



Rotary  
Doctors  
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Läkarbanken



*Inspirations- och fortbildningsdagar*

*Holsybrunn, 6 april 2019*

# Kvinnlig könsstympning female genital mutilation/cutting (FGM/C)

Laura Pompermaier

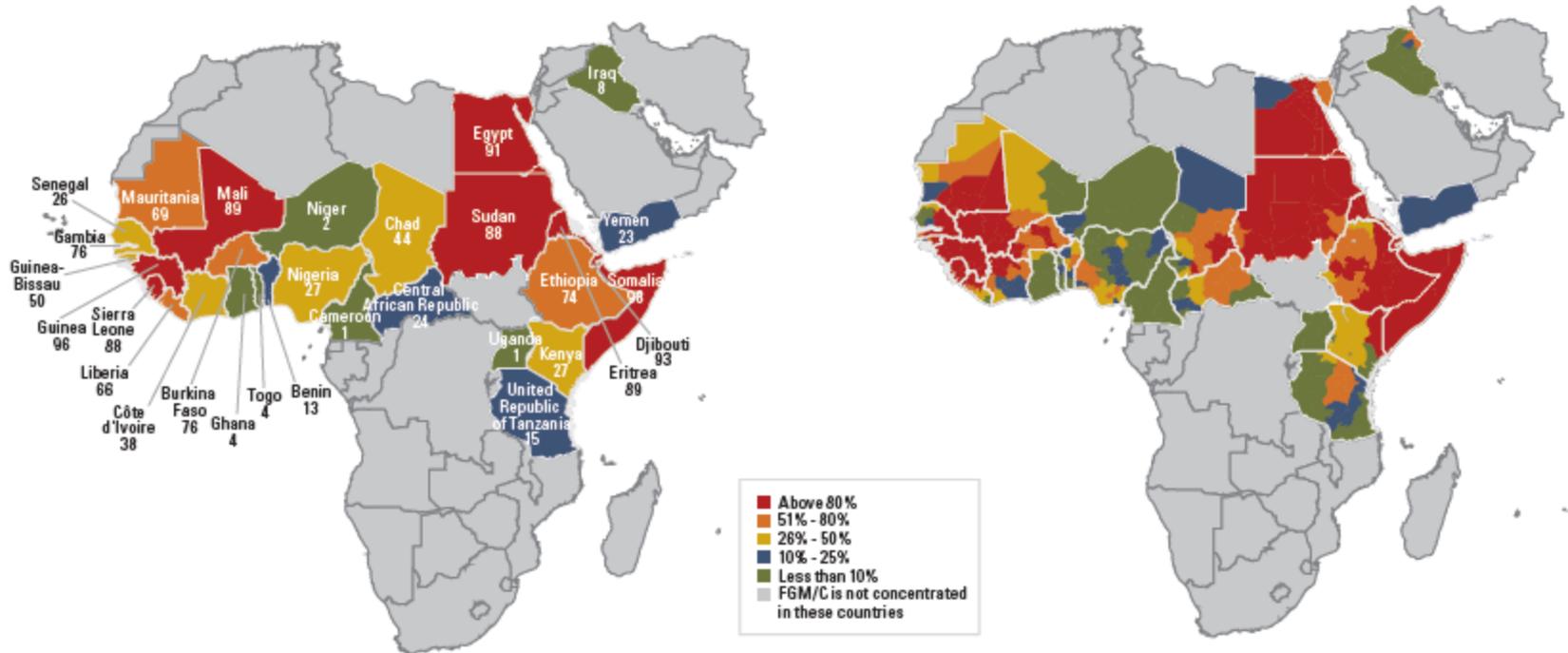
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# Juni 2014



- 3,9 miljoner flickor könsstympas varje år
- FGM utförs på flickor mellan 4 och 14 års ålder.
- 15% av dessa har genomgått ”infibulation”
- 200 miljoner kvinnor i 30 länder

# Andel kvinnor mellan 15 och 49 år som har genomgått FGM



\*UNICEF. Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change, 2013

# Ursprung

- Herodotus (425–484 B.C.): Faraos Egypten
- Rom: för att förhindra graviditet bland slavar (fibula!)
- Västvärlden (50-talet): klitoridektomi behandlade hysteri, epilepsi, psykiska störningar, onani, nymfomani och melankoli

# 815/1723 studenter på Beni-Suef University var könsstympade

**Table 1**  
Comparison between circumcised and uncircumcised university students regarding their socio-demographic and gynaecological characteristics.

