

MATTHEW POTTER

LABIAPLASTY

Benefits

A reduction in the size of the labia to produce a sculpted appearance. This removes excess tissue that may look unsightly, limit the choice of clothing or cause discomfort with exercise. Some women credit this procedure with an improvement in their sex life.

Risks

1. Infection/wound break down.
2. Scarring. These scars within natural folds and are mostly very hard to see. The initial scars will be slightly puckered but they will settle to flat scars after approximately two months. Abnormal lumpy or raised scarring can occur in some patients. This is exceptionally rare.
3. Pain (Mr Potter injects the area during the procedure with local anaesthetic to limit the post operative pain)
4. Swelling - all post surgical wounds and sites will swell after the procedure - this should settle within a week if not less. Rarely the area may swell and this may take time to settle.
5. Bleeding / haematoma - this is a collection of blood that can occur within the operative site that may well mean a return to theatre to remove the blood and stop any bleeding sites. This complication is rare. it is likely that the area may well ooze or there could be some spotting for the first 24 hours.
6. Asymmetry.
7. Clots in the legs and or lungs (deep vein thrombosis, DVT and pulmonary embolus, PE). Any operation runs the risk of such clots. You will be given specialist stockings to wear over the course of your inpatient stay and injections to thin the blood to decrease this risk. This is a rare complication.
8. Over/ under resection. With all aesthetic surgery Mr Potter is more likely to under-resect than over-resect

the abdominal tissue. If underdone this is far more straight forward to correct than an over-resected area.

9. Redness/bruising. This is expected and should settle at a week.
10. Further procedures - if there are any imperfections or adjustments to be made Mr Potter and the hospitals in which he practices are more than happy to facilitate any further surgery to be sure you are happy with your final result.

The procedure

The procedure can be undertaken under local anaesthesia, local anaesthesia with sedation or general anaesthesia.

The operation takes approximately 90 minutes. all wounds are closed with dissolving sutures that should disappear at 2-3 weeks.

There are no wound dressings to the area.

Inpatient course

You will recover on the ward for the post operative day and night.

You are likely to be discharged after one or two nights stay in hospital. On the first day following the procedure your wound sites will be checked, and drains removed if used.

You will be asked to shower the morning after the procedure.

All wound tapes should get thoroughly washed and allowed to air dry.

Postoperative course

Patients often have this done as a day case or have a single night's stay after the procedure.

The area is kept clean through daily showering and applying antibiotic ointment to the area twice daily for a week.



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Pain is often quite minimal and controlled well with oral pain killers for 2-3 days

Post operative follow up

You will be reviewed at 7 days within your original hospital where the wounds and operative sites are reviewed.

Mr Potter will review you after three to four weeks to assess your progress and he will give you regular reviews until all has fully settled and healed.

Do's and Don'ts

You should only return to driving when you have the strength to perform an emergency manoeuvre.

You should be able to return to normal daily activities within a week.

You can return to strenuous exercise at 4 weeks so long as all has healed well.

Intercourse should be avoided for 6 weeks.