The Batalha Clitoropexy: Shortening an Elongated Clitoris – A Minimally Invasive Technique

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ABSTRACT

Background: Female cosmetic genital surgery is becoming increasingly sought after by women who are concerned with the appearance of their vulva. Labiaplasty for the labia minora is undoubtedly the most commonly performed female cosmetic genital surgery. However, an increasing number of patients seen in our clinics in both Brazil and the United States are presenting with clitoral hypertrophy, specifically clitoral elongation. The elongated clitoris will usually protrude beyond the labia minora and majora and from the patient's perspective will give a less feminine appearance as they will often describe the protruding clitoris as feeling like they have a small penis.

The surgical technique described here, Batalha Clitoropexy, is a minimally invasive surgical technique for clitoral length-reduction that does not require amputation or debulking. This technique is presented in the form of the detailed sequential steps needed to achieve satisfactory results. Photos taken before and after the procedure in a representative case show that the clitoral length has been shortened from 5.0 cm to 1.5 cm without the need of an invasive amputation or debulking clitoroplasty.

Many patients with clitoromegaly or an elongated protruding clitoris do not need to undergo an invasive clitoroplasty. Specifically, patients with clitoral elongation or clitoral ptosis can be surgically treated with a less-invasive clitoropexy surgical procedure which can restore normal anatomic position to treat a protruding clitoris.

INTRODUCTION

While cosmetic female genital surgery has become more common in recent years for a variety of reasons, the main reason why women seek this surgery is that they are not satisfied with the appearance of their vulva. Clitoral ptosis, which results in clitoral elongation, can be the result of childbirth, weight gain or trauma, and clitoral elongation has become increasingly more prevalent due to the increasing use of testosterone and other anabolic steroids.

Though most types of clitoromegaly including an elongated clitoris can be treated with more invasive traditional clitoroplasty surgical techniques, such as clitorectomy, reduction clitoroplasty and corporal-sparing (clitoral recession) techniques,[1] a less-invasive clitoral repositioning surgery may be useful to achieve a less elongated and protruding clitoris. The surgical goal for most patients is a "normal appearance" with minimal vulvar structures protruding beyond the labia majora.[2]

Clitoropexy surgery involves lifting and repositioning of the elongated clitoris, so that it no longer protrudes beyond the labia majora.[3] The procedure is typically performed to address clitoral ptosis, which is a condition where the clitoris has descended lower than its normal position due to aging, childbirth, or other factors, or clitoral elongation due to anabolic steroid use. This results in the clitoris and the hood being elongated and protruding beyond the labia majora. Clitoropexy surgery is a less-invasive technique than clitoroplasty techniques which usually involve surgical debulking or shortening of the clitoris through amputation. The goal of clitoropexy is to improve the aesthetic appearance of the vulva and maintain or enhance sexual function. In the current paper, we describe the Batalha Clitoropexy technique, which uses a more refined and less-invasive technique compared to what has been previously described in the literature.[3]

