

---



***Health Effects of  
Female Genital Cutting/  
Female Genital Mutilation***



---

The following information is intended to provide a general overview of the potential health complications arising from Female Genital Cutting/Female Genital Mutilation.

For more detailed technical medical information, please consult the following resources:

**Caring for Women With Circumcision: A Technical Manual for Health Care Providers by Nahid Toubia, MD, Published by RAINBO 1999.**

This book is \$17.95 U.S. plus shipping costs and can be ordered from:

Women, Ink.  
777 United Nations Plaza  
New York, NY 10017  
Tel: (212) 687-8633  
Fax: (212) 661-2704

One copy of the manual is also available for reference at the Sexuality Education Resource Centre, along with a full colour reference chart that illustrates the common types of female genital cutting and steps for deinfibulation.

**Female Genital Mutilation and Healthcare: An Explanation of the Needs and Roles in Canada.** This document is in its final revisions. It is expected to be available through Health Canada in the Spring of 2000. A copy will be available through the Sexuality Education Resource Centre.

**Technical Consultation on Female Genital Mutilation: Management Issues for Pregnancy, Childbirth and Postpartum**

This document is currently in production by the World Health Organization. When it is in print, a copy will be available through the Sexuality Education Resource Centre.

## ► **Terminology**

---

Throughout SERC documents we use the terms Female Genital Cutting/Female Genital Mutilation (FGC/FGM) interchangeably. A need for respectful terminology that is also responsible from a medical and legal perspective led our agency to a thorough examination of the current terminology. Ultimately our decision to use the term “female genital cutting” was in order to acknowledge that not all forms lead to mutilation of the genitals and that mutilation is not the intent of the action. FGC is intended to be a more respectful way to describe the procedure. Ideally, health care practitioners would use the language most acceptable to the woman they are working with. “Circumcision” is a common English word used by some communities to describe a variety of types of FGC/FGM; however it is not medically accurate and has led to confusion for some families who understand it is illegal to circumcise their daughters but not their sons.

In order to facilitate information collection, more effective professional communication and unified criteria for research, the World Health Organization established a standardized definition of female genital mutilation (FGM) and a classification of types.<sup>1</sup>

## ► **World Health Organization Definition**

---

Female Genital Mutilation constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.

## ► **Classification of FGM**

---

<b>Type I</b>	Excision of the prepuce with or without excision of part or all of the clitoris.
<b>Type II</b>	Excision of the prepuce and clitoris together with partial or total excision of the labia minora.

---

<sup>1</sup> Female Genital Mutilation, Report of a WHO Technical Working Group, Geneva, July 1995

- Type III**      Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation.)
- Type IV**      Unclassified
- Pricking, piercing or incision of clitoris and/or labia
  - Stretching of clitoris and/or labia
  - Cauterization by burning of the clitoris and surrounding tissues
  - Scraping (angurya cuts) of the vaginal orifice or cutting (gishiri cuts) of the vagina
  - Introduction of corrosive substances into the vagina to cause bleeding, or of herbs into the vagina with the aim of tightening or narrowing the vagina
  - Any other procedure which falls under the definition of FGM given above.

## ► ***Immediate Complications of the More Severe Forms of FGC/FGM***

---

Approximately 25 percent of infibulated women suffer from one or more of the immediate complications of FGC/FGM.

- **Agonizing pain** due to lack of anesthesia
- **Haemorrhage:** Amputation of the clitoris involves cutting across the clitoral artery, which has a strong flow and high pressure. Cutting across the internal pudendal artery can also cause serious bleeding. Haemorrhage may also occur after the first week as a result of sloughing of the clot over the artery, usually because of infection. If bleeding is very severe and uncontrolled, it can result in death.
- **Shock** because of the sudden blood loss and/or the unexpected pain.
- **Tetanus** can occur due to the use of non-sterile equipment
- **Trauma to the adjacent structures** (the urethra, bladder, anal sphincter, vaginal walls, and Bartholin's glands).
- Acute **urinary retention** occurs nearly always because of 1) the pain and burning sensation of urine on the raw wound, 2) damage to the urethra and its surrounding tissue, 3) labial adhesion or nearly complete closure of the vaginal orifice, as in infibulation.

