Vaginal Surgery Before and After - Me Clinic Melbourne

Canonical: https://www.meclinic.com.au/body/vaginal-surgery/before-and-after/

Details:

Before and after photographs relating to vaginal surgery - including labiaplasty, clitoral hood reduction and vaginoplasty - are handled differently to those for other procedures, for reasons of patient privacy and because of specific restrictions on how such images may be displayed.

These photographs are not published on this website. They are shown and discussed privately during consultation, where your surgeon can select cases relevant to your anatomy and explain what is comparable to your situation and what is not.

The standards that apply

Before and after images used by registered health practitioners in Australia are governed by the Medical Board of Australia's Guidelines for advertising regulated health services.

Images must be genuine - real patients, real results.

Any image used has been retouched only to protect patient privacy, never to enhance or alter the results of the surgery.

Images must carry a clear and prominent disclaimer that results may vary between individuals.

Patients must give specific, informed consent to the use of their images. Consent to be photographed for the medical record is not the same as consent for images to be shown to anyone else.

Results may vary between individuals. A photograph records one person's outcome, not a prediction of yours.

What photographs can and cannot tell you here

In this area of the body, photographs are less informative than people expect - and can be actively misleading.

Normal variation is very wide. Labia differ substantially in size, shape, colour and symmetry between individuals, and asymmetry is normal. A small selection of photographs does not represent the range of normal.

Images encountered elsewhere are often altered. Images in media and online are frequently retouched, and are not a reasonable reference point for what is normal or what to aim for.

Symptoms are not visible. Where the reason for considering surgery is chafing, discomfort during exercise or pain during intercourse, a photograph shows nothing about whether the same intervention would relieve your symptoms.

Healing takes time. Swelling in this area is pronounced early and settles over weeks to months. An early photograph does not show the settled result.

On what is normal

This is worth stating plainly, because a great many people arrive at a consultation having decided they are abnormal on the basis of images that were never a fair comparison.

Labia minora vary enormously in length, thickness, colour and shape, and visible labia minora are entirely common.

Asymmetry between the two sides is normal. Most people have it. Bodies are asymmetric generally - hands, feet, breasts, eyes - and this area is no different.

Colour varies and commonly differs from surrounding skin.

Appearance changes with puberty, childbirth, age and hormonal changes.

The images you have seen are not a reference range. Media and online images are routinely edited, and in some contexts are legally required to be. What you have been comparing yourself to may not exist.

Being outside what you assumed was typical is not, by itself, a medical reason for surgery. Symptoms are. Distress is a real consideration too, and a legitimate one to raise - but it is a reason for careful assessment rather than a reason the answer is automatically surgery.

Functional symptoms versus appearance

These lead to different conversations, and it helps to know which one you are having.

Functional: chafing during exercise or in certain clothing, discomfort or pain during intercourse, difficulty with hygiene, tissue being caught or pulled, recurrent irritation.

Appearance: how it looks to you, or how you believe it compares.

Many people have both. Saying which one is actually driving you is the single most useful thing you can bring to the appointment, and there is no wrong answer - it changes what gets assessed and what is offered, not whether you are taken seriously.

What the examination involves

Knowing this in advance makes it easier. You are entitled to all of it, and asking for any of it changes nothing about your care:

You may have a chaperone present , and you may ask for one at any point. If one is not offered, ask.

You may bring a support person to the consultation.

You may ask who is in the room and why, and you may ask anyone not necessary to leave.

You may ask for a female practitioner where one is available.

You may stop at any point , without explaining why.

You may decline clinical photography , or consent to it for your record only and not for any other use. Those are separate consents.

You may ask what is being examined and why before it happens.

Why your result will differ

Outcomes vary depending on individual anatomy, tissue quality, the technique used, how much tissue is removed, and individual healing. Which procedure is appropriate - and whether any procedure is appropriate - is determined at consultation after examination.

A surgeon should be willing to tell you that no intervention is needed. Where symptoms are mild or absent, that is a legitimate answer, and conservative measures are worth exhausting first. See our page on alternatives to labiaplasty .

Why over-resection matters more here than almost anywhere

Of all the risks listed below, this is the one to understand before you decide anything.

Tissue that has been removed cannot be put back. Where too much is taken, the consequences can include chronic discomfort, pain during intercourse, exposure of tissue that was previously protected, and an appearance that is harder to live with than the starting point - and correction is difficult and sometimes not possible.

The practical implication is that a surgeon proposing to remove less than you expected is not being unambitious. Conservative is the safer direction here, because there is a second operation available if too little was taken and no good remedy if too much was.

Seeing photographs relevant to you

Asking to see photographs of previous patients with similar anatomy is a reasonable question at consultation, and one worth asking. Your surgeon can explain which cases are comparable to yours and what is realistic.

Labiaplasty surgery costs range from $9,000 to $13,000. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350. Since 1 July 2023, all patients are required to have a GP referral before seeing a plastic surgeon or doctor about cosmetic surgery. For any cosmetic surgery there is a compulsory one-week cooling-off period after your second consultation before surgery can be booked or a deposit paid.

Patients under 18

Surgery of this kind on minors is subject to specific legal and ethical restrictions in Australia, and the safeguards are stricter than for adults.

A three-month cooling-off period rather than one week.

An independent assessment by a registered psychologist, psychiatrist or general practitioner who is not the treating practitioner.

The recognition that this area continues to develop through adolescence, so an appearance at 16 is not a settled one.

Specific legal restrictions apply to procedures on the female genitalia of minors in Australia.

These are protections, not obstacles.