Socio-demographic and gynaecological data		Circumcised (n = 815)	Uncircumcised (n = 908)	p-value	Odds ratio (OR)
Age (years) <sup>a</sup>		20.89 ± 1.68	20.81 ± 1.76	.314	–
Residence <sup>b</sup>	Urban	376 (46.1)	759 (83.6)	<.001*	0.55
	Rural	439 (53.9)	149 (16.4)		
Father's education <sup>b</sup>	Illiterate	93 (11.4)	23 (2.5)	<.001*	0.91
	Literate	722 (88.6)	885 (97.5)		
Mother's education <sup>b</sup>	Illiterate	188 (23.1)	33 (3.6)	<.001*	0.80
	Literate	627 (76.9)	875 (96.4)		
Age at menarche <sup>a</sup>		13.10 ± 1.41	12.99 ± 1.50	.089	–
Marriage <sup>b</sup>		46 (5.6)	38 (4.2)	.098	1.33
Menstrual cycle duration (days) <sup>a</sup>		27.95 ± 5.04	28.93 ± 6.63	.001*	–
Menstrual flow (days) <sup>a</sup>		5.29 ± 1.51	5.19 ± 1.37	.145	–

<sup>a</sup> Data are presented as mean ± standard deviation.

<sup>b</sup> Data are presented as number (%).

\* Statistical significant difference.

Epidemiological and gynecological correlates with female genital mutilation among Beni-Suef University students; cross sectional study. Arafa et al *Middle East Fertility Society Journal* 23 (2018) 184–188

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98.2% of girls in the uncircumcised group and 73.5% in the circumcised one believe that FGM/C should not be justified

<sup>a</sup> Data are presented as mean ± standard deviation.

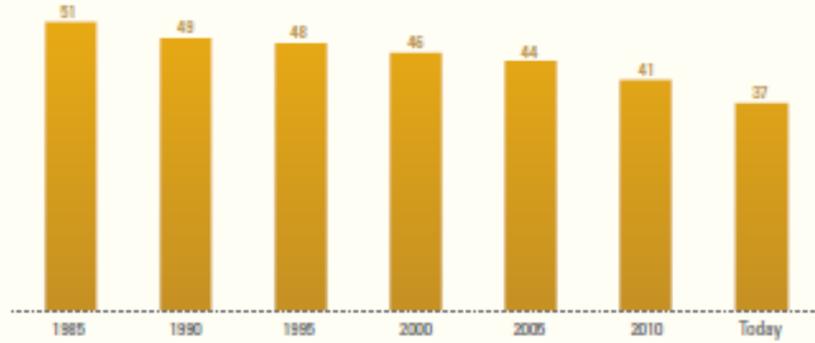
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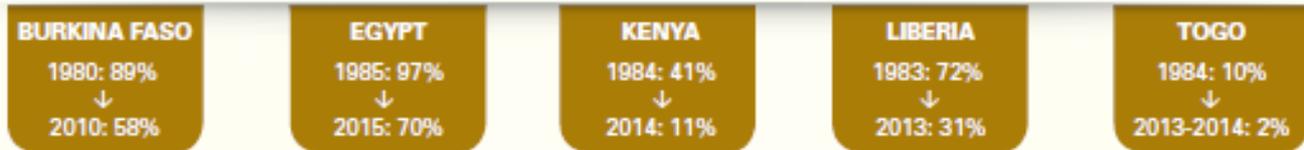
THERE HAS BEEN AN OVERALL **DECLINE** IN THE **PREVALENCE** OF FGM/C OVER THE LAST THREE DECADES. YET, NOT ALL COUNTRIES HAVE MADE PROGRESS AND THE PACE OF DECLINE HAS BEEN UNEVEN

Percentage of girls aged 15 to 19 years who have undergone FGM/C



Note: This is a weighted average based on comparable data.

Fast decline among girls aged 15 to 19 has occurred across countries with varying levels of FGM/C prevalence



CURRENT **PROGRESS IS INSUFFICIENT** TO KEEP UP WITH INCREASING POPULATION GROWTH. IF TRENDS CONTINUE, THE NUMBER OF GIRLS AND WOMEN UNDERGOING FGM/C WILL **RISE SIGNIFICANTLY** OVER THE NEXT 15 YEARS.