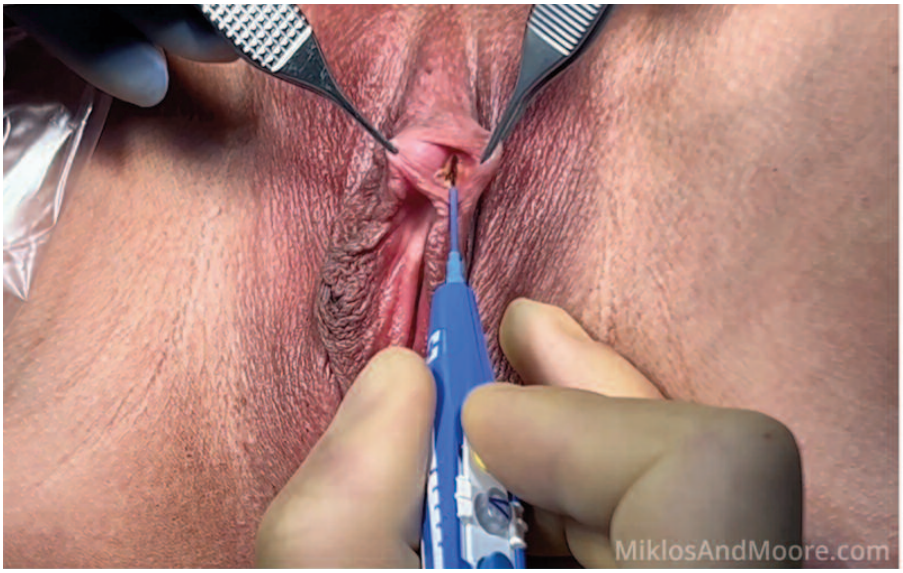

Figure 1. Sub-prepuce incisions: bilateral incisions are made in the sulcus between the glans of the clitoris and the prepuce.

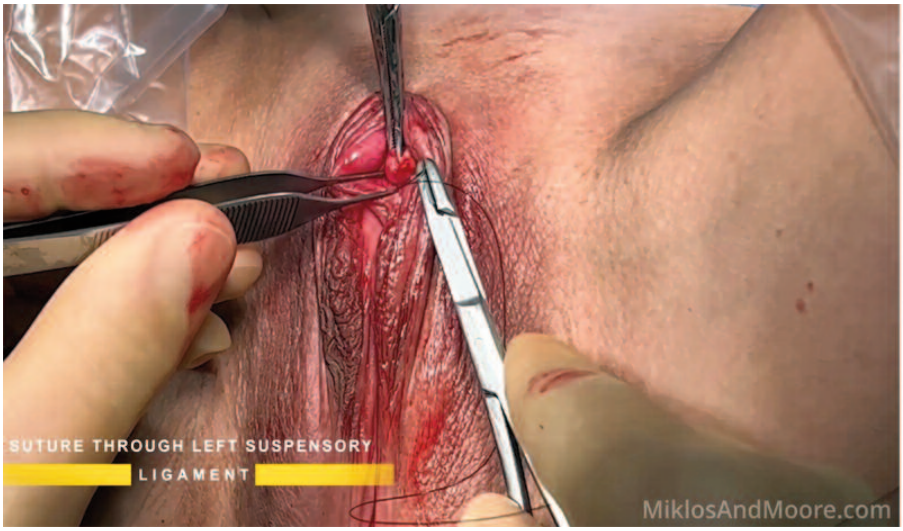

Figure 2. Suturing the intermediate portion of the suspensory ligament just distal to the pubic bone.

CLITOROPEXY SURGICAL TECHNIQUE

Anesthesia

This surgery can be performed using local injection, intravenous sedation, general anesthesia, or a combination of these. The intervention is made by performing a nerve block for the dorsal nerve of the clitoris.

A 20 mL syringe of 10 mL Xylocaine 2% is used with 1:200,000 epinephrine and 1 mL of sodium bicarbonate. A total of up to 5 mL are injected into the suspensory ligament of the clitoris in a fan-like pattern. Another 2-5 mL are injected more superficially at the origin of the body of the clitoris just distal to the pubic symphysis.

Incision

Once adequate anesthesia has been achieved, the glans of the clitoris is exposed by retraction of the clitoral hood. An incision is made on each side of the glans clitoris at 2-4 o'clock and 8-10 o'clock. The incision is made at the sulcus between the prepuce and the shaft of the clitoris penetrating the clitoral fascia (Fig. 1).

Isolating the Suspensory Ligament

The suspensory ligament of the clitoris is a multidimensional structure that extends from the anterior abdominal wall to the clitoris. Unlike previous descriptions of the ligament supporting the clitoris, we observed that this structure consists of three anatomically and histologically distinct layers,[4] including the superficial, intermediate, and deep layers.

