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CLITORAL HOOD SURGERY

(LATERAL CLITORAL HOODECTOMY)

With over 8,000 nerve endings, the clitoris is an important part of achieving sexual satisfaction for many women. However, the sensation and stimulation of the clitoris can be impaired if the overlying clitoral hood skin is enlarged or disproportionate; this skin can therefore cover those ultra-sensitive nerve endings with too much tissue.

Mr Banwell has also introduced the concept of 'genital harmony' in the scientific literature whereby a larger clitoral hood may sometimes look out of balance with the labia minora or labia majora that make up the vulva. A lateral clitoral hood reduction, or lateral clitoral hoodectomy, can therefore enhance the look and function of your clitoris for a more pleasing appearance and improved intimacy.

N.B. Please note that sometimes the clitoral body itself is also enlarged but unfortunately Mr Banwell is unable to reduce the size of the clitoral body.

What is clitoral hood surgery?

Lateral clitoral hood reduction surgery removes the excess skin to minimise any heaviness in the clitoral area and improve any imbalance in proportions. It can improve both aesthetic concerns and sensation issues. The operation can be performed in isolation or in combination with labia minora surgery.

Do I need a general anaesthetic?

In isolation, Mr Banwell can perform this surgery under a local anaesthetic; however, if the surgery is combined with other surgeries, a general anaesthetic is usually recommended. This can be discussed in person with Mr Banwell at consultation.

What is the recovery period?

After surgery for lateral clitoral hood reduction you may experience minor discomfort or pain together with mild swelling. Mr Banwell or his anaesthetist will prescribe pain medication if needed to ensure your comfort and antibiotics to reduce the risk of infection. However, usually simple paracetamol and ibuprofen taken together are sufficient. If you have post-operative bleeding, you can wear a sanitary pad but you shouldn't use tampons for 10 to 12 days. You should also wait to have sex for about 6 weeks.

What are the complications of this type of surgery?

The complications of surgery will be discussed in detail by Mr Banwell at consultation. Scarring, adverse scarring, scar contracture, bleeding, haematoma, return to theatre, asymmetry, over correction, under correction, sensory issues, clitoral exposure and clitoral damage can all occur. Please note there is a possibility that expectations may not be met if your anatomy precludes significant skin excision or there is a pre-existing large clitoral body.

Important Notice

Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed.