Multidisciplinary approach to treat sufferers of FGM

Surgical repair and reconstruction

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Prevalence / Incidence

>133,000,000 women worldwide

3,000,000 girls annually
Sweden - FGM

~ 38,000 women/girls
~ 19,000 at risk of FGM

Socialstyrelsen

The National Board of Health and Welfare, January 2015
Prevalence of FGM per capita

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>FGM approx. total</th>
<th>FGM per 100 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>9.7 m</td>
<td>38.000</td>
<td>390</td>
</tr>
<tr>
<td>Norway</td>
<td>5.1 m</td>
<td>17.500</td>
<td>343</td>
</tr>
<tr>
<td>UK</td>
<td>60.8 m</td>
<td>120.000</td>
<td>197</td>
</tr>
<tr>
<td>France</td>
<td>66.6 m</td>
<td>65.000</td>
<td>97</td>
</tr>
<tr>
<td>Germany</td>
<td>80.7 m</td>
<td>60.000</td>
<td>74</td>
</tr>
<tr>
<td>USA</td>
<td>320.2 m</td>
<td>120.000</td>
<td>37</td>
</tr>
</tbody>
</table>
Stages of Female Genital Mutilation

- **Normal**
- **TYPE I**
  - A. Prepuce removal only or
  - B. Prepuce removal and partial or total removal of the clitoris.
- **TYPE II**
  - Removal of the clitoris and part of or all of the labia minora.
- **TYPE III**
  - Removal of part or all of the labia minora. The labia majora are sewn together, covering the urethra and vagina. A small hole for urine and menstrual fluid is left.
Surgery for FGM

• Defibulation
• Removal of clitoral cysts / neurinoma / keloid
• Reconstruction
  – Clitoris
  – Clitoral hood
  – Labia minora
FIGURE 1
Vertical incision along the anterior surface of the infibulated scar

Buried clitoris (potentially intact)

Kelly clamp inserted under the infibulation scar to delineate its length
Intact clitoris

intact clitoris and urethral meatus are visualized upon release of the infibulated scar tissue

Vertical incision over the kelly clamp through the midline of the scar releases the infibulated tissue
Edges of the labia majora are reapproximated with a subcuticular closure using absorbable 4-0 Monocryl sutures.
Clitoral reconstruction - Studies

Clitoral Reconstruction after Female Genital Mutilation/Cutting: Case Studies

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DOI: 10.1111/j.1755-2536.2007.00307.x

ABSTRACT

Introduction. Clitoral reconstruction following female genital mutilation/cutting (FGMC) is a new surgical technique reported to be a feasible and effective strategy to reduce clitoral pain, improve sexual pleasure, and restore a vulvar appearance similar to uncircumcised women. However, data on safety, efficacy, and evaluation of sexual pain outcomes are still limited.

Aims. This study aims to assess the care offered and clinical outcomes of two women who received multidisciplinary care, including psychosocial treatment, with clitoral reconstruction. We report our long-term outcomes, and the histology of the removed periclitolar fibrosis.

Methods. We report the cases of two women with FGMC types II and III who requested clitoral reconstruction for different reasons. One woman hoped to improve her chronic vulvar pain, as well as improve her sexual response. The other woman requested surgery due to a desire to reverse a procedure that was performed without her consent, and she wished to have a genital appearance similar to noncircumcised women. They both underwent orchioclitoplasty removed during surgery for appearance of vulvar pain and improved sexual enjoyment. At 1-year follow-up, she attributed it to a better self image.

Results. The presence of vulvar function, self-body image, and sex is needed to enhance clitoral reconstruction. Significantly improves clitoral reconstruction in female patients, including sexual therapy before 1. Clitoral reconstruction after female 1. Genital Mutiation/Cutting: FGMC, FGCC;

Reconstructive surgery after female genital mutilation: a prospective cohort study

Summary: We studied women who underwent female genital mutilation and who have access to the reconstructive surgery that is now available. Our objective was to assess the incidence and outcomes of this surgery.

Background: For the past 10 years, we studied patients with female genital mutilation (FGM/C) who had undergone a procedure to treat FGM/C-related pain. We now offer reconstructive surgery to patients who request it.

Methods. We recruited 100 women with a mean age of 21.3 ± 7.2 years (range: 10-45 years) who underwent reconstructive surgery for FGM/C-related pain (oral, 68; vaginoplasty, 32; and setoplasty, 10). Patients had a mean follow-up of 2.5 years (range: 1-10 years).

Results: Among the 100 women, 84 (84%) had a mixed outcome. A total of 74 women (74%) had a successful outcome, 16 women (16%) had a partial success, and 10 women (10%) had a failure. The success rate was higher in women who had undergone orchioclitoplasty (88%) compared to women who had undergone vaginoplasty (76%) or setoplasty (50%). There was no significant difference between the groups with respect to age, BMI, or surgery duration.

Conclusion: Reconstructive surgery after female genital mutilation can be an effective treatment for FGM/C-related pain and improve quality of life.
Incision

Create circular skin incision "buttonhole" overlying clitoral shaft stump

Clitoral Dissection

Stump of residual clitoral shaft with intact suspensory ligament
Step 4

Tacking sutures along lateral and inferior border of clitoral shaft to skin of vestibule.
Research is needed

- Prospective multicenter comparative trial
  - Sexual desire
  - Sexual pleasure
  - Orgasm
  - Vulvar pain
  - Self body image
  - Gender identity
- Validated / standardized tools
- Long-term follow-up
Multidisciplinary treatment

- Gynecology
- Urology
- Midwives
- Psychology
- Psychotherapy
- Sexology
- Social workers
- Reconstructive plastic surgery
Desert Flower Scandinavia

- Information
- Prevention / Help
- Education

founded by Waris Dirie
“Save a little desert flower”
Thank you!

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