Dissection is performed to separate the connective tissue between the prepuce and the shaft of the clitoris until the intermediate portion of the suspensory ligament is identified on the anterior and distal aspects of the pubic bone. The intermediate suspensory ligament

can then be visualized and isolated and secured by placing a non-absorbable 000-nylon suture through the thickest portion of the ligament (Fig. 2). The same surgical procedure is then performed on the opposite side.

Suspension of the Clitoris

Shortening of the clitoris is accomplished not by amputation or debulking, but instead by elevation and suspension of the more distal portion of the clitoris towards the origin of the suspensory ligament. The same suture as that used to isolate the ipsilateral intermediate portion of the suspensory ligament near the pubic symphysis is then secured to the clitoral fascia at the base of the glans on the pubic bone. The needle is placed through the clitoral fascia at 3-5 o'clock on the patient's left side and at 7-9 o'clock on the patient's right side (Fig. 3).

Clitoral suspension is achieved by tying down the bilateral nylon suspension sutures (Fig. 4). A suture is not required to close the bilateral sulcus incisions as the nylon suture and knots normally retract and the incisions heal without surgical closure.

Reduction of the Prepuce (Clitoral Hood)

After the suspension sutures of the clitoris are tied, most patients will have excess skin or wrinkling of the prepuce due to the shortened length of the clitoris. To achieve the best aesthetic and functional results, it is often necessary to reduce the wrinkled excessive prepuce both superiorly and laterally. Some patients, including the patient in these photos, will also want a labiaplasty to reduce the length of their labia minora.

RESULTS

After surgery there is a significant reduction of the clitoris and the lateral and superior prepuce. In the demonstration case shown here, the clitoral length was reduced from 5 cm to 1.5 cm (Fig. 5). This patient also underwent prepuce reduction and labiaplasty as indicated by the incision lines.

Since 2018, we have performed over 200 Batalha Clitoropexies and prepuce reduction, with or without labiaplasty. None of our patients have complained of diminished clitoral sensation or of inadequate elevation. We have encountered the following complications: 4 wound dehiscence of the prepuce

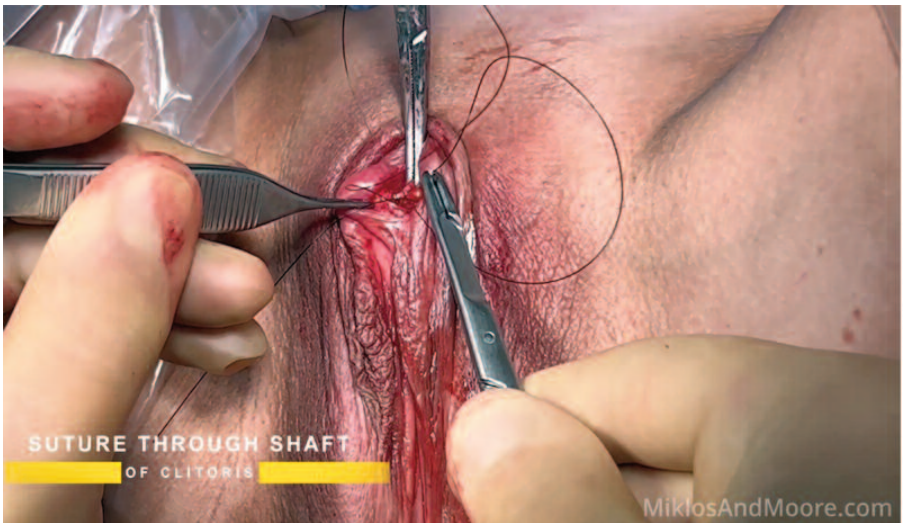

Figure 3. Suture placement through the fascia of the shaft of the clitoris just proximal to the base of the glans of the clitoris.

