PATIENT GUIDE · INTIMATE PROCEDURES

Labiaplasty, *a patient guide.*

What labiaplasty is and the areas it treats, the reasons patients consider it, what to expect at consultation and through recovery, and the risks to weigh up. Prepared so you can arrive at a consultation already informed.

Dr Kishen Nara

MBBS (Monash University) · FACCSM(Surg), Surgical Fellow, Australasian College of Cosmetic Surgery and Medicine
Registered medical practitioner · AHPRA General Registration MED0001201549

MELBOURNE · TASMANIA · ADELAIDE

www.revaesthetic.com.au/labiaplasty/ · Last reviewed 25 July 2026

OVERVIEW

Inside *this guide.*

About Dr Nara, *and how he works.*

Dr Kishen Nara
MBBS (Monash)
FACCSM(Surg)

Dr Kishen Nara is a Fellow of the Australasian College of Cosmetic Surgery and Medicine, with a focus on intimate aesthetic procedures. He is a graduate of Monash University in Melbourne (MBBS, 2006) and holds a surgical fellowship in cosmetic surgery and medicine through the College.

At RevAesthetic, Dr Nara leads a discreet team devoted to tailored, thoughtful care. His approach to labiaplasty is grounded in patient trust, integrity, and a genuine understanding of each patient's concerns.

Every consultation is an opportunity to provide honest, balanced information, so that each person can make a confident, well informed decision in a supportive and respectful environment.

Dr Nara is committed to continuing professional development and to the national guidelines that govern cosmetic surgery and medicine in Australia.

How this guide can help

This booklet walks you through what labiaplasty is, the reasons patients consider it, what to expect at consultation and during recovery, and the risks to weigh up. It is general information only. It is not a substitute for a personal consultation, where your own anatomy, history and goals can be assessed properly.

Labiaplasty, *what it actually means.*

In Latin, "labia" means lips and "plasty" means to surgically repair, restore function, or alter shape. Labiaplasty alters the shape, size and form of the "lips" of the external vagina, and is commonly associated with symptom improvement. It is one of the most personal and confidential operations there is.

Most patients seek labiaplasty to address physical discomfort, hygiene, functional issues, or aesthetic reasons.

Which areas does it relate to?

The three most common areas are the labia minora (the inner lips of the outer vaginal tissue), the labia majora (the outer lips), and the clitoral hood. Of these, the labia minora is the most common area treated.

Labiaplasty differs from vaginoplasty, which is surgical internal tightening of the vaginal canal. A specialist gynaecologist or obstetrician has the expertise to perform vaginoplasty, and its indications differ from those of labiaplasty.

A SHORT HISTORY

The first publication on aesthetic labiaplasty was by cosmetic plastic surgeon Dr Hodgkinson, in Plastic and Reconstructive Surgery. Dr Nara studied labiaplasty under his guidance, which helped him learn and continually develop both the non surgical and surgical evolution of the technique.

Reference: Hodgkinson, D.J. and Hait, G. (1984) Aesthetic Vaginal Labioplasty. Plastic and Reconstructive Surgery, 74, 414 to 416.

Reasons to consider it, *and reasons to wait.*

Why patients seek it

01 Discomfort during exercise, intimacy or work.

02 Irritation from ongoing chafing.

03 Changes after childbirth, weight fluctuation or medical conditions.

04 Personal or cultural preference.

05 Aesthetic reasons, to alter the depth, shape, angle, size, width or thickness.

Who should not seek it

01 If you feel pushed into surgery.

02 If it is not the right time for you.

03 If you do not have support available.

04 If you have not had a thorough consultation.

05 If you are not confident about the options.

06 Pregnancy.

07 Recent or active infection or illness.

08 Active smokers.

This is your decision, and there is no wrong reason to simply ask questions first.

Your consultation, *step by step.*

All patients are assessed in line with the guidelines set by the Medical Board of Australia. We take pride in a consultation experience grounded in trust, skill, training and qualification specific to patients seeking labiaplasty in Australia.

Dr Nara values learning from patients of diverse backgrounds, all age groups and beliefs. This matters in Australia, where a multicultural society promotes respect for diversity.

What the process includes

- At least two consultations before any surgery, with Dr Nara.
- A discussion of your concerns and background, matched to the right choice of procedure for you.
- A psychological assessment.
- You are encouraged to bring a family member or friend.
- A demonstration of the surgical technique, and, at your request, before and after images (shown with the previous patients' consent).

