



Pediatric Surgical
Associates, Ltd.

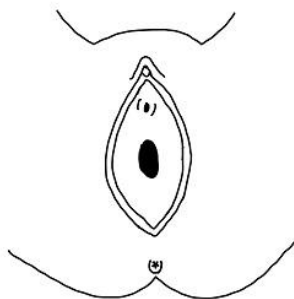
Labial Adhesions

What are labial adhesions?

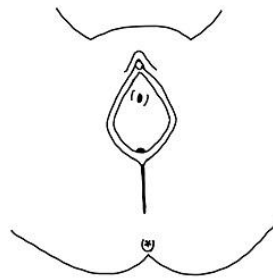
Labial adhesions occur when the inner lips of the female genitals (labia) adhere together. Partial labial adhesions mean only the upper or lower part of the labia are adhered together. Complete labial adhesions mean the labia are adhered all the way across. Usually there is still a small opening in the 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?

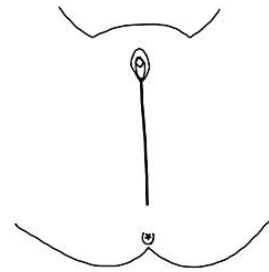
The exact cause of labial adhesions is unknown. Skin irritation, chronic moisture, or bacteria in the area can cause inflammation which can play a role in the development of adhesions. Low levels of the hormone estrogen at this age also plays a role. Once girls begin puberty and their estrogen levels increase, labial adhesions are less common and may even separate on their own.



Normal Vagina



Partial Labial Adhesion



Complete Labial Adhesion

How is it diagnosed?

History of reported symptoms and physical exam by a health care provider.

What are the symptoms?

Often, labial adhesions have **no** symptoms

Symptoms may include:

- Trouble with urination
- Dribbling urine
- Vaginal irritation

How are labial adhesions treated?

Labial adhesions **do not** always require treatment. If the adhesions are not causing any symptoms or problems, no treatment is necessary. Adhesions may often resolve on their own during puberty as estrogen levels increase. If the adhesions are causing difficulty with urination, or they are causing discomfort, your health care provider may recommend treatment with an estrogen cream (Premarin®) or steroid cream (Betamethasone). Using these creams should allow the adhesions to soften and separate. It is important to follow your health care providers instructions when using these topical creams.



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When is surgery needed?

Labial adhesions **rarely** need surgical intervention unless other treatments have not worked. Depending on the severity of the adhesions, your health care provider 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. Even with surgical correction, the adhesions can recur. The risk of recurrence can be decreased by gently separating the labia after urination and wiping in a side-to-side motion drying any trapped urine, and by applying liberal amounts of ointment (Aquaphor® or Vaseline®) between the labia after urination and bathing.

What happens during surgery?

Your child will receive a general anesthetic to help her sleep and not feel pain during surgery. The adhesions are separated, and an ointment is applied to keep them from re-sticking. Rarely dissolvable stitches are needed.

Will my child be in pain?

Most children do well with the surgery. Pain can be controlled by Acetaminophen (Tylenol or another brand) if needed. Do not give aspirin because it may cause bleeding.

What can I expect after the surgery?

Before your child is discharged you will be given written information about her care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated.
- **Activity:** May return to all normal activities.
- **Wound care:** Apply Aquaphor® or Vaseline® 4 times a day. Good hygiene and local cares are important in keeping the adhesions from adhering again. With assistance your child can learn to do this herself.
- **Bathing:** Ok to take a bath after procedure. Bathe (5-10 minutes) in plain water for the next week. A daily warm bath will facilitate healing and provide comfort. Apply (Aquaphor® or Vaseline®) between labia after bathing as part of your child's daily routine.
- **Medicines:** Pain can be controlled with Acetaminophen (Tylenol or another brand) if needed.
- **What to call the doctor for:** Fever associated with redness or drainage at surgical area. Significant swelling or bleeding at surgical area. Call your primary care doctor for any other concerns.

Follow-up care: Follow-up with your child's surgeon as directed following the surgery. You can call (612) 813-8000 to schedule an appointment.

Questions?

This information is not specific to your child but provides general information. If you have any questions, please call the clinic.