- **Wound infection and urinary infection** due to urine retention, the use of non-sterile equipment and the application of local dressings of animal feces and ashes. The infecting organisms may ascend through the short urethra into the bladder and the kidneys.
- **Fever and septicemia.**
- Group circumcisions using the same unclean cutting instruments are still common, and can spread **HIV infection**.
- Eventually, **death** can occur due to haemorrhage or septic shock, tetanus and lack of availability of medical services or delay in seeking help.

### ► ***Intermediate Complications***

---

- **Delay in wound healing** due to infection, malnutrition and anemia.
- **Anemia** due to profuse bleeding.
- **Pelvic infection:** infection of the uterus and vagina ascending from the genital wound, and necrotising fasciitis.
- **Irregular bleeding and vaginal discharge.**
- **Dysmenorrhoea** due to pelvic infection, or due to the obstruction of the vaginal orifice
- **Vulvar dermoid cysts and abscesses** are a very frequent complication and result from the edges of incision being turned inwards and inclusion of the epithelium. Damage to the Bartholin's duct can also lead to cysts and abscesses.
- Formation of a **keloid scar** because of slow and incomplete healing of the wound and infection after the operation leading to production of excess connective tissue in the scar.
- **Dyspareunia** due to the tight vaginal opening, to pelvic infection or to vaginismus.

### ► ***Late Complications***

---

- **Haematocolpos** due to closure of the vaginal opening by the scar tissue. The menstrual blood accumulates over many months in the vagina and uterus. It appears as a bluish, bulging membrane on vaginal examination. (This occurs in less than 4% of infibulated women.)
- **Infertility** because of chronic pelvic infection blocking both Fallopian tubes which is often undiagnosed and untreated. Recurrent infections can also cause miscarriages.

- Formation of a **rectovaginal fistula**.
- Recurrent or chronic **urinary tract infections** due to stasis of urine in the bladder and behind the scar tissue.
- **Difficulty in urinating** because of damaged urethral opening or scarring over the urethral opening, or inability to completely evacuate the bladder when urinating.
- **Calculus/stone formation** in bladder and in the vagina because of stasis of urine coupled with urinary infection.
- **Urinary incontinence** as a complication of an overdistended bladder and recurrent urinary infections. Vesico–vaginal fistula results in urinary incontinence.
- **Hypersensitivity** of the entire genital area, development of a neuroma on the dorsal nerve of the clitoris.
- **Anal incontinence** and anal fissure due to rectal intercourse when vaginal intercourse is not possible.
- **Transmission of HIV** because of bleeding during unprotected intercourse and because of unprotected anal intercourse, or transmitted by unsterile tools.

## ► ***Maternal Obstetrical Complications***

---

According to the WHO, FGM doubles the risk of the mother's death in childbirth.

- The major obstetrical problem is **prolongation of the second stage of labour** because of scar or soft tissue dystocia, with the attendant need for "anterior episiotomy" (defibulation).
- **Perineal lacerations** because of loss of natural compliance of the tissues.
- **Perineal wound infections and postpartum sepsis**.
- **Haemorrhage**, leading to shock and death because of tearing of the scar tissue.
- **Vesico–vaginal or recto–vaginal fistula**: obstructed labour can cause necrosis of the vaginal wall, because of the constant pressure of the baby's head on the posterior wall of the urinary bladder and the anterior wall of the rectum.
- **Difficulties in performing a good pelvic examination** in infibulated women, resulting in the inability to effectively monitor the progress of labour.
- **Difficulty with urinary catheterization**.
- **Unnecessary caesarean sections** when doctors, who are not familiar with FGM, resort to caesarean section for fear of handling the infibulation scar. This adds the risks of general anesthesia and major surgery

## ► *Child Obstetrical Complications*

---

According to the WHO, FGM increases the risk of stillbirth three to four times.

- Prolonged, obstructed labour and lack of oxygen during the second phase of labour can result in **stillbirths or children with cerebral palsy**.

## ► *References*

---

Toubia, Nahid (1999), *Caring for Women With Circumcision: A Technical Manual for Health Care Providers*, New York, Women Ink.

Omer-Hashi K. & Entwistle M. (1995) Female Genital Mutilation: Cultural and Health Issues and Their Implications for Sexuality Counselling in Canada, *The Canadian Journal of Human Sexuality*, Vol 4(2), 137-147

Women's Health in Women's Hands (1995), *Female Genital Mutilation: Health Effects on Girls and Women*; Toronto

World Health Organization (1996), *Female Genital Mutilation Infopack*