



**Saint Mary's Managed Clinical Service**  
**Division of Gynaecology**

**PATIENT INFORMATION LEAFLET**

# LABIAL FUSION

This leaflet is for parents and carers of children with labial fusion (also known as labial adhesions). It explains what labial fusion is, why it happens, what symptoms to look out for, and how it is managed.

## WHAT IS LABIAL FUSION?

Labial fusion occurs when the inner lips of the vulva (labia minora) stick together in the midline. This may look like a complete fusion with no visible opening or may have variable opening along the length of the fusion.

It can sometimes look alarming as parents may think that there is no vaginal opening due to congenital anomaly. This is a benign and common condition in childhood, particularly under 7 years of age and resolves as they go through puberty. Most children have no symptoms but may present with urinary symptoms or vulvovaginitis.

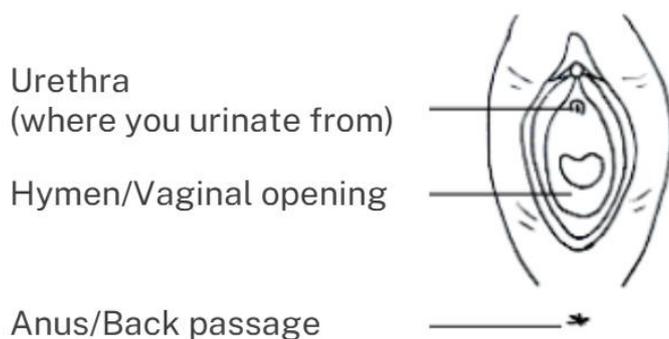
It is caused by low oestrogen levels and local skin irritation where the thin labial skin may stick together.

In most cases, no treatment is needed and usually resolves naturally with age and puberty

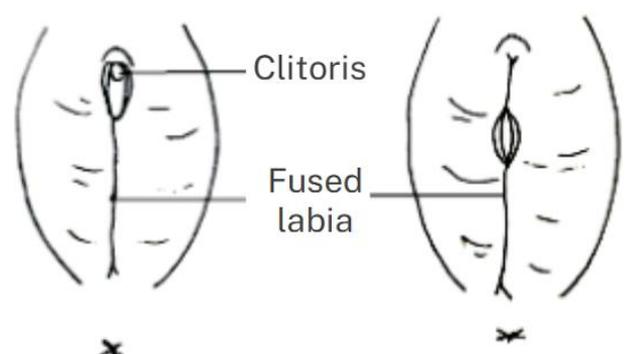
It does not affect future periods, fertility, or sexual health

## LABIAL FUSION APPEARANCE

### WITHOUT LABIAL FUSION:



### WITH LABIAL FUSION:



## WHY IT HAPPENS

Labial fusion is most common between 3 months and 7 years of age.

- At birth, babies are exposed to maternal oestrogen (a hormone), which keeps the labia separate.
- After 3–6 months, oestrogen levels fall to very low levels.

- Low oestrogen makes the vulval skin thin and sensitive.
- Irritation or inflammation (for example from nappy rash, vulvovaginitis/skin irritation, or soaps) can cause the labia to stick together while healing.

## SYMPTOMS

Most children have no symptoms, and labial fusion is often noticed during nappy changing or routine examination.

Occasionally, symptoms may include:

- Dribbling of urine after passing urine
- Spraying of urine
- Difficulty with toilet training
- Recurrent vulval irritation
- Rarely, urinary tract infections

Complete blockage of urine flow is very rare.

## DIAGNOSIS

Diagnosis is made by a gentle external examination of the vulva.

No internal examination is needed.

No scans or blood tests are required.

## TREATMENT

### Do all children need treatment?

No. If your child has no symptoms, no active treatment is recommended. Labial fusion usually separates naturally as oestrogen levels rise with age and puberty (which may start from around 8 years).

### When is treatment recommended?

Treatment may be offered if your child has:

- Urinary symptoms (dribbling, spraying, infections)
- Ongoing discomfort or irritation
- Significant problems with toilet training due to the fusion

## WHAT ARE THE TREATMENT OPTIONS?

### Vulval Care (recommended for all children)

Good vulval care helps reduce irritation and may prevent worsening or recurrence.

- Wash with water only or a fragrance-free soap substitute
- Avoid bubble baths, perfumed soaps, wipes, and antiseptics
- Wipe front to back
- Use loose-fitting cotton underwear
- Use non-biological detergent for clothes

A barrier ointment such as petroleum jelly (such as Vaseline™) or zinc oxide (such as Sudocream™) can be applied once daily to protect the skin.

### **Oestrogen Cream (only if your child has symptoms)**

If symptoms are present, a short course of topical oestrogen cream may be prescribed.

**How to use:** Apply a pea-sized amount, gently trace along the line of fusion with a clean fingertip or cotton bud. Apply twice daily for up to 6 weeks. The labia often begin to separate gradually.

**Possible side effects (temporary):** Mild breast development, darkening of the vulval skin. These effects reverse once treatment stops. The fusion may recur after stopping the cream; ongoing vulval care and barrier creams reduce this risk.

### **Surgery**

Surgical separation is very rarely needed and is only considered if:

- Symptoms are severe and persistent, and
- Other treatments have not worked

If required, this is performed by a specialist team, usually under general anaesthetic (put to sleep).

## **ADVICE**

### **Important things not to do:**

Do not try to pull or force the labia apart.

This is painful, distressing, and can cause skin damage and scarring.

## **WHEN SHOULD I SEEK MEDICAL ADVICE?**

Contact your GP or specialist if your child:

- Has difficulty passing urine
- Has recurrent urinary infections
- Has pain or ongoing irritation
- Develops new symptoms you are worried about

## **FURTHER INFORMATION AND SUPPORT:**

- British Society for Paediatric & Adolescent Gynaecology (BritSPAG)
- NHS guidance on vulval care in children

**If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.**

## **CONTACT DETAILS**



### **Benign Gynaecology**

0161 701 4455 (option 1)