



Positive effect of labiaplasty on sexual satisfaction and self confidence

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ABSTRACT

Objectives: This study aimed to compare women's body image, positive effect on sexual functions and aesthetic appearance satisfaction after gynecologic cosmetic surgery especially labiaplasty.

Materials and Methods: This was a retrospective study. A sample of 42 women attending the private gynecology clinic in Mersin was entered into the study. Surgeries included labiaplasty plus vaginoplasty, clitoral hoodoplasty, perinoplasty, augmentation of labia majora by filler or autolog fat transfer. Women were assessed for the female sexual function inventory at two points in time: 1 and 2 months after surgery.

Results: The results showed that women's body image, sexual function and couples' sexual satisfaction improved significantly after labiaplasty.

Conclusion: The findings suggest that female genital cosmetic surgery especially labiaplasty improved the body image and sexual function of women and sexual satisfaction in couples.

Keywords: Labiaplasty; female cosmetic genital surgery; self confidence; sexual satisfaction, clitoris, perinoplasty, vaginoplasty

INTRODUCTION

The most frequently applied procedure among female genital cosmetic surgeries (FGCS) is labiaplasty. The reason for this is that the labium minus is the place that is most affected by the anatomical diversity that women encounter in the external genitalia; including the post-adolescent, reproductive age and menopause period, as well as the changes related to age and childbirth. For this reason, it is inevitable to apply it in combination with other procedures in female genital cosmetic surgeries.

Labiaplasty surgery often describes a surgical procedure that involves removing excess skin from the labium minus.

The main purpose of this surgery is not only to get rid of the excess skin in the labium minus, but also to correct the end parts of them that do not look esthetic in their dark and fluffy state, unlike the pink and flat-appearing tissue of the mucosa.

Several labiaplasty techniques have been described including linear excision, deepithelialization, wedge resection, and composite reduction. Linear excision is a straightforward

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approach to volume reduction.¹ Deepithelialization removes a small amount of tissue while preserving the labial contour. It is best suited for patients with minimal hypertrophy.² Wedge resection accomplishes a comparable volume reduction with direct excision while preserving the native labial contour.² Composite reduction labiaplasty aims to correct clitoral protrusion and hooding in addition to labial reduction. Additional procedures such as W-shaped resection, Z-plasty, and laser labiaplasty have been described in a small number of patients.³ The linear excision also known as trimming and amputation labiaplasty, is a technique commonly used. Complications associated with a linear labiaplasty include overresection and scalloped labia edges.⁴

MATERIALS AND METHODS

In this study, we retrospectively analyzed 42 patients who underwent linear labiaplasty combined or not combined with other FGCS (such as vaginoplasty, clitoral hoodoplasty, perinoplasty, augmentation of labia majora by filler or autolog fat transfer) between the years 2019-2022 in terms of the postoperative recovery process, its effect on sexual functions and aesthetic appearance satisfaction.

Inclusion criteria for the study; not having undergone any previous vaginal aesthetic operation, not having a history of genital cancer, not having a sexually transmitted disease, not having any systemic disease that impairs wound healing (diabetes, cardiac diseases, immune deficiency, etc.) and being past adolescence.

This study was approved by the ethics board and conformed to the guidelines of the Declaration of Helsinki. All patients provided informed consent for the use of their clinical data and photographs of their genitals.

Statistical Analysis

All statistical analyses were performed using SPSS version 24 software (SPSS Inc., Chicago, IL, USA). Quantitative data are reported as mean \pm standard deviation. The paired samples t-test was used to compare normally distributed data.

RESULTS

The mean age of our patients was 18-55. All of our patients were examined at least twice before the operation and prepared for the operation by filling out detailed information and consent forms. All of our patients were not satisfied with the appearance of the labium minus, 88% (37 patients) had difficulty in achieving sexual satisfaction, 76% (32 patients) were afraid and embarrassed to wear tight and stretchy clothes in their daily lives

and while doing sports, 55% (23 patients) had self-confidence problems.

All FCGSs were performed by the same senior surgeon (S.S.O.), who has been practicing for 12 years.

All patients underwent linear labiaplasty, and 16% (7 patients) underwent only labiaplasty without additional procedures. In addition different procedures were performed, including clitoral hoodoplasty in 26% (11 patients), vaginoplasty in 26% (11 patients), augmentation of labia majora by filler in 7% (3 patients), perinoplasty in 30% (13 patients), cystocele repair in 11% (5 patients) and liposuction plus fat transfer in 11% (5 patients) of the women.

Only 36% (16 patients) of patients stayed in the hospital the first night after surgery. The remaining 26 patients were discharged on the same day.

In the first week of postoperative care, 3rd generation cephalosporins, analgesics and antiseptic washing solutions for wound care were administered. They were instructed to keep the wound area clean and dry; to wear comfortable, loose and cotton clothes. It was explained that for pain and edema, they could apply ice for 15 minutes every hour until they went to bed on the 1st day.

Locally effective epithelializing creams were recommended to patients with itching and slow healing at the wound site during the 1st week postoperative control. Only one patient had a single point of dehiscence at the wound site. In the remaining 41 patients, the wound site was observed to be clean.

When the patients were called for postoperative 1st month follow-up, all wound healing was complete. Patients with an active sexual life were recommended to stop their sexual diet after the wound healing was completed. The images of a patient who underwent only labiaplasty were shown in the Figure 1.