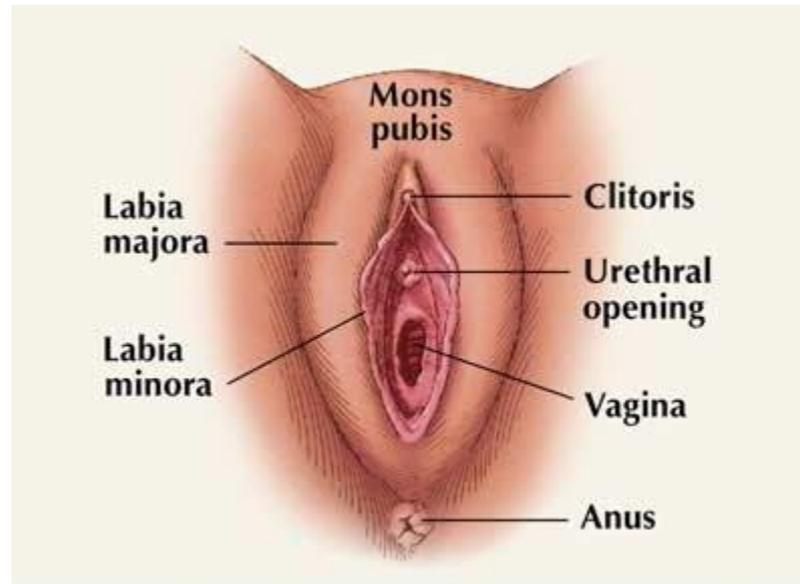
\* WHO **Female genital mutilation**. Updated February 2016

# Lag (1982:316) med förbud mot könsstympning av kvinnor

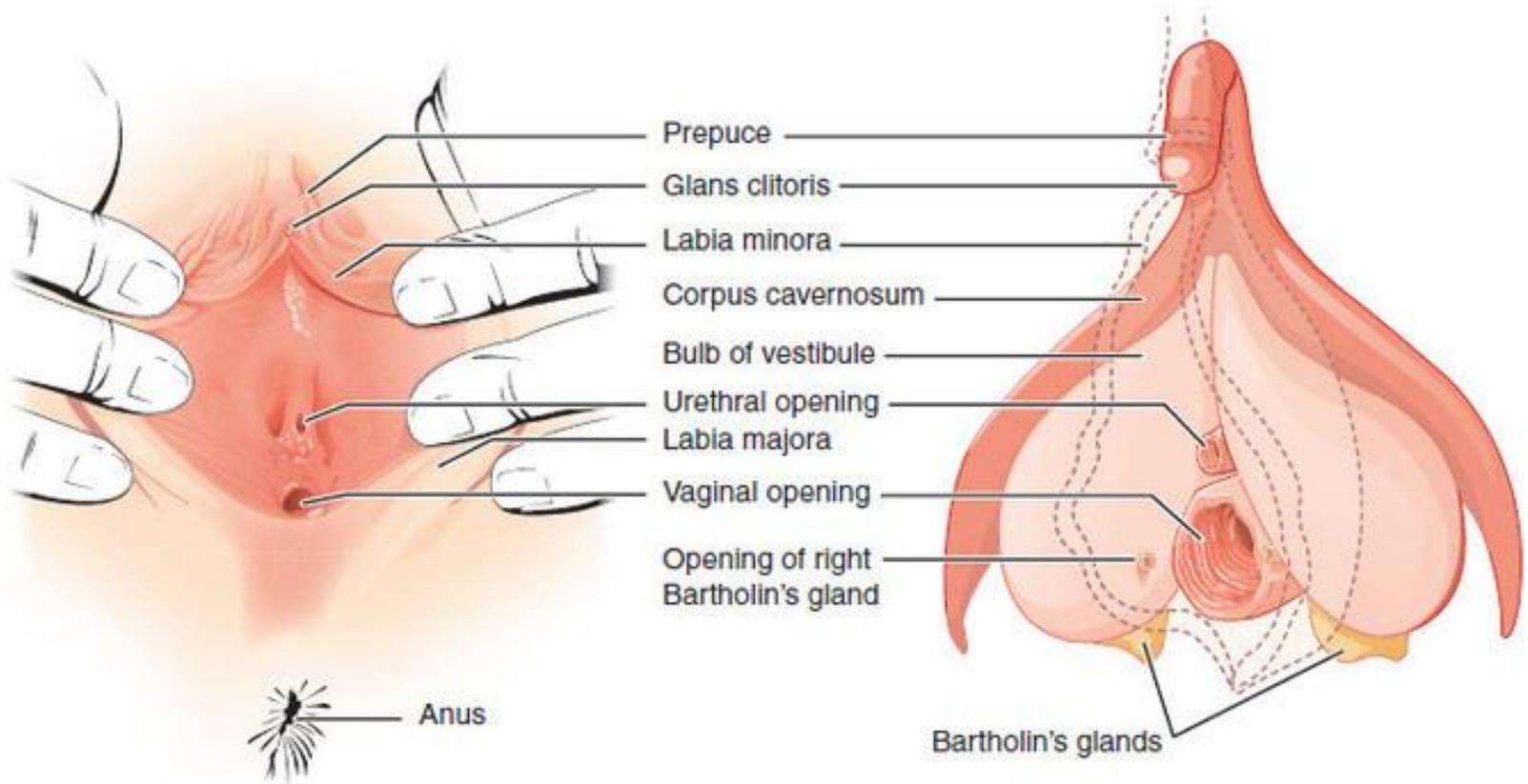
§ 1982: Ingrepp i de kvinnliga yttre könsorganen i syfte att stympa dessa eller åstadkomma andra bestående förändringar av dem (könsstympning) får inte utföras, *oavsett om samtycke har lämnats* till ingreppet eller inte.