We value your thoughts, your beliefs, and above all your own personal journey.

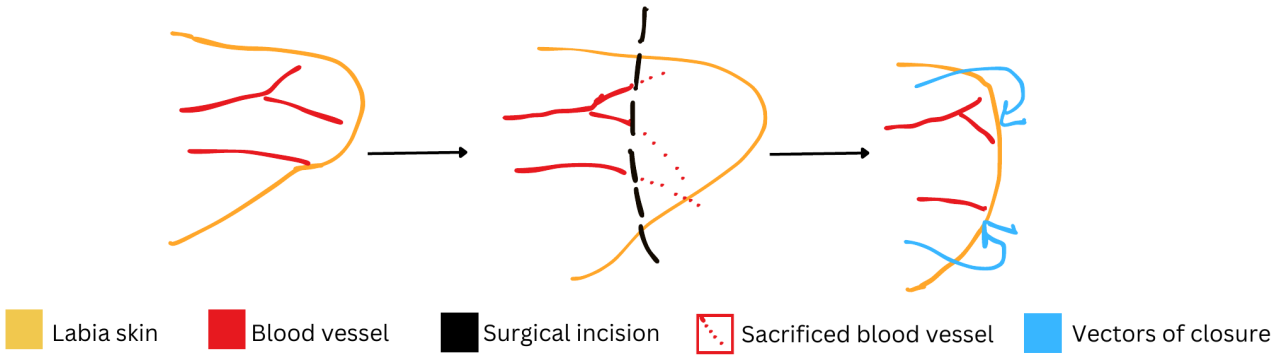
Surgical technique, *and how it is chosen.*

There are many surgical techniques used to perform labiaplasty. Two well known options are the trim and the wedge technique, both used widely in Australia and internationally.

We are committed to a high standard of surgical care. Dr Nara uses the Selective Anatomic Preservation technique, which aims to reduce discomfort during recovery and maintain good blood supply to the labial skin after surgery. This can take more time in surgery. Because the plan is tailored to each patient, the details are discussed at your consultation. Our aim is to support your understanding and welcome your questions.

