



Pediatric Surgical Associates, Ltd.

Patient and Family Education

Labial Adhesions

What are labial adhesions?

Labial adhesions occur when the inner lips of the female genitals (labia) adhere together. Partial labial adhesions mean only the upper or lower part of the labia are adhered together. Complete labial adhesions mean the labia are adhered all the way across. Usually there is still a small opening in the labial that allows urine to leave the body. Adhesions are most common in young girls 3 months to 6 years old.

What Causes Labial Adhesions?

The exact cause of labial adhesions is unknown. Irritation, inadequate hygiene, eczema or bacteria in the area can cause an inflammatory process which plays a role in the development of adhesions. Low levels of the hormone estrogen at this age also plays a role. Once girls begin puberty and their estrogen levels increase, labial adhesions are less common and may even separate on their own.

Signs and Symptoms

Symptoms of labial adhesions may include urinary dribbling caused by urine being trapped behind the adhesion; vaginal irritation; persistent or malodorous vaginal discharge and vaginal or bladder infections. Often, labial adhesions have no symptoms and are recognized during a physical exam at a doctor's appointment.

How to treat?

Labial adhesions do not always require treatment. If the adhesions are not causing any symptoms, no treatment is necessary. Adhesions may often times resolve on their own during puberty as the estrogen levels increase.

If the adhesions are causing symptoms, your physician or nurse practitioner may recommend applying an estrogen cream (Premarin) or steroid cream (Betamethasone) on the adhesions twice daily for a period of time. Using these creams should allow the adhesions to soften and separate. It is important to follow your physician's or nurse practitioner's recommendations when using these topical creams. During the treatment period it is important to watch for known side effects (development of pubic hair, breast budding, general irritation). Once the cream is stopped, the side effects should go away.



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Surgery

Labial adhesions rarely need surgical intervention unless other treatments have not worked. Depending on the severity of the adhesions, your physician or nurse practitioner may recommend the adhesions be separated in the office using a topical numbing gel, or as an outpatient procedure in which a brief anesthetic will be used. Typically there is minimal discomfort or bleeding after the procedure. Your physician or nurse practitioner may recommend the use of an antibiotic ointment until healed. Even with surgical correction, the adhesions frequently recur. The risk of recurrence can be decreased by widely separating the labia while voiding/wiping and by applying liberal amounts of ointment between the labia after bathing, diapering or urinating.

Ongoing Cares

Good hygiene and local cares are important in keeping the adhesions from adhering again. Applying ointment like Vaseline or A&D on a daily basis will help. With assistance your child can learn to do this herself.

If adhesions and symptoms return after treatment do not restart prescription creams without calling our office.

Questions

If you have any questions or concerns, please call your provider at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983