§ 1999: Revidering av lag: könsstympning begången på en plats där den vid tiden för brottet var legalt är straffbara i Sverige

# Vulvas anatomi

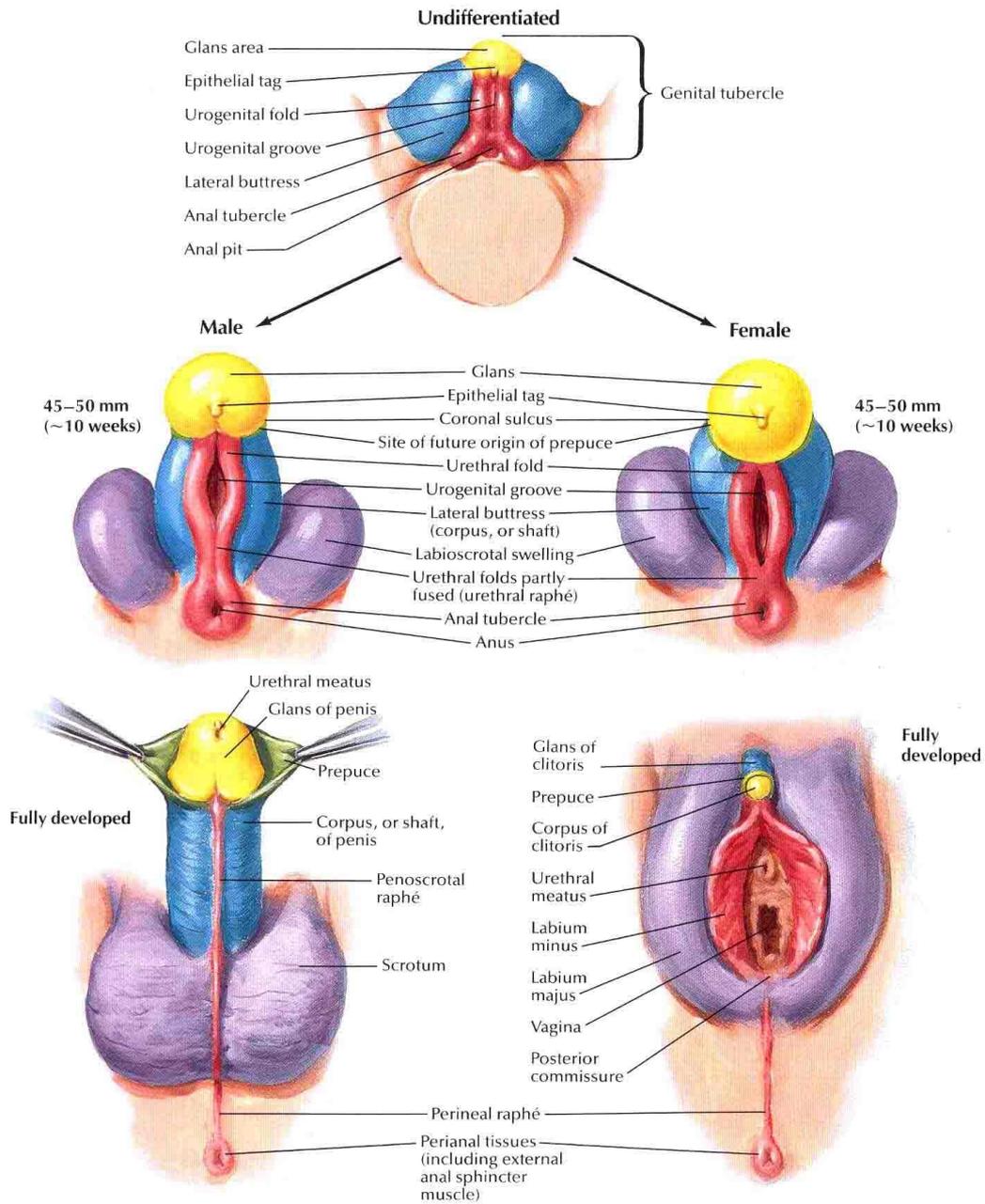




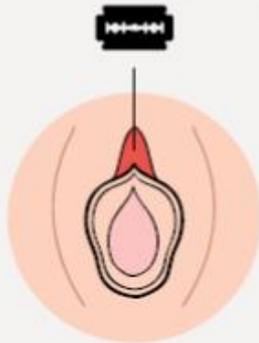


**Vulva: External anterior view**

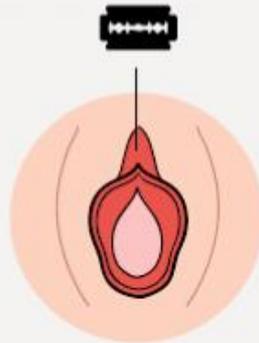
