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LABIAPLASTY AFTER CARE INSTRUCTIONS
PLEASE READ ME BEFORE AND AFTER SURGERY ☺

ABOUT JACKIE:

My name is Jackie, and I am a board-certified and licensed physician assistant (PA-C) working alongside Dr. Terry Dubrow. My job is to ensure that you heal optimally in the postoperative period. As Dr. Dubrow's "right-hand gal," I will work very closely with you during your postoperative and follow-up appointments developing diagnostic and therapeutic plans to ensure optimal recovery. You will be seeing me for **all** of your postoperative visits. Thank you for trusting me with your surgical and postsurgical care. These postoperative instructions will help guide your recovery process; *it is imperative that you and any of your caretakers carefully read these instructions before and after surgery.*



ITEMS TO PURCHASE BEFORE SURGERY:

- Maxi pads or panty liners**→These will help to absorb any fluid that may be seeping from the incision sites (which is normal). *Please keep in mind that drainage surgical sites is typical for the first 72 hours following surgery.*
 - Some patients like to freeze their maxi pads and then use them to ice the vaginal area to provide relief.
- Stool softener/laxative (Peri-Colace)**—Pain medication can constipate you. Peri-Colace is my favorite as it helps soften the feces (“the mush”) and also helps stimulate the bowels (“the push”). These should be started the day after surgery if you are taking pain medication.
- Extra-Strength Tylenol (500mg)**: To be used when pain is mild to moderate in place of the narcotic pain medication.
- Dial @ antibacterial bar soap**: You will use this bar soap the morning of surgery to wash the surgical areas. You do not need to use this soap in the postoperative period as it will dry out your skin. You may resume your normal soap postoperatively on day 3 after surgery.
- Flowy skirts or maxi dresses**: This will allow the surgical area to breathe.
- Bacitracin ointment** (Overt the counter)—Which will be applied to suture lines daily. You will re-apply your Bacitracin ointment after washing the vaginal area after using the restroom
- Arnika and Bromelin**: These are herbal supplements that aid in bruising and swelling. You can purchase these products at our office (\$30 for a 1-week supply), Whole Foods or Sprouts. You can begin these supplements up to one week before surgery and use them for 2 weeks after surgery.
- Compression stockings**: We will provide you with 1 pair of compression stockings immediately after surgery. Please plan to purchase an additional pair at Target ® in the event that your socks become soiled or are uncomfortable. They will need to be worn for 5 days postoperatively.
- Oral Thermometer**: It is important to monitor your temperature after surgery in the event that you feel “feverish” or hot. You have a fever if you have a temperature above 101.5.

HAVE SOMEONE WITH YOU:

- After surgery, have an **adult** available to stay with you for the first 72 hours, as you will be weak and drowsy. If you are unable to have an adult stay with you for the first 72 hours, you can arrange for a nurse to care for you at an additional fee. Please contact your surgical coordinator should you require an overnight nurse for longer than 24 hours.
- It is highly recommended that you have an adult with you for the duration of your stay if you are an out-of-town patient.

WALKING:

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.
- IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

COMPRESSION STOCKINGS/TRAVELING/PRECISION DVT PREVENTION DEVICE:

- Compression Stockings:**
 - If compression stockings were provided, please leave the stockings on for 5 days after surgery. They may be removed when showering but must be replaced after your shower. You can also purchase additional compression socks at Target® if needed if the ones provided in surgery are too large or too small or become

soiled.

- **Precision DVT Prevention Device:**

- If it is determined that you are a high-risk patient for developing a blood clot, (a DVT), you will be provided with a DVT prevention device to be used on your legs in the postoperative period.
- You will need to wear your device anytime you are not ambulating for the first 30 days after surgery.
- The device will stay charged for up to 8 - 10 hours. The device will charge in 2 hours.
- The device is yours to keep and can be worn in the future for DVT prophylaxis when traveling long distances.



- **Traveling:**

- If you are an out-of-town patient and will be traveling back home after your surgery, please wear your compression stockings and DVT prevention device on the plane or in the car and remove them after landing.
- If you do not have the DVT prevention device, please only wear the compression stockings and when on the airplane or car, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.
- It is safe to fly 1 week after surgery if you have been cleared by Jackie to do so.
- If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.

