Labia Majora Rejuvenation

Dr Dawid Serafin discusses minimally invasive augmentation and rejuvenation of the labia majora with hyaluronic acid filler

The restorative and reconstructive procedures performed to improve the cosmetic appearance, attractiveness and sexual function of female reproductive organs is the focus of aesthetic gynaecology. It is a dynamic and developing subspecialty within aesthetic medicine and I have noticed the popularity increase in recent years. This may be largely attributed to several factors, in particular, the prevalence of women’s body awareness, particularly crossing the barrier of shame when discussing gynaecological problems, and better access to suitably qualified healthcare professionals with the ability to address vaginal aesthetic concerns.12

The appearance of the genital area can be affected by traumatic childbirth, previous surgery, frequent body weight changes, intensive physical exercise and age. The postmenopausal period has a significant effect on the female genital area through the plummeting oestrogen levels. However, the look can be improved through surgical and non-surgical treatments. Like in any other surgical subspecialty, the invasive procedures are often abandoned in favour of the minimally-invasive ones, which are associated with less trauma.3,4

While there are a number of ways in which the genital area can be rejuvenated non-surgically, this article will focus on the use of hyaluronic acid (HA) filler to treat the labia majora.

Anatomy and function of the labia majora

The labia majora are commonly referred to as the outer lips of the vulva, the female external genitalia.6 The female anterior urogenital triangle consists of the external genital organs and their surrounding structures collectively referred to as the vulva. As the most protruding part of the vulva, the major function of the labia majora is the protection of the softer tissues of the vulva. The labia majora are the two longitudinal, adipose tissue-filled cutaneous folds. They are composed of smooth muscle fibres, blood and lymphatic vessels, nerve endings and the dermis, where orifices of numerous glands – sebaceous, sudoriferous and apocrine – are located. Its lateral surface is pigmented and contains hair follicles. Labia majora extend from the mons pubis (the rounded mass of fatty tissue over the joint of the pubic bones) to the perianal area (the area surrounding the anus). Anteriorly, they are joined forming the anterior labial commissure, located just under the clitoral hood, and posteriorly they form the posterior labial commissure, located approximately 2cm from the anus. Between them, other structures are situated, such as the labia minora, urethral orifice, clitoris and vaginal vestibulum.5

The main function of the labia majora is to protect other intimate structures from physical, mechanical and chemical damage. Owing to its volume and elasticity it constitutes anti-microbial protection to other vulval structures, additionally preventing the loss of natural microflora and mechanical irritation with underwear or other items of clothing. The labia majora ensures stable temperature and lubrication of other vulval structures, performing a stabilising role during a sexual intercourse.7 For this reason, women presenting with labial (vulvovaginal) atrophy may report dyspareunia, a difficult or painful sexual intercourse.8,9

Rejuvenation of the labia majora using HA

Augmentation and rejuvenation of the labia majora involves increasing their fullness through enlargement, as a result of injecting cross-linked HA, which, in my opinion, is a versatile dermal filler. HA is a naturally occurring biopolymer, the molecular structure of which is very similar between living organisms. Its macromolecule is a linear polymer composed of approximately 20,000 repeating disaccharide units with the primary configurations containing D-glucuronic acid and N-acetyl-D-glucosamine derivatives.8 Cross-linking forms bonds between the individual molecules, preventing their metabolism by a human body, so the filler is slowly biodegraded. The aim of the treatment is to improve the aesthetic appearance of the labia majora, as well as to protect the genitals by reducing irritation, bruising and infections. The HA filler moisturises the skin and the mucous membranes, additionally rejuvenating the treated area by stimulating fibroblasts to produce collagen.9

HA filler injections are recommended in the loss of volume and firmness of the labia majora, caused by a number of factors, including, but not limited to, hypertrophy, atrophy or asymmetry of labia majora, mucocutaneous atrophy and its associated symptoms, such as itching, burning or a feeling of skin tightness. These can develop due to vaginal birth, vulval fibroma, vulvitis or simply ageing and associated excessive vulval and labial skin laxity.12,13,14,15 Additionally, patient-reported pain and discomfort during sexual intercourse or sports (especially horse riding and cycling), painful urination and general discomfort when wearing tight underwear or other clothes, may be associated with infections, inflammation, irritation or abrasion. The treatment can be successfully used as a part of perineal repair or after traumatic birth, where the damage often involves the inferior portion of labia majora and can leave deep scars.6 Filling the labia majora with HA aims to restore natural appearance and repair contracture-related aesthetic defects.

