**Wellington Office Based Surgical Practice, PLLC**

**110 East 87th Street**

**New York, NY 10128**

**(212) 828-9906**

**OPERATIVE RECORD:**

**DATE: 03/01/2021**

**NAME: Reeves, Julianne DATE OF BIRTH: 09/05/1984**

**PREOPERATIVE DIAGNOSIS: Hypertrophy, Labia Minora**

**POSTOPERATIVE DIAGNOSIS: Hypertrophy, Labia Minora**

**PROCEDURE: Labiaplasty, Bilateral**

**SURGEON: Richard W. Swift, M. D.**

**ANESTHESIA: Local**

**ANESTHESIOLOGIST: N/A**

**SPECIMENS: None**

**CONDITION: Stable**

**COMPLICATIONS: None**

**ESTIMATED BLOOD LOSS: Minimal**

**INDICATIONS:**

A 36 year old female who is pre-operative for bilateral reduction of her labia minora and clitoral hood. The patient does not like the size and asymmetry of her labia minora and clitoral hood and she wants to have it reduced. Examination reveals moderate hypertrophy labia minora, asymmetry with hyperpigmentation along the edges. The procedure alternatives and risks were extensively discussed with the patient. Risks including but not limited to infection, bleeding, sensory changes, sensory changes, real or perceived, scarring and possible need for additional procedures were discussed. No treatment was an alternative discussed with the patient. All of her questions were answered to her satisfaction and she has agreed to proceed. She is aware that this is elective surgery.

**Re: Reeves, Julianne DATE OF BIRTH: 09/05/1984**

**Page 2**

**DESCRIPTION OF PROCEDURE:**

After reviewing the patient’s preoperative photographs again and reviewing the patient’s desire size of her vulva the patient’s labia minora and clitoral hood were marked in the upright and the supine positions. The markings were made so that there was symmetry and a natural contour. The patient examined herself with a mirror and confirmed that this was the size and shape that she desired.

The patient was informed that it was always possible to remove additional tissue from her labia minora if she desires. The patient again confirmed the size and shape of her labia minora. The patient was brought to the operating room and was placed in the lithotomy position. Next, the patient’s vulva was prepped with Betadine solution and draped in the usual sterile fashion. The labia and lateral aspects of her clitoral hood was then infiltrated with 8cc of 1% Lidocaine.

After waiting for the anesthetic to take effect, attention was directed to the right labia. Using the Mayo Scissors, the redundant labia minora were excised along the proposed marking. Resection extended from the forchette to the posterior region of the clitoral prepuce and extended to the clitoral hood were excised along the proposed marking. Meticulous hemostasis was obtained with the electrocautery where appropriate. The incision was closed using two mattress sutures of 3-0 chromic gut sutures. 5-0 interrupted sutures were placed. The clitoral hood incisions were closed with an inner layer of 5-0 PDS buried interrupted sutures and subcuticular 4-0 chromic sutures. The edges were approximated with simple interrupted 5-0 chromic suture. Excellent hemostasis was noted.

Attention was directed to the left labia and the identical procedure was carried out. Excellent contour and symmetry were noted. Bacitracin ointment, an ABD pad and compression shorts were applied. The patient tolerated the procedure well and was discharged home in good condition, with both written and verbal instructions.

**Richard W. Swift, M. D.**