What you should leave the consultation with

Whether what you have is within the normal range, said plainly

Whether your concern is functional, appearance-related, or both

What conservative measures are worth trying first

What is proposed, how much tissue would be removed, and why that amount

Written risk information, including that over-resection is difficult to correct

An itemised written quote

Your surgeon's name and AHPRA number - checkable at ahpra.gov.au

What consent you have or have not given to photography, in writing

An after-hours number, and your review dates

Risks

All surgical procedures carry risks and potential complications, including infection, bleeding and haematoma, swelling, pain, scarring, delayed healing, wound separation, asymmetry, changes in sensation, over-resection or under-resection of tissue, discomfort during intercourse, and the possible need for revision surgery. Over-resection is difficult to correct.

Please read our information on the risks and complications of cosmetic surgery before proceeding.

Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about vaginal surgery before and after photographs

Why are these photographs not on the website?

For reasons of patient privacy and because of specific restrictions on how such images may be displayed. They are shown and discussed privately during consultation instead.

Can I see them at all?

Yes - during consultation, where your surgeon can select cases relevant to your anatomy and explain what is comparable to your situation and what is not. Asking to see photographs of previous patients with similar anatomy is a reasonable question, and one worth asking.

What standards apply to these images?

The Medical Board of Australia's Guidelines for advertising regulated health services. Images must be genuine - real patients, real results - retouched only to protect patient privacy, never to enhance or alter the results, and carry a clear and prominent disclaimer that results may vary.

What does consent mean here?

Patients must give specific, informed consent to the use of their images. Consent to be photographed for the medical record is not the same as consent for images to be shown to anyone else.

Why are photographs less useful in this area?

Because normal variation is very wide. Labia differ substantially in size, shape, colour and symmetry between individuals, and asymmetry is normal. A small selection of photographs does not represent the range of normal.

What actually counts as normal?

Labia minora vary enormously in length, thickness, colour and shape, and visible labia minora are entirely common. Asymmetry between the two sides is normal and most people have it. Colour varies and commonly differs from surrounding skin. Appearance changes with puberty, childbirth, age and

hormonal changes.

What about images I have seen elsewhere?

Images in media and online are frequently retouched, and are not a reasonable reference point for what is normal or what to aim for. What you have been comparing yourself to may not exist.

Is being outside what I assumed was typical a reason for surgery?

Not by itself. Symptoms are. Distress is a real and legitimate consideration to raise, but it is a reason for careful assessment rather than a reason the answer is automatically surgery.

I have symptoms rather than an appearance concern - will a photo help?

No. Where the reason for considering surgery is chafing, discomfort during exercise or pain during intercourse, a photograph shows nothing about whether the same intervention would relieve your symptoms.

What counts as a functional symptom?

Chafing during exercise or in certain clothing, discomfort or pain during intercourse, difficulty with hygiene, tissue being caught or pulled, and recurrent irritation.

What is the most useful thing I can bring to the appointment?

Saying which is actually driving you - function, appearance, or both. There is no wrong answer; it changes what gets assessed, not whether you are taken seriously.

Can I have someone with me during the examination?

Yes. You may have a chaperone present and may ask for one at any point, and you may bring a support person to the consultation. If a chaperone is not offered, ask.

What else am I entitled to ask for?

To know who is in the room and why, for anyone not necessary to leave, for a female practitioner where one is available, and to stop at any point without explaining why.

Do I have to be photographed?

No. You may decline clinical photography, or consent to it for your record only and not for any other use. Those are separate consents.

How soon after surgery does a photograph mean anything?

Swelling in this area is pronounced early and settles over weeks to months. An early photograph does not show the settled result.

Why will my result differ?

Outcomes vary depending on individual anatomy, tissue quality, the technique used, how much tissue is removed, and individual healing.

How is it decided which procedure I need?

Which procedure is appropriate - and whether any procedure is appropriate - is determined at consultation after examination.

Could the answer be that I do not need surgery?

Yes, and a surgeon should be willing to tell you so. Where symptoms are mild or absent, that is a legitimate answer, and conservative measures are worth exhausting first.

Which complication is hardest to fix?

Over-resection. Tissue that has been removed cannot be put back, and the consequences can include chronic discomfort, pain during intercourse, exposure of tissue that was previously protected, and an appearance harder to live with than the starting point.

What if my surgeon proposes removing less than I expected?

That is not a lack of ambition. Conservative is the safer direction here, because a second operation is available if too little was taken and there is no good remedy if too much was.

What does labiaplasty cost?

Labiaplasty surgery costs range from $9,000 to $13,000. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350.

Do I need a referral?

Yes. Since 1 July 2023, all patients are required to have a GP referral before seeing a plastic surgeon or doctor about cosmetic surgery.

Is there a cooling-off period?

Yes. For any cosmetic surgery there is a compulsory one-week cooling-off period after your second consultation before surgery can be booked or a deposit paid.

What about surgery on minors?

Surgery of this kind on minors is subject to specific legal and ethical restrictions in Australia. A three-month cooling-off period applies rather than one week, along with an independent assessment by a registered psychologist, psychiatrist or GP who is not the treating practitioner - and this area continues to develop through adolescence, so an appearance at 16 is not a settled one.

What are the risks?

Infection, bleeding and haematoma, swelling, pain, scarring, delayed healing, wound separation, asymmetry, changes in sensation, over-resection or under-resection of tissue, discomfort during

intercourse, and the possible need for revision surgery.

What should I leave the consultation with?

Whether what you have is within the normal range said plainly, whether your concern is functional or appearance-related, what conservative measures are worth trying first, what is proposed and how much tissue would be removed and why, written risk information, an itemised quote, your surgeon's AHPRA number, what photography consent you have given in writing, and an after-hours number.

Related pages

See what is a labiaplasty , alternatives to labiaplasty , labiaplasty costs, or all body procedures .

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.