lead to infections and dehiscence of the wound all of which may also need surgical revision. We found that the greater the psychological repercussions linked to the labia minora hypertrophy and the longer the operating time, the higher the risk of complication.

## *Discussion*

We showcase a surgical wedge technique inspired by the one originally described by Alter (7). Several authors have described a variant from Alter's technique. Among them Rouzier et al. with a cohort of 163 patients that shows the safety of this procedure with low complications and high patient satisfaction (8). Table 1 summarizes satisfaction and complication rates described in the literature (5,9–13).

The first major topic when it comes to offering patient's a surgical treatment is to define labia minora hypertrophy. There is no consensual finish, but it may nevertheless be anatomically described as a distance of 4cm between the base and the apex of the labia minora. Although some patients appear to be very symptomatic even when not meeting this criterion and it is difficult to use this definition when a patient suffers more from asymmetry rather than from hypertrophy. Motakef's latest classification appears to be more suitable for patients management (3). Recently, the ACOG committee warned clinicians who receive requests from patients for such procedures to discuss with them the reason for such request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. Also, women should be informed about the potential complications of these procedures, including infection, altered sensation, dyspareunia, adhesions, and scarring (2). This technique allows a wide resection while maintaining a natural edge.

Even if results are good with this technique, the primary concern in case of wound dehiscence is distorted flaps leaving both patient and surgeons no choice but to correct the defect. We report 5.8% of complete dehiscence. Similarly, in a study of 407 patients undergoing a wedge resection, Alter described 4% of complications.



## ***Conclusion***

Women can benefit from a labia minora reduction either in case of aesthetic preoccupations or functional disorders. The size of the resection must be discussed with them beforehand. The aim of this surgery is to treat patients not to set an ideal when it comes to size or aspect of the vulva. Aside from the controversial debate surrounding labia minora reduction, its indications and results, we wanted to showcase throughout this video a simple surgical technique that can help standardize patient care.

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