The patients were called for a 2nd month follow-up in terms of post-operative sexual performance, self-confidence, and evaluation of daily life. Forty-one of forty-two patients were quite satisfied with their appearance. Post-secondary suture evaluation of the patient with wound dehiscence was also performed.

All patients also said that they could wear tight and stretchy clothes in their daily lives, that they did not have any difficulties while doing sports and exercise, and their sexual self-confidence was restored. Only 1 of 42 patients was a virgin. The other 41 patients said that they were no longer ashamed to have sex with their spouse or partners, and their partners were more satisfied after the operation. The Figure 2 shows the patient who had the procedure including labiaplasty, vaginoplasty and

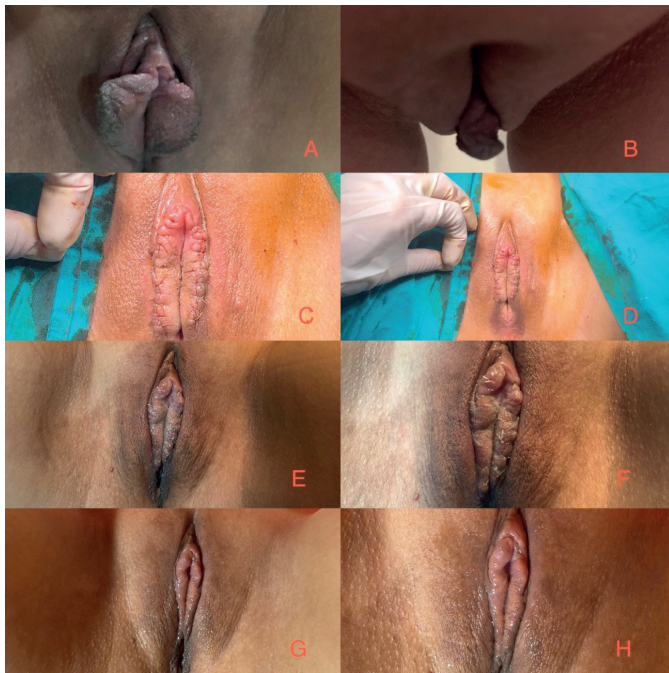


Figure 1. A, B, Preoperative images; C, D, Just after operation; E, F, 7 days after surgery; G, H, First month follow-up

perinoplasty.

All of our patients stated that they returned to their daily lives in a very short time after the operation, and they did not experience any problems other than mild itching on the labiaplasty sutures.

DISCUSSION

FCGS aims for better aesthetic genital appearance and improved functional aspects. Although numerous procedures fall under FCGS, one of the most common FCGS is labiaplasty.^{5,6}

After the first publication on this subject in 1976, the increase in publications on labiaplasty and other female genital plastic surgeries, especially in the last 2 years, is a proof of the need for female genital aesthetics.

Women frequently give nonaesthetic reasons for seeking surgery to correct hypertrophy of the labia minora. This condition is associated with pain during intercourse, discomfort when exercising or wearing tight clothing, and concerns about hygiene.⁷ In a multicenter study by Goodman et al.⁸ functional issues were the most common reason for considering labiaplasty (75% of 258 patients), followed by aesthetic concerns and low self-esteem

Apart from the improvement in quality of life, there are many studies on improvement in sexual functions, increase in sexual pleasure, and increase in self-confidence after genital aesthetics. In a retrospective study that involved 48 women who had undergone a labiaplasty procedure, they found women very



Figure 2. A, B, Preoperative images; C, D, just after surgery; E, F: First month follow-up

satisfied with the results of their labiaplasty and they also seem to experience improvements in their sexual satisfaction and psychological well-being and physical/functional motivations for undergoing labiaplasty are associated with greater satisfaction with outcomes.⁹

In our retrospective study, we observed a significant improvement in the quality of life and a satisfactory improvement in their sexual lives both in our patients who underwent labiaplasty alone and in our patients who had additional female genital aesthetic operations in addition to labiaplasty.

Although the postoperative complication rate reported in the literature is 7%, in our study, we observed wound dehiscence at one point on the labiaplasty incision in one of our patients. We could say that female genital aesthetic operations are safe with the planning of the operation according to the patient and with strict postoperative follow-up.

Study Limitations

There are some limitations of our study. Most importantly, the number of samples is small. Another limitation is that we have not compared linear labiaplasty with other labiaplasty techniques. But our study also has strengths. The first is the low complication rate. Another was that patients who underwent only linear labiaplasty gave positive responses in terms of quality of life, improvement in sexual life and increased self-confidence, as did patients who underwent combined surgery with labiaplasty.

CONCLUSION

According to our findings, we could say that linear labiaplasty provides improvement in sexual functions together with its positive effect on quality of life in patients who want labium minus aesthetics.

ETHICS

Ethics Committee Approval: Human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent: All patients provided informed consent for the use of their clinical data and photographs of their genitals.

Contributions

Surgical and Medical Practices: S.Ö.; Concept: S.Ö., A.A.S.; Design: S.Ö., A.A.S.; Data Collection or Processing: S.Ö.; Analysis or Interpretation: S.Ö.; Literature Search: S.Ö.; Writing: S.Ö.

DISCLOSURES

Conflict of Interest: No conflict of interest was declared by the authors.

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