Commentary on: Labia Minora Reduction Techniques: A Comprehensive Literature Review

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Labiaplasty procedures, especially those that reduce the size of the labia minora, have increased in popularity and acceptance within both the lay and medical communities over the past decade. Surgical reduction of the labia minora, for various indications and employing assorted techniques, has been described in peer-reviewed medical literature with increasing regularity since the early 1970s. Alter’s publications in the late 1990’s and early 2000’s, describing his novel wedge excision labiaplasty technique,1 coincided with multiple articles about female genital cosmetic surgery in popular magazines and a heightening of public awareness about this type of surgery. Subsequently, there has been a veritable explosion of labiaplasty-related publications in the scientific literature. Numerous technical “improvements,” virtually all iterations of three basic techniques—edge excision, wedge excision, or central deepithelialization/excision—have been described as ways to achieve a seemingly straightforward surgical goal: reduction of the size of the labia minora.

Desiring to distill and summarize the current state of affairs regarding published labia minora reduction techniques, Oranges and colleagues2 conducted this interesting, comprehensive review of the extant world labiaplasty literature. Excluding review articles, book chapters, and discussions/commentaries, they indentify and discuss 38 studies detailing operative techniques (representing 1981 patients) published between 1971 and 2014. Eight distinct labia minora reduction techniques, and their purported advantages and disadvantages, are described. Where available, the complications observed, complication rates, and patient satisfaction rates are also offered. Oranges et al2 concluded that all eight labia minora reduction techniques described resulted in similarly good outcomes, with low morbidity, and comparable, very high patient satisfaction rates. They are to be commended for providing a comprehensive overview of this timely topic.

As a veteran labiaplasty surgeon, I offer the following comments, based on personal experience, to the author’s fine presentation.

The vast majority of women seeking labiaplasty do so for aesthetic reasons. Although minor irritation issues are not uncommon, most women seeking surgery simply do not like and/or are embarrassed by the size and appearance of their labia minora. Despite occasional reports in the literature suggesting the contrary, significant functional complaints are rare, especially in the United States, where the procedure is almost never considered “medically necessary” by insurers. The majority of women seeking labia minora reduction have labia, albeit large, that fall within the “normal range, in the same way women with D cup-size breasts, although large, fall within the normal breast size distribution. The true main indication for labiaplasty, therefore, is similar to other aesthetic procedures: patient preference. Societal and media-influenced perceptions of “ideal” female vulva appearance undoubtedly motivate some women to undergo labiaplasty. The relatively small number of women actually doing so annually, however, suggests that most women with large labia minora are not significantly concerned or bothered by them.

Across the eight techniques described through the papers reviewed by Oranges et al.,2 patient satisfaction rates were greater than 90 percent. Although satisfaction survey methodology in the studies may or may not have been tested and/or validated, the reported rates are remarkably

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high for any aesthetic surgery procedure. Furthermore, it suggests that all labia minora reduction techniques, competently performed, yield similar results/outcomes and satisfaction rates from the patients’ perspectives.

Oranges et al’s\(^2\) review also generally demonstrates similar complication types across the eight techniques described. Hematoma and wound dehiscence were most commonly reported. This has been my experience in performing over 600 cases. Most interesting, however, is the variance observed in dehiscence rates between the different techniques presented. Although most case series reported are small, and frequently represent the various authors initial procedures utilizing the “new” techniques they describe, it appears that labiaplasty techniques requiring multiple, complex incision lines result in higher dehiscence rates than have been historically noted. Furthermore, in my experience, while most dehiscences occurring after edge excision procedures do not require repair (I have never had to do so), significant dehiscences subsequent to wedge excision or the various pedicle flap procedures usually require repair or revision to avoid persistent notching or other labial deformities (unfortunately, I have had to do so).

The review suggests that under-resection of the labia minora is a frequent motivation for revision. In my experience, failure to address clitoral hood redundancy is the most common reason secondary surgery is sought.\(^3\) Although mentioned as a potential labiaplasty complication in the discussion, paresthesia/nerve injuries (along with scar contracture after edge excision) rarely, if ever, occur. In my opinion, the main indication for wedge excision is not >2 cm labia minora protrusion, as the authors suggest, but rather to maintain labia-free margins when edge excision will result in unnatural pigmentation variation between the reduced labia minora and the adjacent vulva (clitoral hood and labia majora). This situation is most often encountered in women of color and other dark-skinned women.

Composite reduction, as described by Gress,\(^4\) or any technique that exposes an unexposed glans, further exposes a partially exposed glans, or (especially) alters the clitoral glans itself, should, in my opinion, be undertaken with great caution. The impact on sensory function is unpredictable.\(^5\)

Laser labiaplasty describes utilization of a cutting instrument, not an operative technique. Furthermore, there is no published evidence to support the claims that laser labiaplasty is in any way superior to cautery or knife excision.

Labia minora reduction will continue to be requested. Its popularity may grow as more women become aware of the existence of labiaplasty procedures. I wholeheartedly endorse the first two sentences of Oranges and colleagues’\(^2\) conclusion: all labiaplasty techniques, when competently performed, result in high patient satisfaction and low complication rates. No published operative technique has proven to be superior to the others described in the literature.

**Disclosures**

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**REFERENCES**