**Vulva: Internal anteriolateral view**



## DIFFERENT TYPES OF FEMALE GENITAL MUTILATION



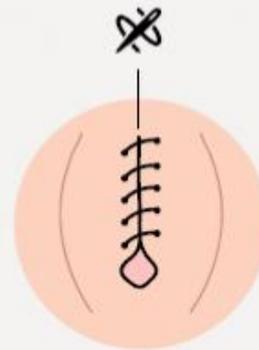
**TYPE 1**  
**CLITORIDECTOMY**



**TYPE 2**  
**EXCISION**



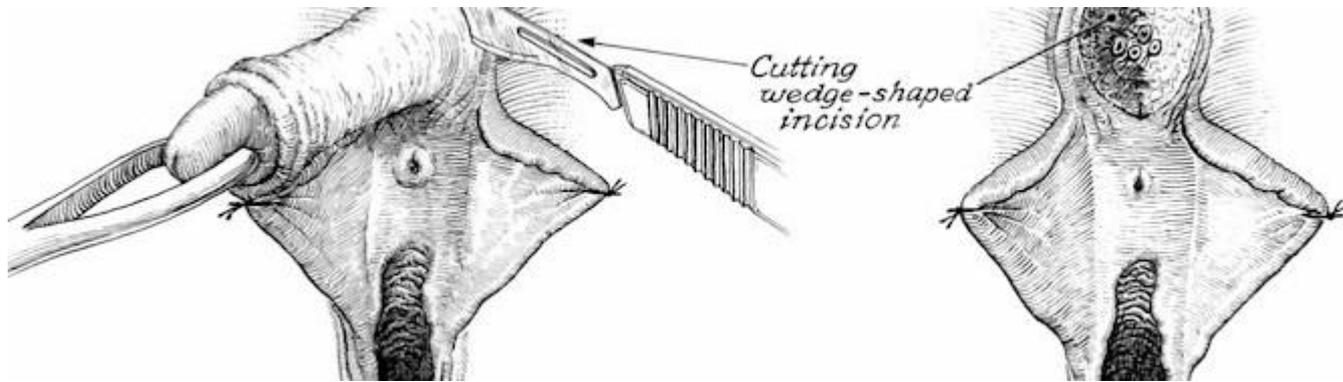
**TYPE 3**  
**INFIBULATION**



**TYPE 4**  
**THIS INCLUDES ALL OTHER HARMFUL PROCEDURES