Vaginal Labiaplasty: A Systematic Review, Simplified Classification System, and Standardized Practice Guidelines

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Abstract

Background: Vaginal labiaplasty has been described for the management of functional and aesthetic problems associated with protrusion of the labia minora.[1] Despite a 44% increase in the number of procedures performed in 2013,[2] there is a paucity of data to guide treatment paradigms. This systematic review aims to establish a simple, unifying classification scheme for labial protrusion and make recommendations for standardized management of labial protrusion.

Methods: A systematic literature review was performed of the PubMed database using the following search algorithm: ((labiaplasty) OR (labioplasty) OR (labial hypertrophy)) AND ((etiology) OR (epidemiology) OR (classification) OR (indications) OR (treatment)). Additional articles were selected after reviewing references of identified manuscripts.

Results: The search returned 247 articles. After applying inclusion criteria to identify prospective and retrospective studies evaluating different techniques, outcomes, complications, and patient satisfaction, 19 articles were selected. Labiaplasty of the labia minora was described in 1,949 patients, utilizing seven different resection techniques. The most commonly utilized technique was wedge resection,[3] which was described in 6 studies (620 patients), yielding a 94.3% satisfaction rate. The most common post-operative complication for all techniques was wound dehiscence (4.7%). Other commonly reported complications included hematomas (0.8%) and wound infection (0.7%). Key areas for perioperative patient management were identified.

Conclusion: Labiaplasty is safe and carries a high-satisfaction rate. However, current practices remain exceedingly diverse. We propose a simplified classification system based on the distance of the lateral edge of the labia minora from that of the labia majora, rather than from the introitus. Labial protrusion is thus classified as Class I (0-2 cm), Class II (2-4 cm), and Class III (>4 cm) (**Table 1**). The resection technique utilized should be based on the degree of labial protrusion and patient preferences.[4] Recommendations based on current practices were established to guide patient anesthesia, wound closure, and post-operative care (**Figure 1**). Further randomized studies using a standardized classification system are required to better compare different techniques and establish best practices.

References

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