Labiaplasty: Is it for you?

By Dr. Arturo Menchaca
Board Certified Gynecologist with a Subspecialty in Urogynecology and Pelvic Reconstruction and Cosmetic Surgeon

Office location:
6900 S. Madison
Willowbrook, Illinois
630-323-9001
Perhaps you’ve heard about a so-called “Mommy Makeover” and are wondering if this might be just what you need. After all, the concept is creating headlines all over the world. During the past few years, the number of women seeking cosmetic surgery to help them achieve their pre-childbirth bodies increased dramatically. Coined a “Mommy Makeover” or a “Mom Job,” the most common fixes include breast lifts, breast augmentation, tummy tucks and liposuction.

However, for multiple reasons, women are also seeking to improve the looks of the more private areas of their bodies as well. Dialogue about what was generally considered a taboo subject is leading women to ask if their genitalia are “normal.” Again, articles in women’s magazines and the general media are contributing to an increase in public awareness about procedures such as labioplasty or labiaplasty.

In some instances, this open dialogue is creating more questions than answers. It is our hope that this article will help answer some of your general questions. It is also likely you’ll have other questions and concerns about your specific situation. If so, a personal consultation is in order. More information about our practice is available at the end of this article.

**What is labiaplasty?**

Also termed labioplasty, labial reduction, or labial rejuvenation, the procedure is generally considered cosmetic and involves the reduction or changes to the labia majora or labia minora. It corrects the visible portion of a woman’s genital area.

It can reshape the labia minora and/or labia majora, or reduce their size by removing excess fat or by cutting away pieces of the labial tissue. Increases to the fullness and plumpness of the labia majora are also possible.

Another closely related procedure is vaginal rejuvenation, known as vaginaplasty or vaginoplasty.

According to plastic surgery data, procedures altering women’s genitalia have experienced the largest increase by percentage in the past few years. Women are realizing they can change areas of their body that cause them embarrassment. Whether for improved sexual experiences, self-esteem, or issues related to physical discomfort; women are asking questions and physicians are answering them openly and honestly.

**Do medical terms confuse you?**

Unfamiliar terminology only muddies the issue. To fully understand procedures such as labiaplasty, you’ll want to know what the physician is talking about. Here’s a quick glossary of terms that might help:

- **Clitoral hood reduction:** Also known as hoodectomy, it removes excess skin from the area, which increases clitoral sensitivity; it can be combined with labiaplasty
- **Clitoris:** Located near the top of the labia; it is not altered during labiaplasty
- **Labia minora:** inner lips, literally translated as “small lips.” Their purpose is to protect your vagina and urethra (the tube that carries urine from the bladder to the outside of your body) from bacteria.
- **Labia majora:** outer, hair-bearing lips. They enclose and protect the other external reproductive organs. They contain sweat and oil-secreting glands.
• Labiaplasty: Surgical alteration only to the labia minora and/or labia majora
• Vagina: Many people erroneously use the word vagina to refer to everything between a woman’s legs. It is an internal structure leading from the uterus (womb) to the outside of the body. Labiaplasty does not alter the size, shape or function of the vagina
• Vaginoplasty: Elective surgery that increases the sensitivity and restores the tightness of the vagina; sometimes can be performed with labiaplasty
• Vulva: The external, visible part of a woman's genitalia comprised of the clitoris and the external and interior lips (labia majora and labia minora)

What is normal?

The female genitalia, like the rest of the body differ in what is considered normal. “Normal” labia vary in size, color, texture, thickness and other qualities. Generally, labia size is hereditary. However, childbirth, aging, or the taking of hormones sometimes increases it or alters the appearance.

The size of both the labia minora and labia majora vary from woman to woman, and is oftentimes the source of self-esteem issues. If a woman feels that they are too large, surgical reduction is considered.

Besides their size, sometimes the labia are asymmetrical, which some women think is undesirable. In others, the color of the labia is much darker than the skin of their body, prompting them to ask about lightening it up or removing the dark edges altogether.

We caution you, however. Like any surgery, you should only consider these procedures after consulting with a licensed and respected physician.

Why do women get labiaplasty?

Some reasons why you might consider labiaplasty include:
• Physical comfort, when either the labia minora or labia majora, or both, are too large
• To make the labia less visible under tight clothing, especially bathing suits or exercise clothes
• To reduce discomfort or embarrassment during intercourse
• For increased comfort in physical activity such as biking, horseback riding, or working out
• To reduce constant abrasion, this can cause inflammation and infection
• Larger labia is possibly related to an increase in urinary infections due to difficult hygiene considerations
• Restoration of confidence and self-esteem

Although labiaplasty can correct medical issues, insurance companies generally deem it cosmetic or elective surgery. If, however, the procedure helps the patient medically, insurance approval may be possible.

