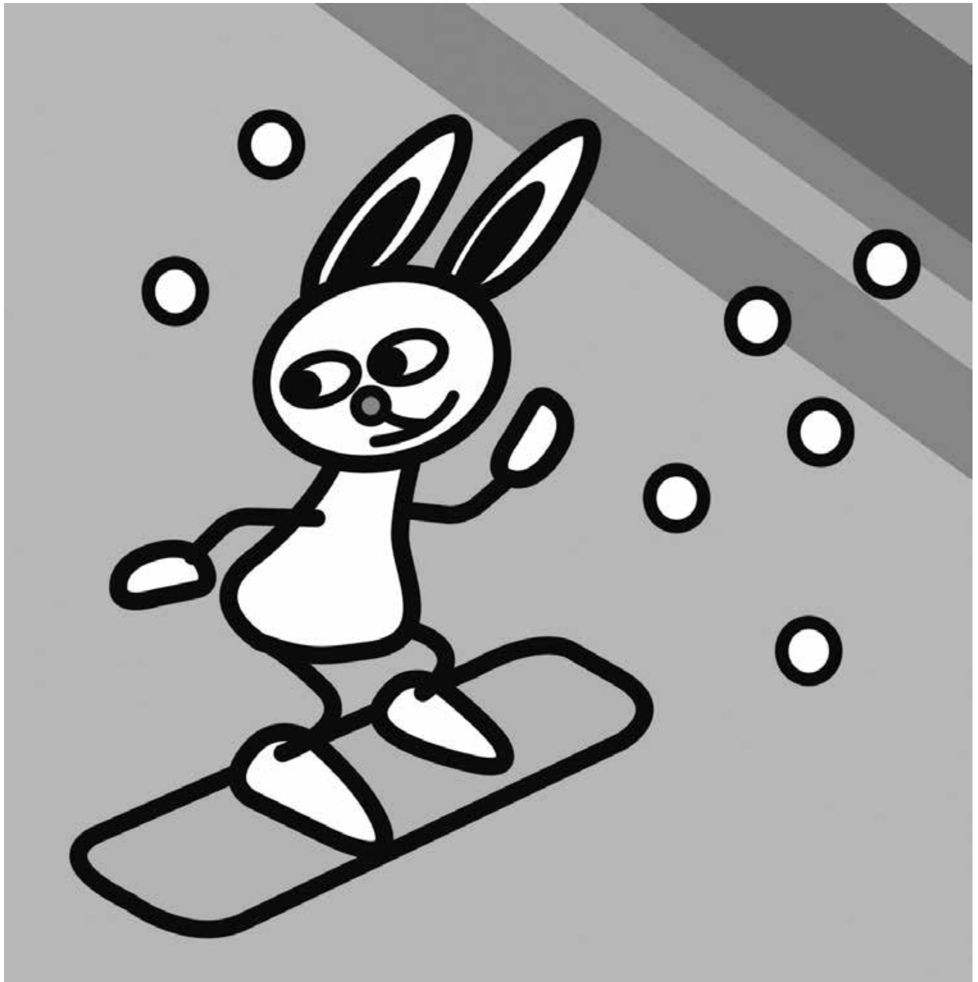
Oxford University Hospitals NHS
NHS Foundation Trust

The Children's Hospital
Children's Day Care Ward, Tom's Ward

Labial Adhesions

Information for parents and carers



What are labial adhesions?

Labial adhesions (sometimes known as labial fusion) occur when the small lips around the entrance to the vagina (the labia) become stuck together and covered with a fleshy membrane. The area that is stuck together may be small or may cover all of the area over the vagina.

For most babies or girls, labial fusion does not cause any problems. It is often discovered accidentally by a parent or carer during nappy changing or bathing.

Labial fusion is fairly common, affecting around 2% (2 in 100) of babies and young girls aged between three months and six years. It is most common in girls less than 2 years of age.

In 8 out of 10 cases a fusion corrects itself within a year. There is a risk of it coming back, but this usually stops after puberty begins.

The exact cause of this condition is not known, but contributing factors can include:

- irritation or inflammation of the labia (possibly from wet nappies or soaps)
- low levels of the female hormone oestrogen, which affects the skin cells (these levels are lowest between 6 weeks of birth and puberty). Baby girls who have just been born will not have labial adhesions, because of the high levels of oestrogen passed on from their mother during pregnancy. Similarly, the high levels of oestrogen which are produced during puberty make it very unlikely for girls who are menstruating (have started their period) to develop adhesions.