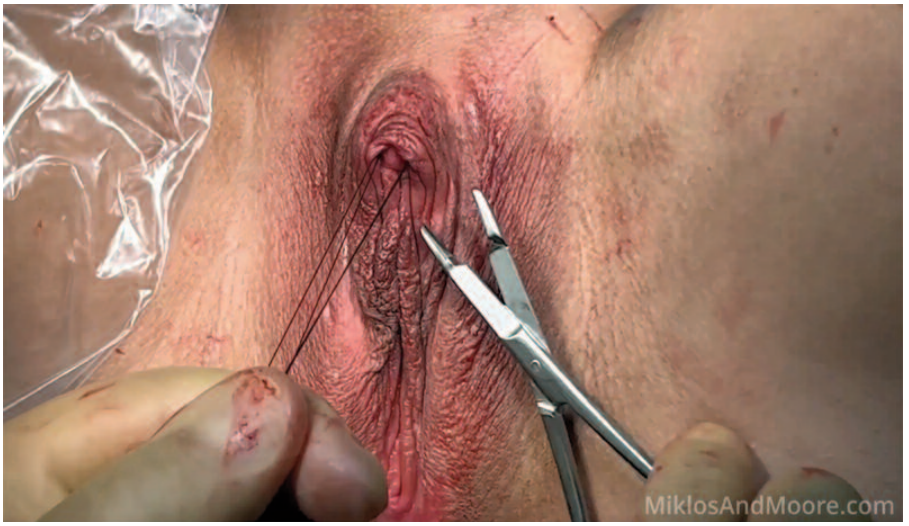

Figure 4. Clitoral suspension –an immediate reduction of the clitoral length is noted after bilateral nylon clitoropexy sutures are tied down.

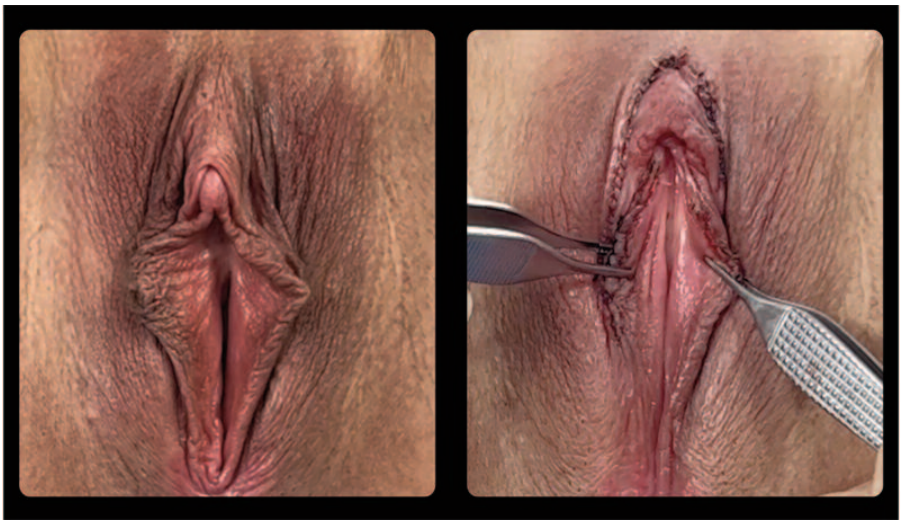

Figure 5. Before and After Photos – This patient underwent Batalha clitoropexy, prepuce reduction and bilateral labiaplasty.

reduction incision, 2 granulomas, 1 hematoma, 1 active bleeding, and 1 protruding nylon suture. None of our patients has had any long-term sequalae from the procedure. Overall satisfaction has been very high.

CONCLUSION

The Batalha Clitoropexy is an excellent and much less invasive alternative to clitoroplasty, which involves invasive amputation or debulking techniques. However, the clitoropexy technique should only be used in women with clitoral elongation or ptosis with a normal clitoral diameter. The Batalha clitoropexy technique is a minimally invasive clitoropexy and is an excellent alternative in patients considering clitoral length-reduction surgery. STI

AUTHORS' DISCLOSURES

The authors declare that there are no conflicts of interest.

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