TO THE FEMALE GENITALIA FOR NON-MEDICAL PURPOSES**



# Typ 1: Klitoridektomi

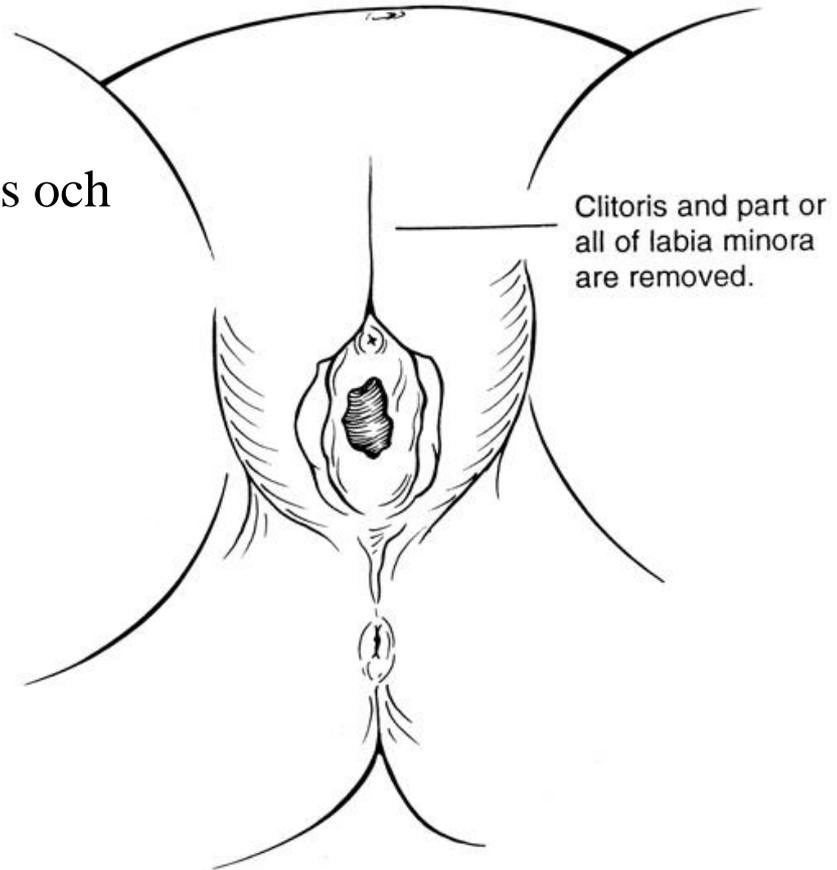


Delvis eller totalt borttagande av klitoris och/eller klitoris förhud.

# Typ 2: Excision

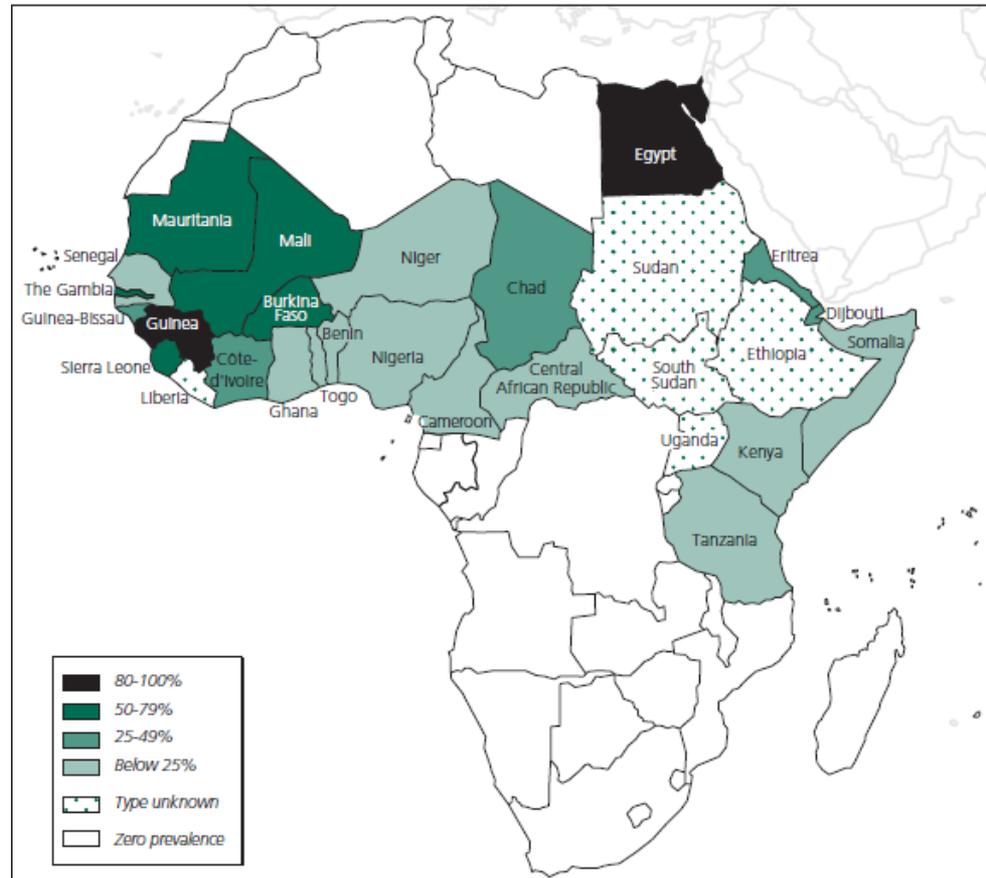
Delvis/ totalt borttagande av klitoris och de inre blygdläpparna