Labial fusion is not linked to any medical condition and has no long-term effects on your child – it will not affect her fertility or future sexual life.

Some girls with labial adhesions will have no symptoms, while others may have pain in their genital area, difficulty urinating (having a wee), or frequent urinary tract (bladder) infections.

The doctor will need to carry out a physical examination of your daughter's genital area. They will check whether the vaginal opening is either partially or fully covered by the labia.

If your daughter finds this examination too upsetting, or it is too difficult for the doctor to see the extent of the adhesions, we may need to perform an examination of the labia while your child is asleep under a general anaesthetic. The term for this procedure is 'Examination under Anaesthetic', sometimes shortened to EUA.

What is the treatment?

Treatment depends on your child and how severe her condition is.

In mild cases, where there are no symptoms, the condition may be left alone for the labia to separate on its own, over time.

For moderate cases, where the lower part of the vagina may be covered, treatment may involve several weeks of applying a mild emollient ointment and gentle separation. The doctor will show you how to do this. You can either buy the emollient over the counter in a pharmacy (it is not expensive), or can ask your GP to prescribe one.

For more severe cases, where the vaginal and possibly the urinary opening are covered, we may prescribe an oestrogen based cream (Estriol 0.01%). This will help to dissolve the tissue and separate the labia.

This cream is usually applied twice a day for 6-8 weeks. Side effects can include:

- irritation around the genital area
- temporary pigmentation (darkening) of the skin in the genital area
- vaginal spotting or bleeding after the cream is stopped.

These side effects should go away after the oestrogen cream is stopped.

Rarely, an operation to separate the labia is required.

What are the benefits of having treatment?

Treating this condition will help to relieve any symptoms that your daughter may be experiencing, such as problems when urinating if the remaining opening is very small.

What are the risks of having an operation to treat this condition?

The operation to separate the labia is a simple and safe procedure. However, all operations involve some risks. The following complications have a less than 1% chance of occurring (1 out of every 100 people):

- bleeding
- infection (redness, yellow discharge, swelling, or pain).

The risk of the condition returning after surgery is more common (about 10% or 10 in 100 people).

The doctor will talk to you about these risks in more detail.

For information about anaesthetic risks please see page 7.

Are there any alternatives?

There are no other alternative treatments other than those previously mentioned.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

Labial fusions are relatively easy to separate – they may be gently pulled apart by hand, or with a small blunt instrument called a probe. The procedure takes about 10 minutes, but your child will be away from the ward for about an hour. This is to allow the anaesthetic to take effect before the procedure and then give them time to come round afterwards.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

Pain assessment

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain, if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.[1]

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can go with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream') can be placed on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for her to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Your child can have a quick bath or shower 24 hours after their operation. Do not use soap, perfumed bubble bath or shower gel for 1 week, to avoid irritating the skin. To allow the labial edges to heal properly and to help prevent another labial fusion forming, it is essential you apply a skin ointment, such as Vaseline, to the labia daily for a few months. If the labial fusion looks like it is returning you should contact your child's GP. They may want to try/retry the use of an oestrogen cream.

Please let us know if you are concerned about your child after the operation, especially if you notice:

- any redness or swelling of the labia or vagina
- bleeding or yellow discharge around the labia or vagina
- new or increased pain not relieved by regular pain relief
- your child has a high temperature (this could be a sign of infection).

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation and will get back to her normal self soon afterwards. There is no need to avoid any activities or sports.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue taking paracetamol and ibuprofen for up to 5 days. After this they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child needs a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward

Tel: **01865 234 148/9**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward:	**01865 231 254/5**
Melanie's Ward:	**01865 234 054/55**
Tom's Ward:	**01865 234 108/9**
Bellhouse Drayson:	**01865 234 049**
Kamran's Ward:	**01865 234 068/9**
Horton General Hospital Children's Ward:	**01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 77 77**

Further information

You may find further information about your child's condition on the following website:

NHS Choices

www.nhs.uk/conditions/labial-fusion

You can find further information about coming into hospital on our website:

www.ouh.nhs.uk/children/documents/literature-list.pdf

References

[1]From the Royal College of Anaesthetists (2014) Fourth Edition Your child's general anaesthetic. Information for parents and guardians of children.
www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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