USE OF DERMAL-FAT GRAFTS FOR AUGMENTATION OF LABIA MAJORA IN A TRANSGENDER WOMAN

Christopher J. Salgado, M.D.
Professor of Surgery
Division of Plastic Surgery
Co-Director, Center for Aesthetic and Functional Genital Surgery
University of Miami Miller School of Medicine
Miami, Florida
Introduction

• Cosmetic genital rejuvenation has attracted much attention in the plastic surgery literature

• Male phallus augmentation with dermal fat grafts and fat injections to address ‘penile dysmorphophobia’*

• Dermal fat grafts for phalloplasty are well tolerated, have few side effects, and result in significant improvement in sexual self esteem*

EFFECTS OF “AGING” ON LABIA

• Women frequently request ‘vaginal rejuvenation’

• Labia majora affected by normal process of aging

• Time and gravity cause loss of dermal collagen and skin wrinkles*

• These effects lead to a loss of tone and volume in the labia majora whilst the labia minora increase in size causing a discordance between the minor and major labia and an unattractive ‘aged’ appearance*

IMPROVED SEXUAL FUNCTIONING

• Retrospective multicenter evaluating labiaplasty and vaginoplasty:
  • 341 procedures in 258 women,
  • 91.6% enhancement in sexual functioning for both women and their sexual partners *

• However, very little is described in the literature regarding labia majora augmentation

CASE REPORT

Autologous Fat Transplantation for Labia Majora Reconstruction

P. M. Vogt · C. Herold · H. O. Rennekampff

Bowen's Disease defect

Stan Monstrey – Lipofilling of labia majora for aesthetic purposes

Dermal fat graft to labia majora for rejuvenation during “mommy makeover”
42 YEAR OLD WOMAN PLANNED FOR VULVAR REJUVENATION AND ABDOMINOPLASTY
- Dual grafts were prepared 10 cm x 2 cm
- De-epithelization with preservation of 2 cm of deep fat.
DERMAL FAT GRAFT TO LABIA MAJORA FOR REJUVENATION DURING CONCOMITANT ABDOMINOPLASTY PROCEDURE (IMMEDIATE POSTOPERATIVE VIEW)
40% improvement in labia majora projection at one year with sustained volume restoration and enhanced sexual function (ASEX)
Use of dermal fat graft for augmentation of the labia majora

Christopher J. Salgado*, Jennifer C. Tang, Arthur E. Desrosiers III

Division of Plastic Surgery, DeWitt Daughtry Department of Surgery, Miller School of Medicine, 1120 NW 14th St., 4th Floor, University of Miami, Miami, FL 33136, United States

Received 8 April 2011; accepted 9 July 2011
COMMON COMPLICATIONS FOLLOWING MTF BOTTOM SURGERY

- Rectal perforation (2-3%)
- Bleeding requiring transfusion (2-3%)
- Neuropraxia – temporary (5%)
- Acute psychosis (2%)
- Intravaginal voiding due to urethral vaginal confluence (<1%)
- Inadequate depth of vaginal canal (3-5%)
- Hematoma (4-5%)
COMMON COMPLICATIONS FOLLOWING MTF BOTTOM SURGERY

• Vaginal slough (2-3%)
• Vaginal stenosis (2-3%)
• Urethral meatal stenosis (6%)
• Wound separation (10-15%)
• Vaginal prolapse (2-3%)
• Clitoral necrosis (anorgasmia possible) – (2-3%)
DERMAL FAT GRAFT FOR LABIA MAJORA AUGMENTATION IN TRANSGENDER WOMAN
(DERMAL FAT PLACED DEEP TO PREVIOUS SCROTAL GRAFTS)

PREPARATION OF RECIPIENT SITE

• After measuring the corresponding length on the labia majora, 1% lido (w/ epi) was injected bilaterally.

• 2 cm. semicircular incision was made where introitus meets external labial soft tissues, on mucosal border.

• Another incision made at border of labia majora and labia minora, just inferior to clitoral hood.

• A tonsil clamp was utilized to bluntly create a tunnel on the medial aspect of the labia majora, bilaterally.
PENROSE DELIVERY SYSTEM

- Dermal fat graft was wet in sterile saline and then placed inside a 1 inch Penrose drain that had been pre-slit down the length of the drain;
- Edge of Penrose was grasped with tonsil clamp and dermal fat graft pulled into place.
RESULTS

• Using calipers, measurements were taken from the introital ring to the outermost portion of the labia majora prior to and after dermal fat grafting;

• This demonstrated that the baseline measurement of 2.5 cm had increased to 3.5 cm bilaterally.
THREE MONTHS POSTOP WITH NOTABLE IMPROVEMENT IN AESTHETICS AND SIGNIFICANT INCREASE IN ASEX SCORE AND SEXUAL FUNCTION INVENTORY SCALE

POST-OPERATIVE CARE

• Skin incisions were closed with 5-0 fast absorbing plain gut.

• Post-operative care involved mesh panties for light compression to prevent hematoma formation.

• Trauma to the surgical site (i.e. vaginal intercourse) was prohibited for a period of 6 weeks post-operatively.
RESULTS

• Immediate post-operative results demonstrated significant aesthetic improvement in the labia majora.

• Post-operatively, the labia majora demonstrated an increase in volume, improvement in contour and definition, decrease in the majora-minora ratio, and a relative decrease in minora prominence (notably, without performing concomitant minora reduction or labiaplasty).
# Arizona Sexual Experiences Scale (ASEX)

For each item, please indicate your OVERALL level during the PAST WEEK, including TODAY.

## 1. How strong is your sex drive?
- 1 extremely strong
- 2 very strong
- 3 somewhat strong
- 4 somewhat weak
- 5 very weak
- 6 no sex drive

## 2. How are you sexually aroused (turned on)?
- 1 extremely easily
- 2 very easily
- 3 somewhat easily
- 4 somewhat difficult
- 5 very difficult
- 6 never aroused

### FOR MALE ONLY
3. Can you easily get and keep an erection?
- 1 extremely easily
- 2 very easily
- 3 somewhat easily
- 4 somewhat difficult
- 5 very difficult
- 6 never

### FOR FEMALE ONLY
3. How easily does your vagina become moist or wet during sex?
- 1 extremely easily
- 2 very easily
- 3 somewhat easily
- 4 somewhat difficult
- 5 very difficult
- 6 never

If you have had any sexual activity in the past week, please also answer the following two questions. If not, leave questions 4 and 5 blank.

4. How easily can you reach an orgasm?
- 1 extremely easily
- 2 very easily
- 3 somewhat easily
- 4 somewhat difficult
- 5 very difficult
- 6 never reach orgasm

5. Are your orgasms satisfying?
- 1 extremely satisfying
- 2 very satisfying
- 3 somewhat satisfying
- 4 somewhat unsatisfying
- 5 very unsatisfying
- 6 can't reach orgasm

---

CONCLUSION

• Dermal-fat grafting is a viable option for labia majora augmentation.
• Provides stable results in volume-restoration of the labia majora
• Improves sexual self-esteem of patient.
• Procedure should be considered in armanentatium, particularly when performing procedure such as abdominoplasty that affords an easy donor site.