New Technique: Laser Labiaplasty Without Labial Clamping

Sibel Malkoç ,MD

Laser	Fotona XS Dynamis
	Step 1
Wavelength	2940 nm
Handpiece	R08-Ti
Energy	200 mJ
Mode	SP
Frequency	30 Hz
Passes	Continuous pulses
Spot size	0.4 mm
Anesthesia	Yes
Sessions	1 session

With 23 years of experience as a specialist in obstetrics and gynecology, Dr. Sibel Malkoç has participated in numerous domestic and international training seminars and congresses. Her special areas of interest include aesthetic genital surgery (labiaplasty, vaginoplasty, perineoplasty), genital laser applications (vaginal rejuvenation, vaginal tightening, laser treatment for urinary incontinence, laser labiaplasty), and treatment of vaginismus and female sexual dysfunction. She also continues to accept patients for the treatment and follow-up of sexually transmitted diseases (STD), pregnancy monitoring, and delivery. She completed her training in Genital Laser Applications in 2014 in Ljubljana, Slovenia, and has been performing clinical applications with laser for 10 years. Dr. Malkoç has been providing services in genital aesthetics at the Istanbul Liv Hospital's gynecology and obstetrics clinic since 2018.

CLINICAL CASE:

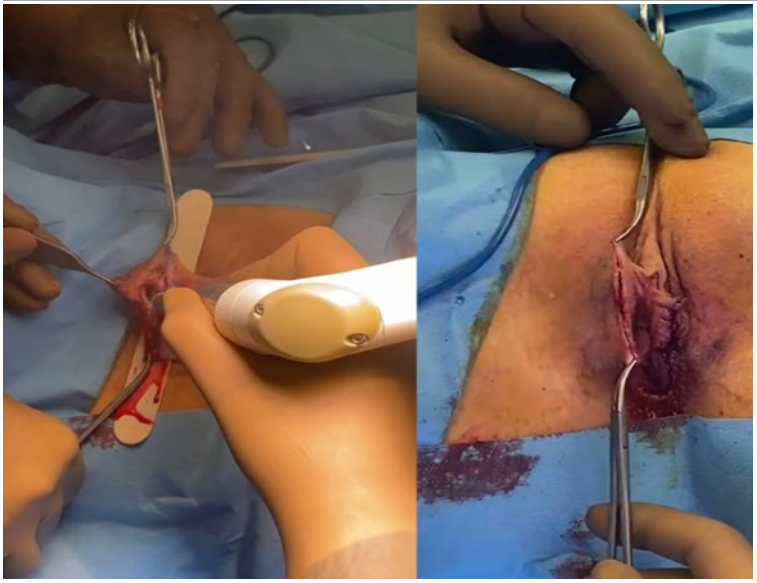
This case presents a 44-year-old woman who complained about her labials' hypertrophy and darkness. She came to the clinic to request laser labiaplasty.

Epilation was recommended to the patient, whose consent was obtained at least 72 hours beforehand. EMLA had been applied 30 minutes before the procedure. Marking was done following discussion with the patient before the procedure. Local anesthesia, 2 cc of short-acting local anesthetic containing adrenaline, 2 cc of long-acting local anesthetic and 4 cc of SF were mixed and applied under the skin with a dental needle or 30G needle.

Instead of holding the entire area with a vascular clamp we preferred to hold the area with gentle peans at the upper and lower ends (Fig 1). An abeslang was placed behind the labia in order not to harm the patient. The labia were cut along the drawn line with continuous laser pulses (Fotona XS, Fotona, Slovenia). The cutting handpiece was an R08-Ti at short-pulse ablative mode with 30 Hz, 200 mJ/cm^2. Holding the area with gentle peans at the upper and lower ends was preferred instead of holding the entire area with a vascular clamp (Fig 1).

After the procedure, the patient was kept under observation for 3-4 hours and was discharged if there were no complications. Rest for 48 hours, restriction of movement with the legs together for the first 36 hours after the procedure, oral cephalosporin for 5 days, use of topical antibiotic cream, analgesic and anti-inflammatory drugs, and (starting after 1 week from the procedure for 1 month) use of vaginal estriol. A 1-month prohibition of sexual intercourse and 1week prohibition of sports was recommended.

Before	After last session



Before	After 4th session	After one month session