med/eller utan excision av de yttre blygdläpparna.



# Andel Typ I och II i Afrika

A - Percentage of women excised<sup>(a)</sup>

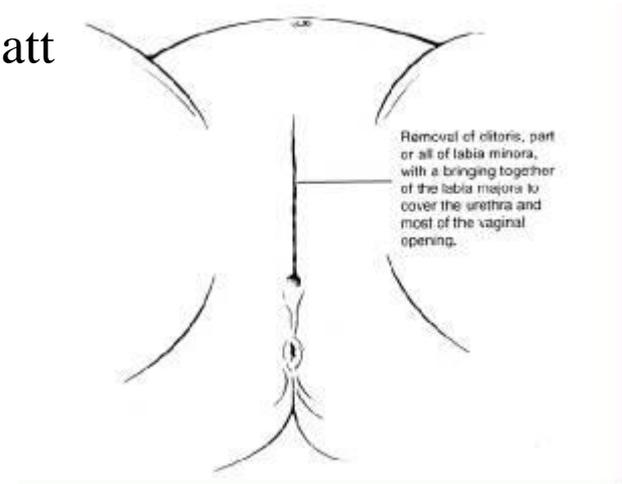


Female genital mutilation. Overview and current knowledge. Andro et al. 2016.

# Typ 3: Infibulation/ Pharaonic circumcision

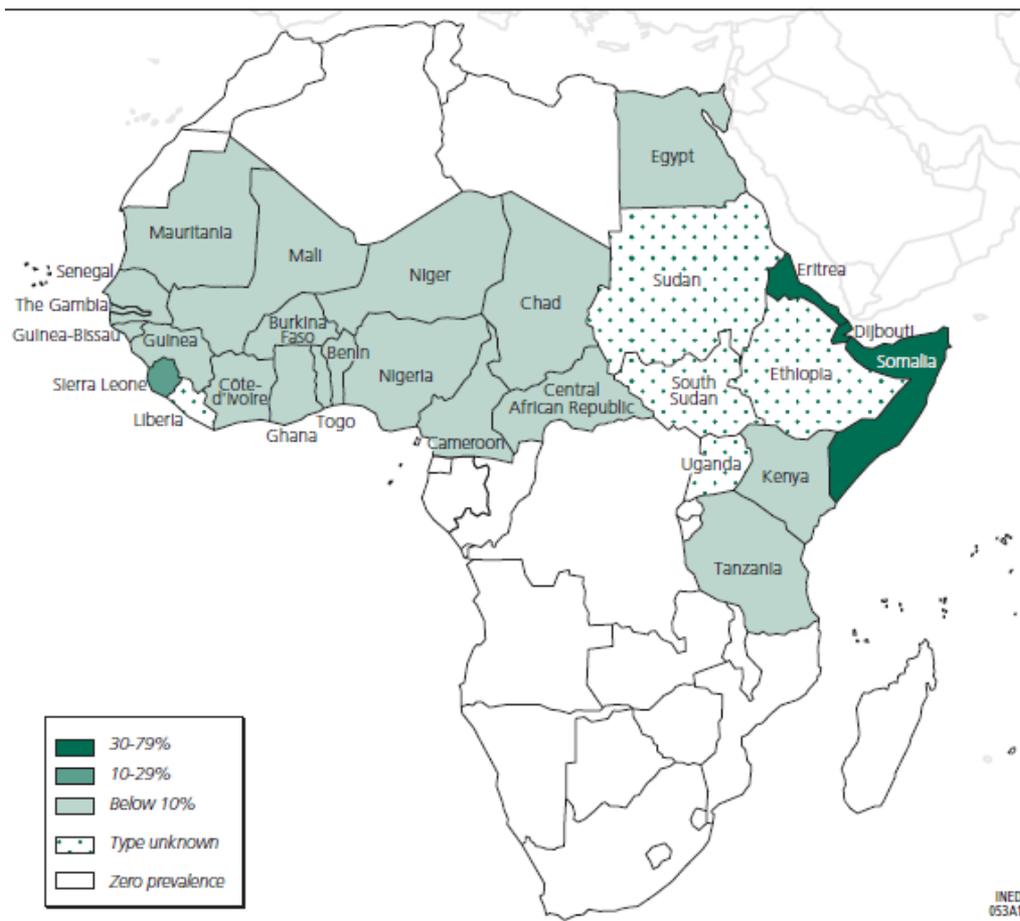
Förminskning av den vaginala öppningen genom att man skär och sammanfogar de yttre genitala