The use of HA is also recommended in women of low body weight or those after a significant weight loss, who may have lost adipose

Filling the labia majora with HA aims to restore natural appearance and repair contracture-related aesthetic defects

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Vulvovaginal dryness is a common complaint reported by perimenopausal women, especially those who do not use hormone replacement therapy by improved sexual satisfaction. The loss of elasticity adversely affects women’s body image, as they may start to consider themselves to be less attractive. The decreased self-esteem can impair the sex-related quality of life and trigger complexes which may escalate, manifesting behaviourally as perhaps the inability to get undressed in front of a partner, in a long-term committed consensual relationship. Similarly, if a woman is confident with her appearance and her intimate areas, it is likely to positively affect her sexual behaviours. In line with widely publicised standards of beauty promoted by the media, many patients expect their labia majora to cover their labia minora. Therefore, women who are unhappy with the size or appearance of their labia majora make good candidates for HA filler rejuvenation.

Procedure
Despite its minimally-invasive nature, the procedure should be preceded by a thorough medical history and consultation, in order to ascertain and exclude potential contraindications. These include: pregnancy (any trimester), breastfeeding, active inflammation at the injection site, malignancy of the vulva/perineum, untreated mental disorder, severe coagulation disorder, autoimmune disorder manifesting within the vulva and a history of allergic response to HA. The procedure involves administering HA filler to the subcutaneous tissue of the labia majora in an injection using a small-diameter needle.

Figure 1: Labia majora hypertrophy correction. Before image shows deep scar after episiotomy. After correction, volume is restored, scar is corrected and labias are closer to each other.
cannula. Proper instruments are essential, as only a blunt-tip cannula reduces the risk of inadvertently injuring the tissue, blood vessels and helps prevent further complications. It is also essential to determine the location of blood vessels and nerves supplying the vulva prior to treatment. They are located within the lower pole of the labia majora, so caution is advised when the first injection is done at the lower pole.

The first step involves a thorough decontamination and anaesthetising of the area to be injected. Local anaesthesia is used with approximately 5ml of 2% lidocaine administered along the labia in a single injection. It is repeated in the same manner on both labia. First, a 16G needle is used to access the labia. Then, the 22G cannula is used to administer the filler to the upper pole of the labia. A linear, downward application mode should be followed. To achieve tissue augmentation or labial contour enhancement, a very superficial subcutaneous injection is performed. In order to correct tissue volume, the filler should be administered slightly deeper. The depth of injection plays an important role. I recommend a depth of 5mm, as accessing structures that are too deep may result in administering the filler to the adipose tissue, thus losing its effect.

1-3ml of cross-linked HA is injected on each side. The filler is developed through the highest purity bacterial biosynthesis. Cross-linking increases the duration of filler effect, whereas tissue deposition of HA is up to 1.5 years. Currently, the maximum available concentration of HA fillers intended for female genital augmentation is 28mg, and I would suggest using this for treatment. I would not like to recommend any given brand of HA filler, suggesting instead that practitioners consider the content of HA in a filler because the likelihood of long-term tissue deposition increases with the content of hyaluronic acid. Cross-linked HA molecules are biodegradable, which infers the safety and minimally invasive nature of treatment while offering a quick onset of therapeutic effect. The procedure lasts for 15-30 minutes; it does not require a recovery period or sutures – the patient may commence her normal activity immediately after she leaves the treatment room. After the injection, the patient should be instructed to refrain from sexual activity, sport (especially

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Figure 2: Labia majora hypotrophy. The before image shows asymmetry after weight loss and an aesthetic dissatisfaction from the patient. After correction the symmetry and shape is restored.

Figure 3: Before image shows labia majora hypotrophy. After correction, volume is restored reducing skin folds.

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