Labiaplasty – Labial reduction and correction

Labiaplasty, or labial reduction is an operation to reduce a woman's inner labial lips, otherwise known as labia minora. This is a successful operation carried out as a day case.

Who is a good candidate for this surgery?

Some women find that the inner labial lips either side of the the vagina are excessively long, thick or uneven. This can be uncomfortable and even cause chaffing, as the excess skin rubs against the other side during sport, cycling or even just normal walking; it may also be problematic during intercourse. The problem may have started at puberty, or sometimes after childbirth. Large labia can also be embarrassing, such as if they won't stay within panties..

What can labiaplasty do for me?

Without the excess skin, the discomfort and embarrassment can be removed.

How is the surgery done?

Labial reduction involves carefully marking and then trimming the excess skin to give a smaller labial fold. Care is taken to avoid over resection of the labia and to avoid interference with the clitoris or urethral opening Dissolving stitches are used to close the wounds, so do not need to be removed.

What kind of anaesthetic do I need?

I work closely with an experienced anaesthetist who will give sedation so that you will not remember anything and will be fit to go home the same day. I will also give you a nerve block which will last for up to 48 hours. My aim is to make this as comfortable as possible .

How long am I in hospital?

Labial reduction is carried out as a day-case i.e. does not require an overnight stay in hospital.

How quickly will I recover from my surgery?

I hope you will have minimal discomfort after the surgery. However you will need to really rest for the first week. I will give you careful postoperative instructions: because treatment of the labiaplasty (labial reduction) wound during the first days is important; take a shower twice a day and then pat dry the area.
Most patients experience some swelling for the first week but this quickly settles. Occasionally sensitivity can remain in this area for some weeks after surgery.

I advise to have one week off work with a restful period at home. By 2 to 3 weeks most patients have resumed normal activities but it will take 4 to 5 weeks to return back to strenuous exercise such as gym or cycling and the same for sexual intercourse.

What are the potential problems with labiaplasty?

Occasionally patients can develop very dramatic swelling, particularly if they have been too active; this usually settles in the first 1 to 2 weeks. There is a small risk of infection because of the moist area and there is a small risk of bleeding requiring a second operation to remove any blood clot.

Arm reduction

After weight loss or just through the ageing process – we can lose muscle mass and skin elasticity. Upper arms can be left with loose, sagging skin and flabby arms. Unkindly referred to as “Bingo Wings” they can leave you feeling embarassed to wear t-shirts or short sleeved tops.

How to prevent bingo wings

As you get older everything starts to slow down, this means if you don’t keep exercising and working on your muscle, you can lose it. The good news is that you don’t have to workout so hard, your max heart rate decreases steadily so you can achieve great results without pushing it so hard.

So by enjoying daily exercise can mean your body stays in great shape even as the years tick by. The best part of exercise is you feel great, more able physically and more confident.

When exercise isn’t enough

Upper arm reduction surgery is a simple procedure to remove excess skin and can make a big difference to your confidence.

Upper arm surgery

The surgery itself takes around 90-120 minutes and is performed under general anaesthetic. After care is minimal, it is in a great place for keeping the area clean and dry and giving it time to heal. As with all healing, being easy on yourself, avoiding stress and giving your body the time to mend is very important to minimise scar tissue.

If you choose Miss Sassoon for your upper arm reduction surgery, you will find her knowledgeable and skilled with a warm and approachable manner, you will be wearing your summer tops and short-sleeved evening wear unabashedly.

We will be adding more detail to this page in the near future but please do call or email for further information.

Abdominoplasty (Tummy Tuck)

**Abdominoplasty or “tummy tuck” is a surgical procedure to remove excess skin
and fatty tissue from the middle and lower abdomen and to tighten muscles of
the abdominal wall.**

It is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. These should be discussed at consultation.

The Standard Abdominoplasty

In this operation, the excess skin and fat of the abdomen between the pubic area and the umbilicus (navel) is removed, the whole area up to the ribs is freed and pulled down tight and then sewn back. The navel is repositioned. You are left with a long scar across the lower part of the abdomen, above the pubic hair. There is also a scar around the umbilicus and sometimes a small vertical scar. Any loose muscles of the abdominal wall, or any hernia are usually repaired at the same time.

