

## Pros and cons in selecting the procedure for labia minoralabioplasty

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**Background:** In 1976, Radman first described labia minoralabioplasty. Since that time, different surgical techniques have been published.

**Objective:** To review the existing surgical methodologies of labia minoralabioplasty literature; to assist a cosmetic-plastic surgeon in selecting the most appropriate procedure in labia minoralabioplasty with emphasis on the surgical outcome.

**Methods:** Labia minoralabioplasty targeted methodological analyses of surgical techniques were conducted from 1900 to July 2013; both an electronic and manual search were applied utilizing Pub Med in the English language.

**Results:** Liao, from the U.K., conducted literature review only on labia minoralabioplasty. Ostrzenski, from the U.S.A., reviewed and analyzed cosmetic-plastic gynecology as a whole and included labia minoralabioplasty. Also, there were two additional reviewed articles (Goodman, M., 2009; Iglesia, C. B., 2013) related to cosmetic gynecologic surgery; however, these articles did not withstand the scientific-clinical scrutiny and were excluded from this presentation. Subsequently, the description of labia minoralabioplasty techniques have been identified as follows: Central wedge resection, Alter, 1998; De-epithelialized reductivelabioplasty, Choi and Kim, 2000; Inferior V-shaped resection, Rouzier et al., 2000; Running W-shaped resection, Maas and Hage, 1999; Nymphectomy with 90-degree Z-plasty, Giraldo et al., 2004; Inferior wedge resection with superior pedicle flap reconstruction, Munhoz et al., 2006; Fenestration labioplasty (syllabus of the advanced cosmetic-plastic gynecologic course\workshop, Institute of Gynecology, Inc., St. Petersburg, FL, U.S.A., June 2011) Ostrzenski, 2011.

**Conclusion:** Several published articles in peer review journals and anecdotal information on labia minoralabioplasty surgical techniques were identified. The most appropriate techniques, in this author's opinion, cannot be identified. However, the techniques, which are not producing, expected aesthetic surgical outcomes should be eliminated.

## Biography

Egbert John Serrao has been a solo practitioner of obstetrics and gynecology in Orlando, Florida for over twenty years. As a highly trained surgeon, his practice specializes in cosmetic-plastic gynecology, urogynecology, and cosmetic surgery of the female patient. He is the Medical Director of the Orlando Center for Modern Cosmetic-Plastic Gynecology. Egbert John Serrao is an Associate Clinical Professor of Obstetrics & Gynecology at the University of Central Florida School of Medicine. He is Board Certified by the American Board of Obstetrics and Gynecology. He completed his residency in obstetrics and gynecology at Maryland General Hospital in Baltimore, Maryland and received his medical degree from the University of Maryland School of Medicine and the Autonomous University of Guadalajara.

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