



**FEMALE GENITAL MUTILATION CLINICAL CARE
DEINFIBULATION GUIDELINES**

These Deinfibulation Guidelines have been produced
by the FGM Education Programme for the New Zealand
Ministry of Health.

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FEMALE GENITAL MUTILATION CLINICAL CARE

Deinfibulation Guidelines

These Deinfibulation Guidelines are intended for use in conjunction with *Female Genital Mutilation in New Zealand - A Guide for Health and Child Protection Professionals* (2004) available from www.fgm.co.nz

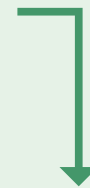
Deinfibulation referral made to Gynecological Outpatients Service

Referred from PHO, LMC or health professional



Schedule appointment for deinfibulation assessment

NB: an interpreter may be required



Undertake deinfibulation assessment. This should include:

Genital assessment and/or vaginal examination (if indicated) to determine the type of FGM, the size of introitus and integrity of scar tissue.

Discussion of anaesthetic options for the procedure

Note: Most women prefer local anesthesia and a mild pre procedure sedative. However, some may experience flashbacks of the initial FGM operation, and in this case, a general anaesthetic may be necessary.

General information on deinfibulation should be discussed. This includes:

- Explanation of the deinfibulation procedure
- Education on the anatomy and physiology of unaltered genitalia compared with FGM
- Health benefits of deinfibulation
- Physiological changes post procedure – including changes in menstruation, urination and sexual intercourse
- Psychological and psychosexual support – referral to culturally appropriate support services may be necessary. See www.refugeehealth.govt.nz for contact details.



Schedule appointment for deinfibulation procedure

Encourage the woman to bring a support person. Ensure she arrives an hour before procedure if topical anesthetic cream or sedative is to be used



Perform deinfibulation

see deinfibulation procedure steps below

Deinfibulation Procedure

STEP ONE: PRE DEINFIBULATION PREPARATION

One hour prior to procedure (optional)

- Apply topical anaesthetic cream (Emla) to the FGM scar tissue (optional and where available). *Note: the safety of Emla cream during pregnancy has not been established.*
- Administer a mild sedative
- Administer two paracetamol

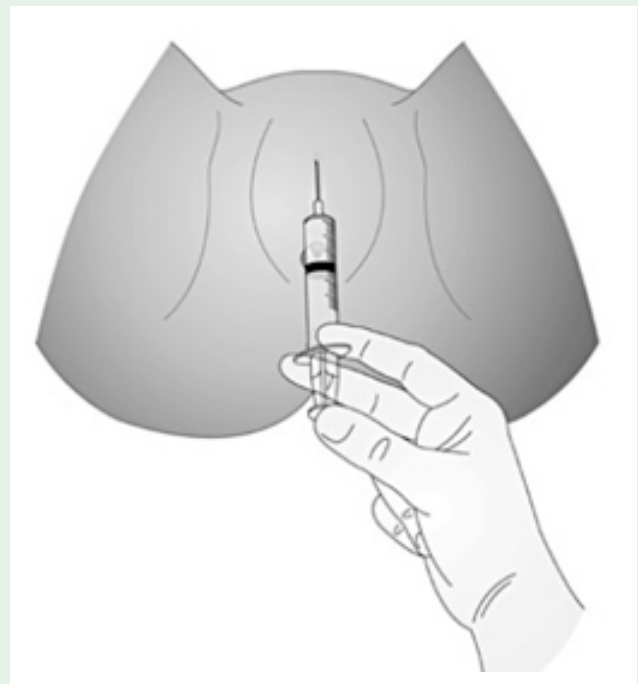
Note: some women may require reassurance and support, as they may experience psychological distress (such as flashbacks and anxiety) related to the initial FGM procedure.

STEP TWO: APPLY ANAESTHESIA

The anterior flap of skin is lifted using one or two fingers (index or index and middle). Local anaesthesia (such as 1% Xylocaine) is placed along the line of skin stretched between the fingers.

Extra injections may be applied along the right or left of the central line.

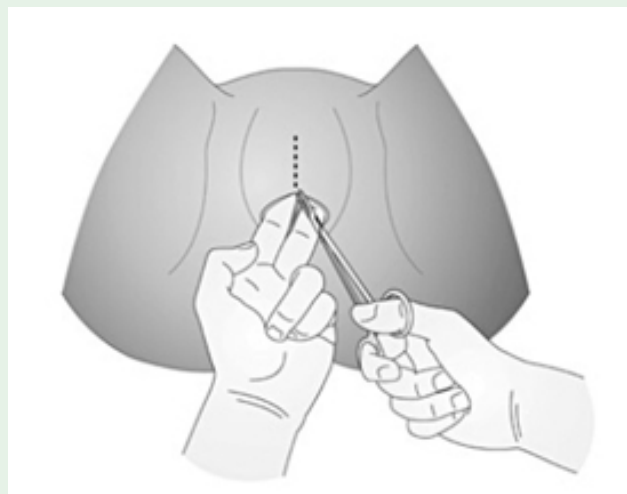
Adequate lighting is essential to identify structures such as the urethra and clitoris which may be lying under the scar tissue.



STEP THREE: INSERT FINGERS

STEP FOUR: INCISE SCAR TISSUE

Incise the mid-line to expose the urethral opening and facilitate unobstructed voiding. Caution should be used when incising above the urethral opening as this may cause haemorrhage which can be difficult to control.



STEP FIVE: INSPECT EDGES FOR BLEEDING POINTS

Assess the extent of remaining genital tissue.
Assess the area for abnormalities such as cysts.



STEP SIX: APPLY HAEMOSTATIC RUNNING ABSORBABLE SUTURES

The raw edges on either side are sewn with an interrupted or running absorbable suture material (3/0 catgut or Vicryl Rapide).



Images supplied by The Royal Women's Hospital, Victoria, Australia.

STEP SEVEN: POST PROCEDURE CARE

The following immediate post procedure care is required:

- wound site is checked for bleeding
- pain levels are monitored and paracetamol administered if required.

The following should be discussed prior to discharge:

- daily washing of scar site as necessary
- regular pain relief (four hourly paracetamol) until pain subsides
- no sexual intercourse for 10 – 14 days post discharge and use of lubricant on commencement of intercourse
- physiological changes following deinfibulation including changes in urination, menstruation and sexual intercourse
- signs and symptoms of bleeding and suspected infection (including hospital contact numbers in the case of suspected infection and need for follow up).