What can I expect?

Your first step is to schedule an appointment for a consultation. You’ll need to be honest with your doctor so he can determine whether surgery should be considered and what the best course of action will be. Make certain you share all your concerns: physical, sexual, emotional and medical. This frank discussion should include your lifestyle as well as medical history and why you are seeking surgery.
The physician will examine you and discuss your option(s), including expected results, methods, potential risks, etc. After listening to your desires and assessing the degree of enlargement, the best approach is determined. Based on the discussions, the doctor may suggest additional and/or different procedures, such as a hoodectomy. The procedure(s) is then scheduled.

**What is a hoodectomy?**

Some women have a large extension of the labia over the clitoris forming a large hood. In these cases, there may be the complaint of sexual dysfunction, anorgasmia (the inability to achieve an orgasm) and low sexual gratification. A hoodectomy removes some of this extra tissue, and is performed to increase sexual stimulation.

**What type of anesthesia is used?**

Either local or a general anesthesia can be used, although most doctors prefer local. Dr. Menchaca performs labioplasty under local anesthesia, in his office surgical suite. A mild oral sedation is available if requested.

No pain is felt at all after injecting the local and throughout the procedure, which can take anywhere from 30 minutes to 2 hours depending on the amount of work necessary. Since we perform the surgery under local anesthesia, you will be able to walk right after the procedure is finished. Please make certain you have a driver available to take you home, however.

**How is labiaplasty performed?**

Microsurgical techniques are used for labiaplasty. Different methods for cutting the excess tissue are available, including scalpel, cautery, laser, and radiofrequency.

Dr. Menchaca has used all these modalities and through experience and studies now uses radiofrequency for surgery. Radiofrequency not only cuts and controls bleeding, the heating damage is much less than with any other modality. The exception may be the scalpel, but this method does not control bleeding. Very little scarring occurs with radiofrequency as the cuts are very fine and most are hidden in natural creases.

Because he is a medical doctor, Dr. Menchaca’s primary concern is your health. However, he understands aesthetics are a primary reason you may undergo labiaplasty. Therefore, he uses extreme care to obtain as natural a result as possible so you can regain self-confidence and feel good about your appearance.

**What happens after surgery?**

A dressing, similar to a pad worn during menstruation is applied. Continue to wear these pads until all spotting diminishes. You should plan to curtail activity, including work, for 5 to 7 days. You may also apply cool compresses to reduce swelling. Some bruising and bleeding is natural.

**How soon can I resume activities?**
Patients may go back to their daily routines after one week but with extreme caution. You should avoid strenuous activity as well as sexual intercourse for 4 to 8 weeks. This includes activities such as bike riding or horseback riding.

**Why use Dr. Menchaca?**

Dr. Menchaca is fellowship trained in the subspecialty of Urogynecologist and Pelvic Reconstruction, which deals with reconstruction of pelvic organ defects. Because of this training, he has successfully performed thousands of reconstructive and cosmetic vulvar and vaginal surgeries.

He has practiced in the Chicago western suburbs since 1988 when he joined La Grange Memorial Hospital to bring this new subspecialty to the area. During his residency (1983-1987), he was exposed to microsurgery by training in the first in vitro infertility program in the Midwest at Mt. Sinai Medical Center. Some of his mentors were also leaders in the field of gynecologic cosmetic (aesthetic) surgery, which piqued his interest in the field.

This interest led Dr. Menchaca to further his training in cosmetic surgery. To learn the techniques for various specialty surgeries, he attended courses from world-renowned surgeons and from the originators of some cosmetic procedures. These include:


3. May 20-23, 1988: Liposuction and mammoplasty operating room observation Dr. Bolivar Escobedo St. Louis Mo.

4. June 1988: Gynecologic and liposuction observation with Dr. Robert Kovac, St. Louis, Mo.

5. March 1989: Liposuction, facial and breast cosmetic surgery


Each year, Dr. Menchaca attends reconstruction and cosmetic surgical conferences to keep up-to-date with the latest techniques and trends. Read more about Dr. Menchaca on his practice’s [website](#).

**Are you ready for the next step?**

If you currently experience any of the situations we’ve discussed, are ready to learn more about exploring solutions, it is time to schedule a confidential consultation. We will share testimonials and pictures with you during your exam and conference. Whichever course of action we agree on for an optimal outcome, you can take comfort in knowing you are working with an accredited and caring physician.

To contact Dr. Arturo Menchaca about gynecologic cosmetic surgery procedures, please fill out our [contact form](#) on our [website](#) or call us at (630) 323-9001.