Ritual Female Genital Cutting

Elinor A. Graham MD, MPH
Associate Professor Emeritus
UW Department of Pediatrics,
Harborview
Objectives

• Overview of ritual female genital cutting practices around the world
• Address some common misconceptions
• Provide some guidance about how to discuss this issue with women that you may see in your medical practices
Definition of Ritual Female Genital Cutting (RFGC)

• Any incision, excision, or removal of tissue on the genitalia of a woman done for non-medical reasons and usually as a traditional surgical procedure.

• Ancient procedure, with evidence in Egyptian mummies/art
Historical and Cultural Misconceptions

• Has only been practiced in Africa
• Procedures are forced on women by men
• Is being done clandestinely in the US on immigrant girls
• Is required by Islam & only found in Muslim women
Medical Misconceptions

• Procedure only done on pre-pubertal girls
• It is easily identified by a medical exam
• Causes permanent damage to women’s bodies
• Eliminates women’s sexual enjoyment
• Results in major delivery problems
Why has the procedure been done?

• Ethnic /cultural identity
• Assures virginity and culturally viewed as necessary for marriage
• Post partum re-approximation of tissues gives some assurance of marital fidelity when husband has multiple wives or is nomadic
• Enhances male sexual experience
• Is a source of income, livelihood and status for traditional practitioners
Normal Prepubertal Anatomy
Full Adolescent: Sexual Maturity Rating of 4-5

- Hymen thick, pink
- Hymen is redundant, hard to outline margins
- Copious white discharge
- Mucosa of labia minora posterior fossa is moist with pebble like surface
- Labia long, prominent
- Rectal/thigh pubic hair
Types of RFGC procedures
East African Girl s/p RFGC
Has this child had genital cutting?
Patient Care Approach

• Ask about female genital surgery history
  – If using an interpreter, discuss with them ahead of time
• Women unlikely to know how their genitalia has been changed
• Do a careful examination.
  – Keloids/dermoid cysts common in scars; can you visualize urethra?
• If see obvious changes, explain how their genitalia is altered from normal, otherwise reassure they are within normal range
Lab Evaluations/Procedures

• Screen for HIV, Hep B & C if have had any ritual surgery (scarring, dental, genital)
• Give option of enlarging opening if it is significantly constricted in size or painful intercourse.
• Delivery related issues (C-sec indications usually unrelated to RFGC)
  • Develop a delivery and re-approximation plan with the patient before labor
  • Anterior episiotomy preferred
  • May need to do earlier in labor for the head to descend
  • Will they accept emergency C-Section if fetal distress?
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