

# Ritual Female Genital Cutting

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# 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

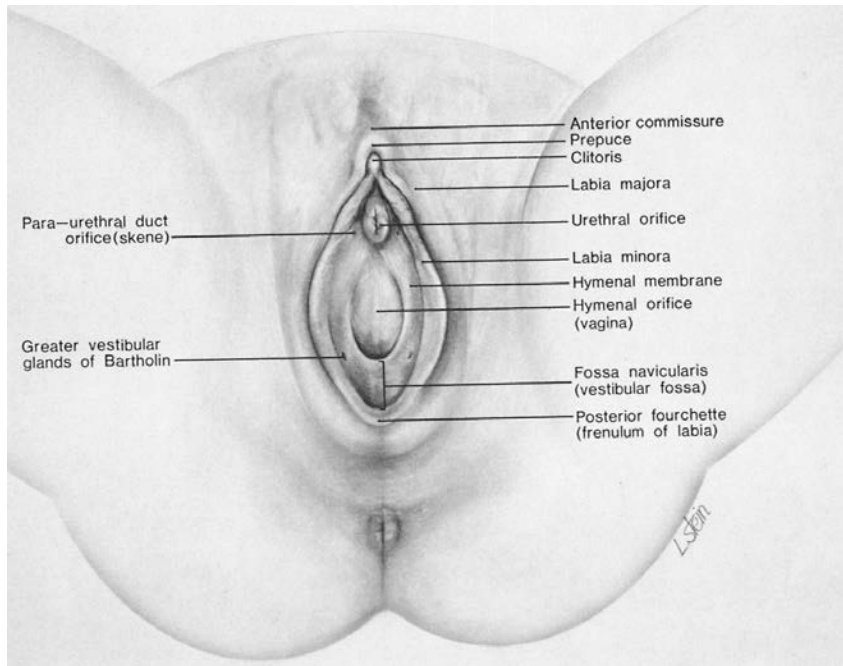
# Medical Misconceptions

- 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



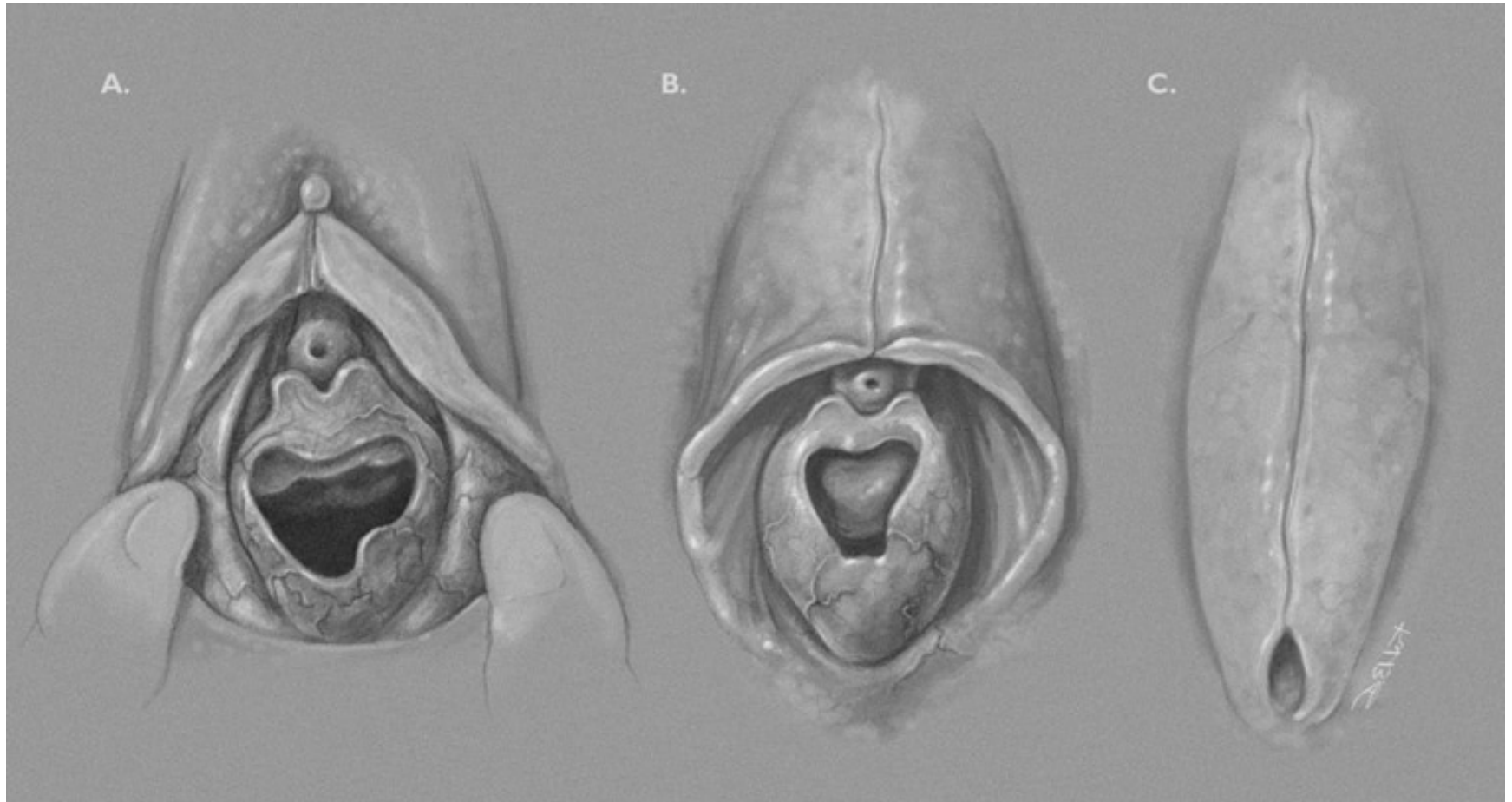
# Full Adolescent: Sexual Maturity Rating of 4-5

- 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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