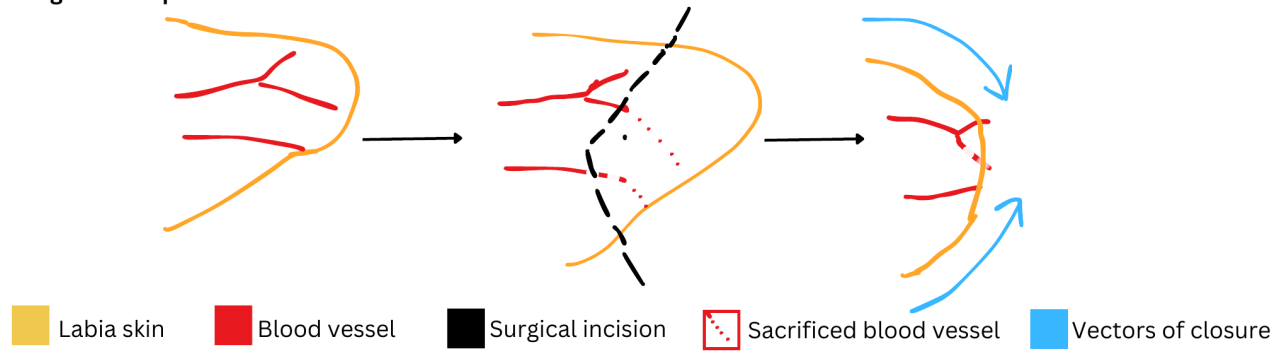
TRIM TECHNIQUE

Trim Technique

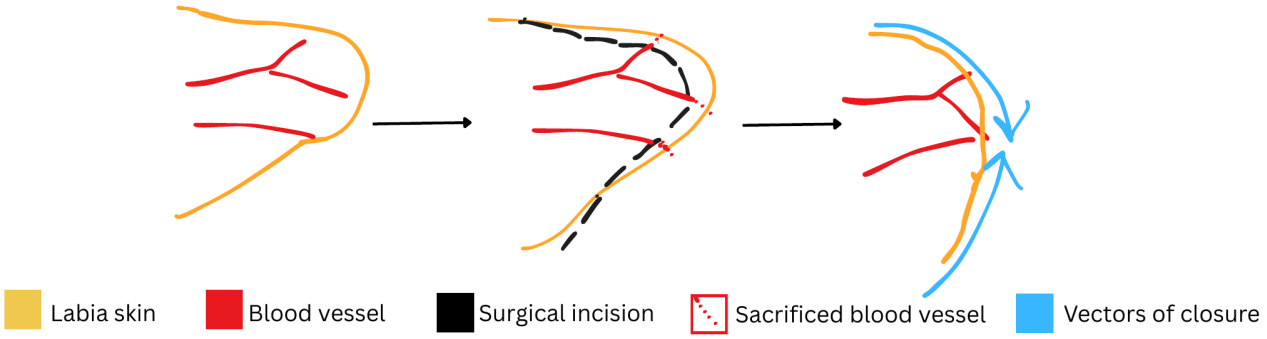


WEDGE TECHNIQUE

Wedge Technique



Selective Anatomic Preservation Technique



The illustrations show the degree of internal structure preservation for each technique. There are advantages and disadvantages to all techniques.

Selective preservation of the structures beneath the labial skin helps maintain those structures and their inherent function. In Dr Nara's experience, this can make a noticeable difference during recovery.

There are indications for each technique. The approach is chosen for each patient's presentation and anatomical variation.

All procedures are performed at licensed and accredited facilities specific to cosmetic surgery.

Recovery, *in honest terms.*

What to expect

Whatever technique is used, all patients go through the natural healing process, as the body brings inflammatory cells to the area to allow healing.

In practical terms, you may notice some of the following, though this is not an exhaustive list:

- Swelling
- Bruising
- Discomfort
- Transient stinging on passing urine
- Light headedness
- Numbness

Your aftercare

Aftercare is tailored to you, depending on your lifestyle, circumstances, medical conditions, support and location.

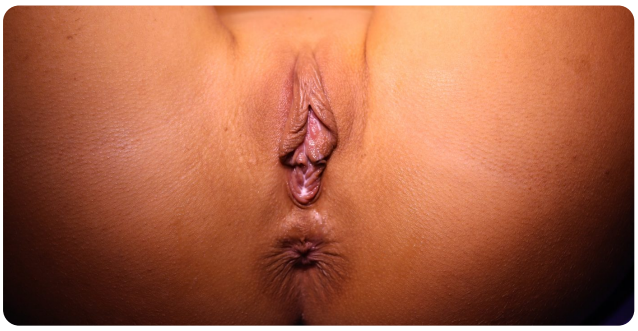
Dr Nara and the team stay in regular contact during the first week. You can expect a call the day after surgery to check that discomfort and swelling are manageable.

You will be given specific instructions on diet, exercise, sleep and returning to activity. Antibacterial ointment is used on the skin to reduce the risk of infection. At three to six weeks, some patients may need suture removal.

As surgery varies greatly from patient to patient, so do our tailored aftercare plans.

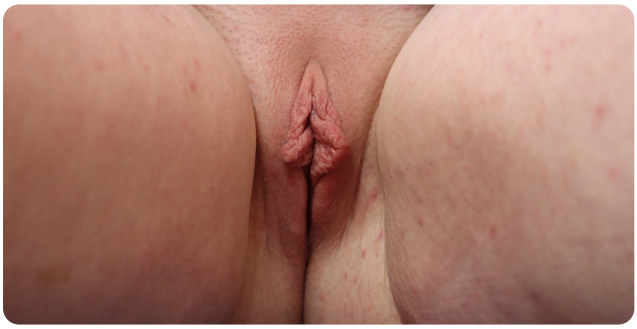
Before and after, *viewed with consent.*

Please read first. The following images contain nudity and are provided for educational purposes relating to labiaplasty. We thank Dr Nara's patients who have consented to their use. Please view respectfully, and simply close this document if you would prefer not to view them. Please also read the risks of surgery at revaesthetic.com.au/risks-of-surgery. Further examples are on our labiaplasty gallery at revaesthetic.com.au/labiaplasty.