PAIN AND PAIN MEDICATION:

- Take pain medication with food. You may be given an anti-anxiety/muscle relaxant medication (Valium) that you may take as well to prevent aggravation of the pain cycle. When taking Valium, take it 1 – 2 hours after the pain medication.
- Percocet (Oxycodone + Acetaminophen) or Vicodin (Hydrocodone + Acetaminophen) should be taken as directed:
 - **Mild to moderate pain:** 1 tablet every 4 – 6 hours as needed
 - **Severe pain:** 2 tablets every 4 – 6 hours as needed
- If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®
- We will provide every patient with **1 refill** of the pain medication and the Valium if needed **one week after the last prescription was filled**. No additional refills will be provided.
 - If you require additional pain medication, please reach out to your primary care provider for pain management or visit an urgent care as we will not provide additional refills after the 1 allotted refill.
- We **cannot call-in/fax/email/mail a refill for pain medication** to a pharmacy. If you are an out-of-town patient, visit your local provider, urgent care, or ER for pain management.
 - If you are to finish your pain medication or Valium during a weekend or after hours, you will need to wait until regular business hours to visit our office to collect your prescription since we are not open on weekends or after hours.
- If you are under the care of a pain management provider or already take narcotic pain medication or an anti-anxiety medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.
- Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.
- Take a stool softener with pain medication to prevent constipation.
- **DO NOT DRIVE WHILE TAKING PAIN MEDICATION** or Valium. These medications can result in drowsiness. If you are pulled-over while driving under the influence of narcotics or scheduled substances, you will get a DUI!
- **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATIONS** or Valium. This can be a deadly combination.
- Only take the narcotic pain medication if needed. The quicker you can wean off of the pain medication, the better you will feel and heal.

DO NOT SMOKE. This is very important!!!

- Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.

- Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.
- Smoking can resume 6 weeks after surgery as long as no challenges in healing are present.

SUPPLEMENTS:

- Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery. Also do not begin herbal supplements until 3 weeks after surgery.
 - Arnika, Bromelin and Vitamin C are okay to take.
- Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

REMEMBER THE FIVE W'S:

- *The most common cause of an **elevated temperature/fever** after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence as a result of anesthesia and the physical stress your body is undergoing. In order to decrease your body temperature and expand the lungs, it is important to do the following:*
 - **Wind:** Take 10 deep breaths per hour for the first 72 hours.
 - **Water:** Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.
 - **Walk:** Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.
 - **Wonder drugs:** Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature.
 - **Wound:** Observe the wound for redness, heat, discharge (pus), and openings.

POSITIONING:

- It is best avoid prolonged sitting as this could add unnecessary pressure to the surgical site thereby increasing swelling to the area. It is best to lie down and remain as flat as much as possible for the first 3 days.
- As much as possible, allow the area to “air out.” You can wear maxi dresses or flowy skirts to help the area breathe when you are at home, sleeping, or at your hotel.

DRESSINGS, CLEANSING AND SHOWERING

- Ice packs should be applied every 4 - 6 hours for the first 24 hours while awake, placed over a maxi pad. Ice packs should never be applied directly to the skin: Wrap in a paper towel. Use of ice packs will markedly reduce the amount of post-operative swelling and discomfort.
- The surgical dressings can be removed anytime they are saturated and then replaced with a sanitary napkin or maxi pad.
- Antibiotic ointment (Bacitracin which can be purchased over the counter) should be applied to the incisions twice a day for 14 days (re-apply after using the restroom). Please apply a thin coating only. Excessive amounts of ointment are not necessary.
- You should rinse the area with warm water whenever using the toilet (you can use a clean cup and rinse the area while on the toilet). After rinsing, pat the area dry with a gauze pad or clean towel, put antibiotic ointment along the incision lines, and replace your maxi pad.
- It is normal to have swelling and bruising of the labia. This will resolve over the next two weeks.
- There will be bloody or blood-tinged drainage for a minimum of 1- 2 weeks following your labiaplasty.
- You may take a complete shower with soap and water 48 hours after surgery. Be careful not to pull or tug on the incision lines or sutures. Use warm water. Do not soak in the bath until 3 weeks after surgery.

ACTIVITIES

- Most patients will experience relatively minor discomfort after a labiaplasty. However, some patients do experience moderate to severe swelling that can cause much discomfort.
- Patients who experience minimal swelling and bleeding should be able to resume sedentary work activities within a few days, resume light exercise at one week, and have no restrictions after two weeks.
- Patients with more excessive swelling and discomfort may want to limit their activities until they feel comfortable and gradually progress to their normal activities.
- You may resume sexual activity 6 - 12 weeks after surgery. This is patient-dependent.
- No overheating for the first three weeks (no hot baths, showers, spas, exercising, etc). For the first 10 days following surgery, raising your blood pressure (heart rate) will cause bleeding. This includes sexual intercourse and sexual activity.
- You may begin swimming and all exercising 3 weeks post-operatively, if healing is complete.

