

Erbium Laser Labiaplasty for Hypertrophic Labia Minora without Wound Closure

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Introduction:

In the past, labia minora labiaplasty was usually performed by a simple and straight resection of the excessive labial tissue, either by a scalpel or electrocautery with suturing of the wound edge. As of recently, labia minora labiaplasty already ranks as one of the most frequently performed female genital cosmetic surgery procedures. Labia minora labiaplasty using a 2940 nm Erbium laser has been reported as an office procedure under local anesthesia, with a high rate of patient satisfaction. The cutting wounds were usually closed with resorbable sutures after the operation. Here, we report on ten patients with hypertrophic labia minora undergoing laser-assisted labiaplasty (2940 nm Erbium) under general anesthesia without postoperative wound closure.

Material and Methods:

Ten patients were recruited with the labia minora presenting as longer than 4 cm in length from the base to the edge and less than 0.5 cm at the largest thickness. They underwent a 2940 nm Erbium laser-assisted labiaplasty (FotonaSmooth XS®, Fotona, Slovenia) under general anesthesia. The cutting handpiece was the R11 at LP mode with 10 Hz, 120 mJ/cm² and 2 mm spot size. A pair of Kelly vascular clamps were placed along the cutting margin to minimize the bleeding. The laser handpiece was placed perpendicular to the labia minora with a 10 cm × 10 cm surgical gauze behind the surgical field. After cutting both excess labial tissues, the vascular clamps were placed for five minutes or more to complete hemostasis. Then, the clamps were removed and the wounds were not closed with any sutures. The patients returned for follow-up every week for one month.

Results:

The mean age of the patients was 33.4 years old, [range, 16-46], and the mean body mass index (BMI) was 23.5 [17-29.7]. The mean of laser operative time was 45.7 minutes [26-50]. Spontaneous wound healing was observed at the third week of outpatient follow-up.

Conclusion:

Patients with less than 0.5 cm thickness of labia minora may undergo Erbium laser labiaplasty under general anesthesia. The procedure, when performed with a vascular clamp along the cutting margin, can present a good healing outcome without need for suturing the operative wounds.



Figure 1: Placed vascular clamps for hemostasis after laser cutting of the labia margin



Figure 2: Postoperative wounds without suture

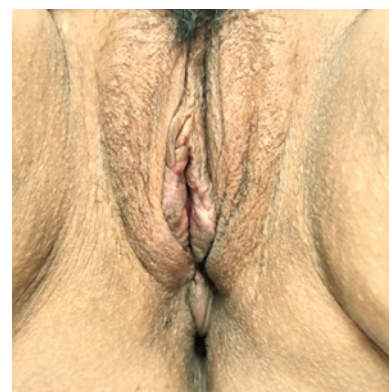


Figure 3: Spontaneous wound healings at third week follow-up

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