

Labia Majora Reduction Operative Report

Patient Name: _____

Birthdate: ____/____/____ MR #: _____

Date of Procedure: _____ Surgeon/Assistant: _____

Anesthesia/Anesthesiologist: _____

Height/Weight/Parity: ____ft__ in / ____ lbs / _____

Fluid Intake: _____ ml EBL: _____ ml Drains: None Other _____

Antibiotics: None Yes _____ Oral Intravenous

Pre-Operative Diagnosis: Labia Majora Laxity Hypertrophy Asymmetry Hyperpigmentation
 Bilateral Left Right

Primary Procedure Revisionary Procedure

Post-Operative Diagnosis: Same

Procedure: Labia majora reduction labiaplasty
 Labia majora liposuction
 Other: _____

Condition: _____

Clinical Findings:

This is a ____ year-old female with a preoperative diagnosis described above requesting elective cosmetic surgery and presenting with normal gynecologic anatomy; she denied any vulvovaginal pelvic symptomatology and denied any symptoms of pelvic floor defects. After a discussion of the risks, benefits and expected outcomes of the procedures described above and of all treatment alternatives, she signed a statement of written informed consent.

Description of Procedure:

- The patient was brought to the operating room and kept awake because she requested local anesthesia.
- The patient was brought to the operating room and placed under an adequate level of anesthesia.

She was then prepped and draped in the usual sterile fashion for vulvovaginal surgery with anti-embolic stockings & sequential compression stockings applied.

- Liposuction was not performed
- Liposuction was performed of Labia majora Mons pubis (see Liposuction Operative Report for details)

The labia majora were exposed, inspected and marked for incision Bilaterally Left side only Right side only.

The marked tissue was injected with a dilute solution of lidocaine and epinephrine for anesthesia and hemostasis. Incisions were made using a combination of sharp dissection, electrosurgical dissection, radiofrequency dissection, CO₂ laser dissection. The marked tissue was excised and hemostasis was achieved with absorbable sutures electrocautery other: _____.

Meticulously-placed, interrupted and running sutures of 3-0 Vicryl No. 5-0 Monocryl other: _____ were used to align and approximate the edges of the remaining tissue in a cosmetic and hemostatic fashion. Hemostasis was confirmed at all surgical sites.

Antibiotic ointment was placed over all incision lines and a light dressing was placed. The patient tolerated the procedure well and was brought to the recovery room in stable condition.

Surgeon Signature

Date