CARING FOR WOMEN WITH FEMALE GENITAL MUTILATION: A CASE STUDY DOCUMENTING DEINFIBULATION AND POSTOPERATIVE CARE

Kav Pather, Ajay Rane

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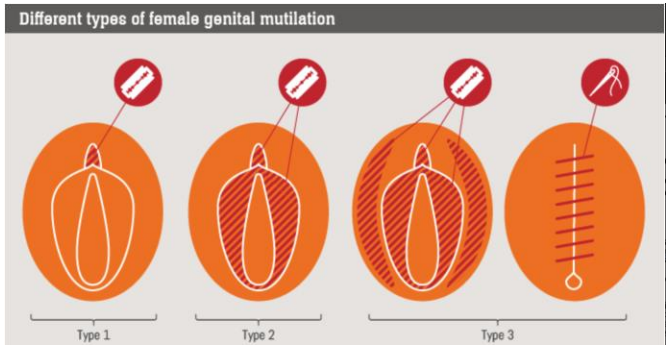
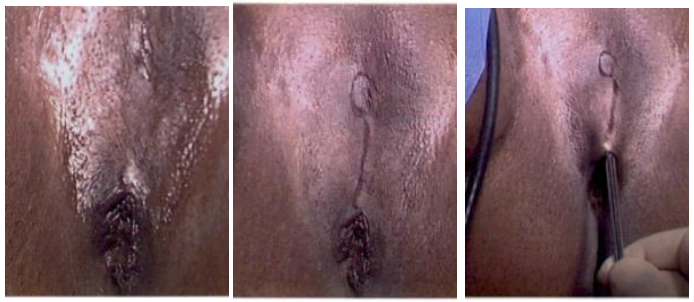
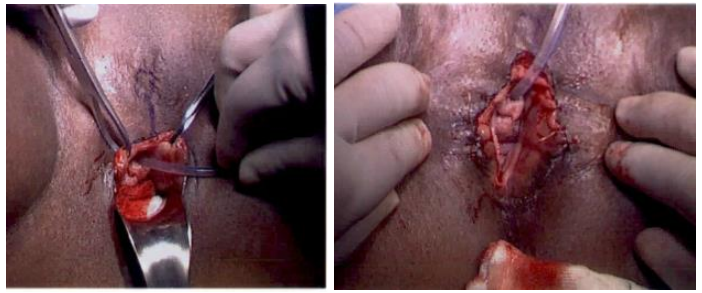
INTRODUCTION: The number of refugees moving to Australia has increased significantly over the last decade. As the refugee population grows, clinicians are faced with a variety of, previously rare, medical conditions including Female Genital Mutilation (FGM). There are several different types of Female Genital Mutilation (Figure 1). This case report outlines the surgical and post-operative care of a patient presenting with Type III FGM.



CASE: Mrs S- referred to a tertiary gynaecology centre with dyspareunia due to FGM. She was able to have painful sexual intercourse with her husband, but had lack of sensation during any intimate activity.

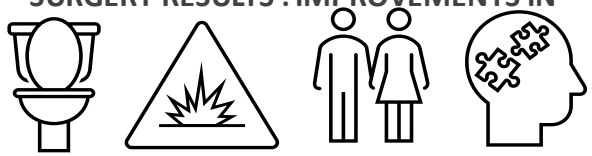


The above images show a case of Type III FGM. Initially the operative site is marked. The anterior scar is guarded- usually with artery forceps to prevent inadvertent tissue injury



The urethra is identified and catheterized. The surgically separated labia is then opposed with vicryl.

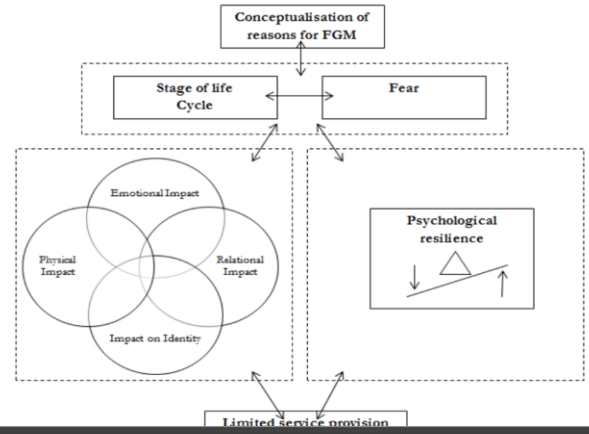
SURGERY RESULTS : IMPROVEMENTS IN



VOIDING DYSFUNCTION | PAIN | DYSPAREUNIA | MENTAL HEALTH

DISCUSSION: The WHO estimates that 200 million people worldwide suffer from FGM. Women with FGM present with symptoms related to Urination, Scarring, Pain, Infertility and sexual dysfunction. Deinfibulation offers a surgical management option to address these symptoms.

SURGICAL CONSIDERATIONS
Units need a comprehensive training package on FGM to educate midwives and doctors
Official interpreters should be involved when necessary
Consider performing surgery under GA/Spinal to avoid traumatic memories of initial infibulation
Clitoral reconstruction should only be performed by an an experienced clinician with the appropriate surgical experience.



Whilst surgery is often effective in addressing symptoms of FGM. A holistic approach is required

Figure 2 is a conceptual framework by Glover et al., (2017) highlighting the many complex factors involved in treating FGM

CONCLUSION: Deinfibulation has been shown to improve sexual, dysfunction, voiding difficulties and chronic pelvic pain. IN addition to surgical management, a holistic multidisciplinary care module is needed to address the complex physical and psychosocial issues surrounding FGM