Medical Xpress

Reconstructive surgery after female genital mutilation reduces pain, improves sexual pleasure

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Reconstructive surgery after female genital mutilation (FGM) appears to reduce pain and restore sexual pleasure in women, according to the first large prospective trial to assess long-term outcomes of a new surgical technique published Online First in *The Lancet*. Over the past 10 years, between 130 and 140 million women worldwide have been subject to FGM.

"Our findings show that clitoral reconstruction after FGM is feasible. It can certainly improve women's pleasure and lessen their pain. It also allows mutilated women to recover their identity", explains Pierre Foldès from Poissy Saint Germain Hospital, who invented the surgical technique.

"However, women with FGM rarely have access to reconstructive surgery to improve their lives and in most developed and all developing countries surgery remains prohibitively expensive", add Béatrice Cuzin from Edouard Herriot University Hospital, Lyon, France and Armelle Andro from Pantheon Sorbonne University, Paris who led the research.

The practice of FGM involves the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. FGM is widespread in Africa, but is also common among immigrant communities in Europe and North America. Reconstructive surgery has been available on the national health service

in France since 2004.

Here, Foldès and colleagues report the immediate and long-term outcomes of nearly 3000 mutilated women who underwent a new surgical procedure to restore both clitoral anatomy and clitoral function in France between 2008 and 2009. Women were questioned about their clitoral pain and pleasure before, and 1 year after, surgery.

Immediate complications after surgery (haematoma, suture failure, or moderate fever) were experienced by 155 (5%) women.

Of the 866 women who attended the 1-year follow-up visit, most reported an improvement, or at least no worsening, of pain (821 of 840 women) and clitoral pleasure (815 of 834).

A third of women who had never experienced an orgasm before the procedure started to have restricted or regular orgasms, whilst half the women who reported restricted orgasm before the surgery had a regular orgasm after it.

"Reconstructive surgery needs to be made more readily available in developed countries by trained surgeons. In France, where most of the health expenses are reimbursed, there is only limited provision, because only a handful of surgeons have been trained in this technique and fewer than ten offer this service", state the authors.

In a linked Comment, Jasmine Abdulcadir and colleagues from University Hospitals of Geneva, Switzerland point out: "Cultural education and specific training of medical professionals are lacking in many countries. Therefore, women with genital mutilation are not usually informed about the possibility of specific health care to address the consequences of mutilation. In some countries, the health insurance national health care systems do not recognise defibulation and clitoral

reconstruction as therapeutic procedures, classing them as cosmetic surgery."

More information: www.thelancet.com/journals/lan … (12)60400-0/abstract

Provided by Lancet

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