DIET:

- A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.
- Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or xylitol – both sweeteners are poorly digested and can result in bloating.
- Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

SUTURES:

- We use absorbable sutures on your labia incision which will be removed at **day 7**.
 - If you are an out-of-town patient and cannot stay for the full 7 days, please have a provider in your hometown remove the sutures for you. Keep in mind that providers in your hometown may refuse to remove your sutures. It is imperative that you call your local provider in advance to ensure that they are comfortable with evaluating you and with removing your sutures prior to you leaving us. We do not and will not provide referrals for postoperative care for out-of-town patients. Patients are responsible for coordinating their own postoperative care should they choose to have their sutures removed elsewhere.
- Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

WHAT TO EXPECT:

- Abdominal bloating is to be expected in the early postoperative period. Bloating results from sodium present in your medications and in the anesthesia.
- Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-28 hours.
- The skin of the labia may be partially numb for several months (about 9 months) while the wounds are healing. Permanent numbness is very rare.
- Swelling and bruising are a normal expectation following surgery. This will resolve over the next two weeks.
- There will be bloody or blood-tinged drainage for a minimum of 1- 2 weeks following your labiaplasty.
- It is normal to have an itching sensation.
- Asymmetry to the labia is also to be expected in the immediate healing period since one labia may be more swollen than the other. This will improve and be corrected as the swelling subsides.
- It takes **6 MONTHS FOR FINAL RESULTS** to appear. In the interim, you may notice:
 - Incision asymmetry
 - labia asymmetry
 - Pleating along incisions and knots along incisions
 - Swelling that changes from day-to-day
 - Be patient please and try not to focus on these issues before the 6-month period.
- A burning sensation (raw, sensitive) or sharp shooting pains along the incision line is normal and indicative of nerve regeneration. These “neuralgias” will burn out by 9 months.

EMOTIONAL EXPECTATIONS FOLLOWING SURGERY:

- It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “postoperative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:
 - **Phase 1: Being Out of It**
 - Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.
 - **Phase 2: Mood Swings**
 - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never

should have done it."

- **Phase 3: Being over critical**
 - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing and sutures will be out. Because of anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell and most concerns are resolved with time.
- **Phase 4: Happy at last**
 - Finally, about **3 – 6 months out of surgery**, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.

FOLLOW UP APPOINTMENTS:

- It is important to be seen by Jackie at your post-op checks.
- Jackie will see you at the following follow-up appointments:

Day 1	Week 1: Day 3 or 4 and 7	Week 2	Week 6
<ul style="list-style-type: none"> • Dressing change • Observe tissue for wound separation 	<ul style="list-style-type: none"> • Assessment for infection of surgical site • Clear patient to shower • Suture removal 	<ul style="list-style-type: none"> • Assessment of infection of surgical site 	<ul style="list-style-type: none"> • Assessment of area
Month 3	Month 6	Month 12	
<ul style="list-style-type: none"> • First conversation regarding aesthetic results/concerns 	<ul style="list-style-type: none"> • Second conversation regarding aesthetic results/concerns 	<ul style="list-style-type: none"> • Final conversation regarding aesthetic results/concerns 	

- **The first three appointments (Day 1 – Day 7) are highly recommended. It is strongly advised that you stay locally for the first week following surgery if you are an out-of-town patient.**
- It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- If you are from out-of-town and cannot see Jackie at the recommended frequency, then it is strongly advised that you establish a relationship with a provider in your hometown who can follow your progress or evaluate you in case of infection, wound separation, or seroma.
- **Jackie and Dr. Dubrow cannot evaluate you or treat you over the phone, via email, or from a distance. If you have a cosmetic or functional complication, please plan to visit our office for a postoperative visit or seek care from your local provider or local plastic surgeon. We cannot provide referrals and cannot manage complications from a distance.**
- Call to schedule your appointments at (949) 515-4111 between the hours of 9:00 AM and 5:00 PM, Monday – Thursday and between 9:00 AM and 2:00 PM on Fridays. The office is closed on Saturday and Sunday.
- **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, you will need to be seen by an urgent care and/or Emergency Room.**

PLEASE EMAIL JACKIE (PA-C) AT JACQUELINE@DRDUBROW.COM IF:

- You have general questions regarding your postoperative care or aesthetic concerns. Keep in mind that Jackie is seeing patients throughout the day and may not respond immediately. She checks her email at 9 am and at 5 pm and will respond accordingly.
 - Keep in mind that a discussion of aesthetic concerns requires a physical postoperative visit. If you need to schedule an appointment, please call the office at 949-515-4111.
 - Do not email Jackie to schedule appointments as she does not have access to the schedule.
- ***Please include your name, surgery, date of surgery, and question in Email!!!***

PLEASE CALL THE OFFICE AT 949-515-4111 IF:

- You have redness, increased pain at surgical incision sites, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

PLEASE VISIT AN EMERGENCY ROOM OR CALL 911 IF:

- **At any point you experience shortness of breath or leg pain with swelling as this could indicate a pulmonary embolism (blood clot in lung) or DVT (blood clot in legs) and could be deadly if untreated.**

PLEASE VISIT AN URGENT CARE ON THE WEEKENDS OR WHEN THE OFFICE IS CLOSED IF:

You have redness, pain not controlled with pain medication, uncontrollable nausea/vomiting, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.