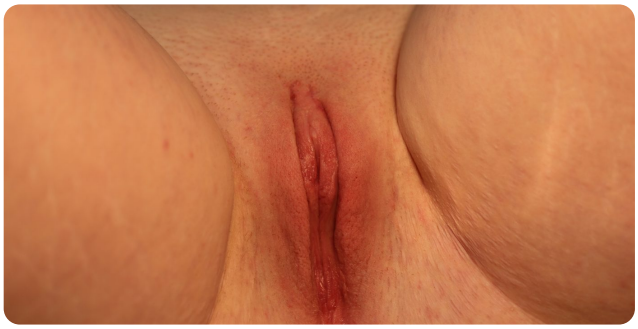


Before

8 weeks after, Selective Anatomic Preservation



Before



4 weeks after, Selective Anatomic Preservation

Individual results vary. These examples are shown with patient consent and are not a promise of any particular outcome.

Risks discussed *openly.*

We make every effort to reduce the risk of complications by providing careful surgical care before, during and after surgery. Even so, complications can occur. The list below is not exhaustive, but helps give a general idea of the risks involved with aesthetic or functional genital surgery.

KNOWN RISKS

Bleeding
An accumulation of blood after surgery, for any reason. A moderate accumulation may need evacuation of the clot in theatre.

Infection
May occur around the genital region, presenting as pain, swelling, discharge or redness. Strict adherence to instructions is essential.

Wound dehiscence
May occur due to swelling or over strenuous activity, and may require a return to theatre to re approximate the wound edges.

Numbness
Usually temporary but may persist. Small nerves around the labia may be swollen or injured, giving numbness or altered sensation.

UNCOMMON RISKS

Deep venous thrombosis
A clot forming in the deep venous system of the lower limbs, which may become a pulmonary embolus and may be fatal.

Losing skin, or necrotic skin
May occur due to overstretched skin or poor blood supply.

Prolonged discomfort
Discomfort that lasts longer than the usual recovery period.

Prolonged numbness
Numbness that persists beyond the expected recovery period.

Damage to vital structures
Injury to nearby structures during surgery.

Full details are discussed at your consultation and at revaesthetic.com.au/risks-of-surgery.

Questions patients ask, *answered plainly.*

These are drawn from revaesthetic.com.au/labiaplasty and from Dr Nara's experience during consultations. We are here to answer them for you if we are the right fit.

01 Is labiaplasty right for me?

02 Is it painful?

03 What is recovery like?

04 When can I get back to work?

05 When can I get back to the gym?

06 When can I resume intimacy?

07 Am I ready for this?

08 Which options may suit me?

09 Which technique may suit me?

10 How can I get a good consultation?

If some of these questions resonate with you, feel free to get in touch to arrange a consultation.

Preparing for surgery, *a practical checklist.*

Preparation can feel daunting without planning. We encourage all patients to think ahead and make arrangements for work, family, pets and everyday activities. Some things to organise:

- [ ] Instructions from the surgical team, anaesthetic team and hospital
- [ ] Children
- [ ] Time off work
- [ ] Accommodation
- [ ] Carer arrangements after surgery
- [ ] Speed dial numbers for the RevAesthetic team
- [ ] Family
- [ ] My medications
- [ ] Transport
- [ ] Flights
- [ ] Time off from the gym

A note on anaesthesia

Labiaplasty is usually performed under local anaesthetic with light sedation, though the plan is confirmed with you at consultation. Your surgical, anaesthetic and hospital teams will give you clear instructions beforehand.

Consultations across *three states.*

The first step is a referral from your usual GP, followed by an in person consultation with Dr Nara so your anatomy and goals can be reviewed properly. Take your time, ask questions, and seek a second opinion before you commit to anything.

PHONE	EMAIL	ONLINE
03 9720 6300	admin@revaesthetic.com.au	revaesthetic.com.au

MELBOURNE	TASMANIA	ADELAIDE
Chadstone Shopping Centre G120A / 1341 Dandenong Rd Chadstone VIC 3148	52 Bass Highway Cooee TAS 7320	Henry Rooms 42 Nelson St Stepney SA 5069

FOR REFERRALS

Dr Kishen Nara
MBBS (Monash), FACCSM(Surg), Surgical Fellow, Australasian College of Cosmetic Surgery and Medicine
Registered medical practitioner · AHPRA General Registration MED0001201549

Thank you for reading. Come and speak with us about your goals and expectations.

This guide is general information and does not replace a personal consultation. A GP referral is required before your consultation. All care is provided in line with the guidelines of the Medical Board of Australia.