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2nd International Conference on

PLASTIC & AESTHETIC SURGERY

July 27-28, 2017 Vancouver, Canada

Modified wedge labiaplasty with an aesthetic eye: The true technique

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Statement of the Problem: Many labiaplasty procedures result in unacceptable aesthetic results.

Summary: Labiaplasty procedures have become very popular but results vary depending on the technique and experience of the surgeon. There are many techniques of performing the procedure and many times women are unhappy about the results due to an unsatisfactory aesthetic result. There are numerous reasons why women desire labiaplasty. These include embarrassment, poor self-esteem, functional and emotional enhancement. To achieve the best aesthetic result one must consider the specific characteristics of a more aesthetic genital area. I would like to describe a different technique for performing labiaplasty which emphasizes this goal, versus other techniques that may not result a more natural aesthetic appearance. I developed a technique which is called a modified posterior wedge technique that results in a more aesthetic and natural appearance of the labia. A similar technique has been described in the past, but I developed this technique separately and based on what constitutes a more aesthetic look.

Description of Technique: I discuss my technique of performing labiaplasty from initial evaluation, markings, surgical details, results, potential complications and how to avoid them.

Conclusion: The rationale, goals and technique for performing a modified posterior wedge labiaplasty is described.

Biography

Robert True is board certified in Cosmetic Surgery, specializing in Breast and Body, and is also board certified in Gynecology. The combination of these gives him the advantage of developing a more aesthetic technique for the genital areas. His practice primarily services at the Dallas Fort-Worth areas. He is also trained in Anti-Aging Medicine. Combined, these disciplines help him achieve his goal of improving the appearance of his patients, both internally with improved health, and externally with cosmetic enhancements. He has given presentations for the AACS, ASOCP, and A4M.

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