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The Mini Abdominoplasty

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In cases where there is relatively small amount of excess skin below the umbilicus, it is possible to do a smaller operation where the umbilicus is left alone, and the excess skin is just removed and then the abdomen is sewn

back, leaving a smaller scar above the pubic hair.

The Apronectomy

The apronectomy is a modification of the mini-abdominoplasty for patients who have a large overhang of skin and fat, “the apron”. This often follows massive weight loss or large babies. The scar produced is longer than with the mini- abdominoplasty and the operation consists of just removing the overhang of tissue.

The Extended Abdominoplasty and Belt Lipectomy

Sometimes, particularly where there has been massive weight loss, the surplus skin and fat extends further , or even all the way round to the back. In those cases it is possible to extend the operation to remove this excess all around the
lower trunk and lower back into a “belt lipectomy”. This is major surgery.

Alternative Treatments

Alternative forms of management consist of not excising surgically the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized deposits of fat in a person of normal weight. In addition, diet and exercise programmes may be of benefit.

Ancillary Procedures

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Sometimes it is useful to correct a hernia or spread of the rectus muscles of the abdomen (divarication of the recti) as part of the abdominoplasty. This has the benefit of reducing your waistline as well. Correction of this will increase your post operative discomfort for 2 or 3 days. After weight loss, sometimes there is sagging of the pubic area, and a pubic lift may be indicated to correct this and give a more youthful appearance

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Preparation before an abdominoplasty

It is essential to become as fit as possible, stop smoking and also avoid a flight of more than two hours 6 weeks either side of the operation, because of the increased risk of deep vein thrombosis associated with travel and surgery.

Who benefits from an abdominoplasty?

Anyone who has excess skin and fat may benefit. This excess tissue usually results from pregnancy and/or weight loss. Any stretch marks below the umbilicus will be removed. The ones above the umbilicus will become slightly less noticeable as the abdomen looks tighter.
If the muscles of the abdominal wall are weakened, or separated in the middle (divarication of the recti) they can be repaired at the time of the abdominoplasty.

RECOVERY

It is important to realize that an abdominoplasty is a relatively major operation. It is performed under general anaesthetic, so you are put to sleep. You wake up with a drip and one to two drains. You normally stay one to two nights in hospital. You should expect some moderately severe pain for which you will be given pain killers. I augment this with internal anaesthetic blocks to make your recovery more comfortable. Once home you will be advised to carry out only light activities for three to four weeks. It is essential

to keep mobile but not to be more active than I advise in order to reduce the chance of problems. Sports are not advisable for six weeks as you must allow the tissues to settle down. You can resume driving when your insurance company is happy, on average three weeks or so after surgery.

You will have scars. There is no getting away from this. The wounds are sutured as neatly as possible, and usually in the bikini line. The scars however are long, are red initially, and take a year or two to mature completely into a pale line. How the scar matures and fades depends very much on your own body healing mechanisms. Wound healing is also influenced by
other medication you may take, by your state of nutrition and by smoking. Some people are prone to developing thick red scars..

Risks of Abdominoplasty

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with surgery. Although the majority of patients do not experience the following complications, you should discuss them to make sure you understand them before going through with an abdominoplasty. I will have two consultations with you prior to surgery, and you will read this information sheet, but if anything is not clear you should arrange a further appointment to see me to discuss your concerns.

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Bleeding

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Should post-operative bleeding occur it may require drainage in theatre otherwise problems with the wound can occur later on. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

Infection

If you notice increasing redness of your wound and it is painful, seek medical advice as soon as possible as infections caught early are easier to treat. Antibiotics or additional surgery may be necessary. Infection and poor wound healing are more common in smokers, so I ask patients to stop smoking one month before surgery.

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Change in skin sensation

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Diminished (or loss of) skin sensation in the lower abdominal area is usual after this surgery and may not totally resolve.

Scarring

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The scars are noticeable. The main scar extends from one hip bone to the other. There will also be a scar around the umbilicus. Some people make better scars than others. In all cases scars are red and firm initially. Then over the course of a year to eighteen months on average they mature and become pale and soft. Sometimes there is delay in wound healing and even loss of skin near the scar. This risk is greater in smokers (again!). Occasionally the scars remain thick, red and itchy for a prolonged period of time (hypertrophic or keloid scars). The hypertrophic scars usually settle and mature with or without treatment. Keloid scars do not disappear without treatment.

