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Labial Adhesions

What are labial adhesions?

Labial adhesions occur when the labia minora fuse together. A smooth flat membrane forms partially or completely closing off the vaginal opening. Before puberty, the vaginal tissues are in a low estrogen state and are prone to inflammation. As the tissue heals, adhesion of the labia occurs. Inflammation can be caused by infection, irritation, or trauma. The process typically begins posteriorly or toward the back and extends upward toward the urethra (urinary opening).

What problems may occur from this condition?

The child may have difficulty urinating, pain with urination, local discomfort, post-urination dribbling or wetting and/or frequent urinary tract infections.

How common is this condition?

This condition is seen primarily in girls 3 months-6 years of age but can persist until puberty.

How is this condition corrected?

There are a few different ways of treating adhesions. Mild adhesions may be left untreated, if asymptomatic. Thicker adhesions may be treated with a cream called Premarin which is applied to the adhesions three times a day for 2 weeks to soften the area or thin the adhesions and possibly help with lysis. This method usually requires a follow-up visit to ensure all of the adhesions have been lysed. We may also recommend using a steroid cream topically to the area.

Another method is to apply LMX to the area for 1/2 hour, and then lyse the adhesions in the office by the physician manually spreading the labia. The physician may use a q-tip or sterile instrument with a lubricant gel to help open the adhesions. The physician may also need to surgically incise the thicker adhesions. Some older children may be taken to same day surgery for this procedure when all previous treatments have failed to prevent recurrent adhesions.

How is the surgery performed?

This is a short surgical procedure where the labia are incised or lysed. In some cases, dissolvable sutures are used to help the healing process and to decrease the possibility of the adhesions reoccurring. It is a same day surgery in which the child goes home after the procedure.

Will my child be asleep for the procedure?

The procedure is performed under general anesthesia by a pediatric anesthesiologist. Also refer to the handout on Pediatric Anesthesia.

Can the adhesions re-occur?

If the adhesions are lysed in the office and post-procedure instructions are not followed, there is a possibility the adhesions may re-occur.

How will I care for my child post-procedure?

The labia should be separated and Vaseline ointment applied to the area for a minimum of 2 weeks. This will help prevent the skin from re-adhering.



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Antibiotic ointment may also be used for the first few days post-procedure. Mild pain may be experienced for the first 24 hours post-procedure due to the tissue irritation. Tylenol may be given for pain relief. In older children who can swallow pills, a medication called Pyridium may be prescribed for about three days to prevent burning with urination, if needed. Soaking in a tub of warm water helps.

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