

Potential risks and complications of labiaplasty		
DVT/PE		Long term sensitivity changes
Pain/discomfort		Adverse scar healing
Bruising		Longevity of surgical outcome
Swelling		Possible revision surgery
Haematoma / bleeding		Asymmetry
Infection		Necrosis
Delayed healing		Subjectivity
Allergic reactions		
		Discussion of patient's individual circumstances regarding whether any of the risks may significantly affect them adversely

1. The decision to go ahead with labial reduction (labiaplasty) must be taken with great care, since what has been removed cannot be restored. That is why your surgeon stipulates a minimum two week cooling off period.

2. The end result of labiaplasty depends to some extent on what was present before: it is often not possible to replicate what a patient may see on the internet.

3. In the vast majority of instances, before surgery there is asymmetry of varying degrees between the left and right labia minora. Complete symmetry therefore cannot be guaranteed from labiaplasty. Even when there is symmetry immediately following surgery, any infection (even very mild) can cause uneven healing and cause asymmetry in the final product.

4. The surgeon's decision to go ahead with surgery is not an indication that s/he believes that there is anything wrong with your labia - only that s/he acknowledges that you are not happy with the appearance of your labia, or the fact that they may rub against clothes and cause discomfort. S/he agrees to help you achieve the look you desire. If you google the "museum of vaginas" you will see at least 600 variations of the normal vulva.

5. Revision surgery will not be lightly undertaken as any such revision could render matters worse. You must not underestimate the risk of infection from revision surgery, which could render the end-product much worse since much of the labia minora has already been removed. There is sometimes a temptation to request removal of "just a skin tag", but infection can ensue following removal of a tiny skin tag.

Please print your name, sign and date to confirm that you have read, understand and accept the above:

Name: Date Signature

Surgeon: Date Signature