Seroma

Occasionally fluid accumulates under the skin of the abdomen and
may need to be drained. I will advise you on your post-operative recovery and how

to reduce the chance of this happening

Deep vein thrombosis

Deep vein thrombosis and pulmonary embolus are rare complications. I advise you to stop the oral contraceptive pill for six weeks before surgery, and an alternative method of contraception used, in order to reduce the risk of thrombosis.

Secondary procedures are sometimes carried out to tidy up the results and can involve scar revision and limited liposuction. I often limit the length of the scar and go back to tidy up a “planned dog ear” a few months later so the ultimate scar is shorter.

You should also avoid any airline flight longer than two hours about a month to six weeks either side of the operation in order to reduce the chance of a thrombosis.

Further information also available on the British Association of Plastic Surgeons website.

Liposuction, standard and ultrasonic

Liposuction, also known as suction assisted lipectomy is a surgical procedure designed to remove pockets of excess fat that are resistant to diet and exercise.

The most frequent areas treated are thighs, hips, buttocks, breasts, abdomen and

neck. The technique is also used to remove “men boobs” or gynaecomastia.

How is liposuction done?

The area to be treated is usually injected with solutions of saline, local anaesthetic and adrenaline to fill the tissues (tumescent technique). A small tube called a cannula, connected to a strong vacuum pump, is inserted through the skin into the fatty tissue via incisions placed in inconspicuous locations. The surgeon moves the cannula around under the skin to remove the unwanted fatty deposits. The result is a resculpting of the bulging areas as the skin retracts.

At present I use Ultrasonic Assisted Lipectomy for large areas and a special syringe for very small areas. New techniques and machines are constantly being developed.

What is Ultrasonic Assisted Lipectomy (UAL)?

This complements traditional tumescent liposuction. It uses high frequency sound waves to liquefy the fat and facilitate aspiration. It acts primarily on the fat cells rather than on blood vessels or nerves and helps achieve smoother results, remove difficult fibrous deposits and aspirate more fat as well as reduce bruising.

Which patients are the best candidates for liposuction?

Those who:

- Have realistic expectations of the procedure.
- Are only slightly to moderately overweight.
- Have firm, elastic skin and are in good health and do not
- Have disproportionate areas of localized fat.

- Have tried diet and exercise programs.
- Understand that liposuction is not a weight loss program.
- Do not expect dramatic lifestyle changes.

What will the recovery be like?

The swelling following liposuction can take a long time to settle so the full result of the operation may not be seen for up to six months. Bruising is a feature, but less with UAL than with traditional liposuction. Skin discolouration may occur but is usually temporary.

The treated areas are often numb for several months.

Postoperatively you will have several small stitches to close the incisions. You will wear a snug elastic dressing, girdle or body stocking over the treated area for the next several weeks. You will go home after the procedure and rest for at least 24 hours, after which you may gradually increase your activity as tolerated. After two or three days you may resume non-strenuous activities.

What are the limitations of liposuction?

May I emphasize that liposuction is **not a treatment for obesity**. The amount of fat that can be removed from a localized area is limited by what is safe so one may not be able to slim down as much as one may like. The result is measured in inches rather than pounds. The aim is an improvement in body contour rather than a weight removal.

If the skin is inelastic and loose to start with, liposuction in that area will then tend to leave the skin more loose and a skin excision is recommended instead to correct this either at the same time as the liposuction, or as a second procedure. Dimples and cellulite will not be improved by liposuction.

Will it last?

It seems that after puberty we do not create new fat cells. So removal by liposuction will get rid of the cells permanently. However you can still gain weight and then the remaining fat cells will expand.

What are the risks of liposuction?

· Most patients don’t run into problems.
· However it is important to be as fit as possible before the surgery and stop smoking.
· There is some bruising with the procedure, so you should not be anaemic or take aspirin or anti-inflammatory drugs for two weeks prior to the surgery.
· There is a small risk of infection and thrombosis of the veins, so you should discuss stopping the oral contraceptive pill if the liposuction will be extensive.
· Thrombophlebitis, an inflammation of the veins, may occur around the inside of the knee and inner part of the upper thigh when these areas have been treated. This settles over weeks.
· Contour irregularities may occur, which usually settles in time.