**Video legend**

 First, the labium minus was stretched laterally, and the central wedge resection region was marked to reduce the vertical dimension of the labia minora. The total length of the new edge of the labial minora was ensured to be no less than the vertical length from the clitoral hood to the commissura labiorum posterior. A local anesthetic that consisted of 0.5% lidocaine with 1:200,000 epinephrine was administered to increase the subcutaneous space. After confirming adequate anesthesia levels, an incision along the marked line was made with a No. 15 surgical blade. Then, an incision was made along the lower line of the wedge with tissue scissors in an upward and inward direction while tilting the scissors to ensure that the incision in the lateral surface was approximately 5 mm (based on our experience) higher than that in the medial labium minus, and the incision along the upper line of the wedge was made with the scissors in a downward and inward direction to also maintain a 5 mm height between the lateral and medial surfaces. After meticulous hemostasis, the margins of the raw surface were re-approximated by layered interrupted absorbable sutures (6–0 polyglactin) placed in the skin and subcutaneous tissue. Next, dog ear deformities in the medial surface were repaired. In some cases, central wedge resection cannot achieve natural or smooth contours of the labia minora. Therefore, reducing a relatively small region of the edge is necessary in the horizontal dimension. It is important to place a mattress suture in the four corners to reduce the wound dehiscence rate. If the tissue is thick enough, an additional suture in the subcutaneous tissue at the cross section of the two incisions is also needed. Finally, the two closure lines formed two nonparallel lines, which is beneficial for wound healing and avoiding scar contracture.