



Labiaplasty Surgery

Pre-operative Instructions

- Please advise Dr. Robbins if you are taking any blood thinning medications (e.g., Warfarin, Ibuprofen, NSAIDs, Plavix, Aspirin). These will need to be discontinued prior to surgery per Dr. Robbins' instructions or the physician that manages these medications.
- **DO NOT** take any of the following 10 days prior to surgery:
 - Anti-inflammatories (ibuprofen, Aleve, Motrin, Excedrin, OTC pain medication. Tylenol is the ONLY acceptable pain medication to take prior to surgery.)
 - Homeopathic medications (If you are unsure then do not take.)
 - Vitamin E, Fish Oil or Multivitamin
- Take a bath or shower daily with an anti-bacterial liquid soap, like Dial liquid soap, or Hibiclens starting 3 days prior to surgery. These can be purchased at any drug store.
- **DO NOT** eat or drink after midnight the night before surgery. That means NO FOOD OR ANY LIQUIDS INCLUDING WATER.
- **DO NOT** wear jewelry, dentures, hearing aids, or contact lenses the day of surgery.
- **DO NOT** wear make-up, moisturizer, lipstick, deodorant, or nail polish the day of surgery.
- Wear comfortable, loose-fitting clothing that buttons or zips in the front. No skinny jeans or leggings the day of surgery. No clothing with any metal on it.
- You will need to arrive 2 hours prior to your surgery time or advised. The arrival time is enclosed in your folder.
- You must bring a driver to take you home after surgery.

ALL HAIR MUST BE REMOVED FROM PUBIC AREA PRIOR TO SURGERY.

MEDICATIONS

You will be prescribed a ***pain***, (Percocet/oxycodone, or Dilaudid/hydromorphone), ***anti-nausea*** (*Phenergan/promethazine or Zofran/ondansetron*) and ***antibiotic*** Keflex/cephalexin, doxycycline, or Cipro/ciprofloxacin ***medication***. The goal is to stay ahead of the pain so you can rest comfortably and eat/drink without nausea or constipation. Our office recommends starting an over the stool softener, Miralax, Dulcolax prior to surgery. After surgery it is recommended to take it preventatively every day until you are no longer on the narcotic pain medicine. IF YOU HAVE NOT HAD a bowel movement 3-4 days following surgery then you may take Milk of Magnesia or Magnesium Citrate. These are both available over the counter. Follow the instructions listed on the package. **(SEE ATTACHED MEDICATION LIST)**

- Your **pain** medication should be taken with food in your stomach, even if you don't have an appetite, have some crackers or yogurt with it. This will prevent nausea caused by the pain medicine.
- Your **antibiotic** is to prevent infection, take the medicine as prescribed beginning the day you get home from surgery until the entire bottle is empty. This DOES NOT need to be taken prior to surgery.
- **Take ALL your medications as prescribed, at least for the first 72 hours after surgery.**
- DO NOT take aspirin or any products containing aspirin or ibuprofen, Aleve, Motrin or vitamins **until 5 days after surgery.**
- **Take ALL your medications as prescribed, at least for the first 72 hours after surgery.**
- Have someone drive you home after surgery and help you at home for as long as you are on the pain medication and/or muscle relaxer.
- You will have prescription for an antibiotic as well as a pain medication that you need to start when you get home after surgery. You DO NOT need to take this prior to surgery unless instructed by our office.
- Cough and deep breathe every 2 hours to prevent pneumonia.
- Avoid strenuous activity (jogging, running, any activity that increases your heart rate), lifting over 8 pounds, and any vigorous activity (pushing, pulling) for 3 weeks following surgery. You may lift over 25 pounds after 4 weeks. Walking is a normal activity that should be restarted right away. You should be up walking around the house following your surgery. And you should continue to walk as much as you can following surgery.
- You may drive once you are no longer taking the pain medication prescribed by our office.
- Intercourse is not permitted until 6 weeks following surgery.
- There are no stitches to be removed. However, you may feel bumps or dissolvable stitches that may be trimmed by our office.

INCISION CARE

- If possible, elevate your pelvis while you are recovering for the first few days postoperatively. A recliner is ideal, but a pillow under the pelvis may be sufficient while you are laying down.
- There will be bloody or blood-tinged drainage for a minimum of 1- 2 days following your labiaplasty.
- **You may shower 24 hours after surgery, with assistance. Let the water run over the area but do not directly wash or soap the incisions. Pat dry. DO NOT OVER-CLEAN YOUR VAGINAL AREA.**
- Use a spray or squirt bottle with warm water on the vaginal area after urinating and bowel movements, pat dry. Then apply Neosporin, twice daily, to your incisions and wear a panty liner each day if ointment has been applied to labia.

- No tub soaking for three weeks postoperatively.
- If you notice, irritation to labia then you may switch to using Vaseline or Aquaphor on all incisions twice daily. Avoid other ointments or lotions during the first month of recovery.
- Bleeding is expected on the panty liner following your procedure.
- Your labia will be swollen (edema and local anesthetic fluid) which will be greatest on the third postoperative day. This will slowly resolve over the ensuing weeks.
- Some bruising is expected after your procedure, but the degree varies from patient to patient. Bruising may be noted in the groin region, and swelling can occur in the perineum. This will resolve over time.

WHAT TO EXPECT

- While a local anesthetic has been used to decrease pain, your vaginal area will be sore and tender, and you may develop pain. Use medications as prescribed.
- You may experience temporary numbness of the vaginal mucosa as a result of the local anesthetic.
- Maximum discomfort will occur 24-72 hours following your procedure.
- You will return to see Dr. Robbins one week after surgery

WHEN TO CALL

- If you have increased swelling or bruising.
- If swelling and redness persist after a few days.
- If you have severe or increased pain not relieved by medication.
- If you have any side effects to medications, such as, rash, nausea, headache, vomiting.
- If you have an oral temperature over 101.5 degrees.
- If you have any yellowish or greenish drainage from the incisions or notice a foul odor.
- If you have bleeding from the incisions that is difficult to control with light pressure.

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