+/- Klitoridektomi



# Andel Typ III i Afrika

*B - Percentage of women infibulated<sup>(b)</sup> (%)*



Female genital mutilation. Overview and current knowledge. Andro et al. 2016.

# Typ 4

Prickning, snittning, skrapning och brännande och alla andra skadliga ingrepp på de kvinnliga genitalierna av icke-medicinska skäl.

# Akuta Komplikationer

## Blödningar (4-19%)

- Anemi
- Hypotension
- Chock
- Död

# Akuta Komplikationer

## Oliguri

- Dehydrering
- Urethral skada
- Urin retention

# Akuta Komplikationer

## Infektioner

- Cellulitis (15%)
- Abscess
- Feber (22%)
- Bäckeninflammation
- Tetanus (2%)
- Gangrene
- Septisk shock (2%)
- Läkning problem

# Akuta Komplikationer

## Frakturer

- Klavikel
- Humerus
- Femur

# Sena Komplikationer

## Genitala komplikationer

- Smärta
- Dysmenorré / Menorragi (65%)
- Hematocolpos
- Hematometra
- Kroniska vaginala infektioner (26%)
- Främmande kroppar
- Neurom
- Dyspareuni/ Vaginism

# Sena Komplikationer

## Komplikationer i urinvägarna

- Strikturer
- UVI
- Stenar

# Sena Komplikationer

## Ärr

- Keloid
- Partial eller komplett fusion
- Cystor
- Abscess

# Sena Komplikationer

Infertilitet\*/Sexualitet

- Physical barrier:
  - Vaginal stenosis
  - Ärr-> Fusion
- Psychological barrier:
  - Dyspareunia
  - Apareunia

\*25-30% by Typ III

# Obstetriska komplikationer

**Table 2** Distribution of sexual and obstetric complications among primigravida 'subjected to FGM/C' and 'not subjected to FGM/C' and admitted to the labor ward at Omdurman Maternity Hospital, Sudan, 2015

Complication	Subjected to FGM/C (n = 230)	Not subjected to FGM/C (n = 190)	P value
Dyspareunia	177 (76.9%)	46 (24.2%)	0.001
Bleeding at first sexual attempt	81 (35.2%)	3 (1.5%)	<0.001
Reduced sexual desire	144 (62.6%)	38 (20%)	0.004
Reduced sexual satisfaction	94 (40.9%)	12 (6.3%)	0.002
Surgery to release labial adhesion	70 (30.4%)	00 (00%)	<0.001
Difficulty in pelvic examination	142 (61.7%)	35 (18.4%)	0.021
Episiotomy	176 (76.5%)	57 (30%)	0.011
Deinfibulation	133 (57.8%)	0 (00)	<0.001
Infection of episiotomy	61 (26.5%)	2 (1.1%)	<0.001
Hemorrhage	5 (2.2%)	3 (1.5%)	0.275

Data was shown as number (%) as applicable

70% = FGM typ III  
30% = FGM typ I

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70% = FGM typ III  
30% = FGM typ I

**75% of the women in the subjected to FGM/C mentioned that they are not going to expose their daughter for FGM in the future**

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# Effekter på sexualitet

FGM innebär skador/ avsaknad av genital vävnad.

FGM skadar clitoris nerver

→ mindre mottaglighet för stimulering

FGM orsakar ärrbildning och adheranser:

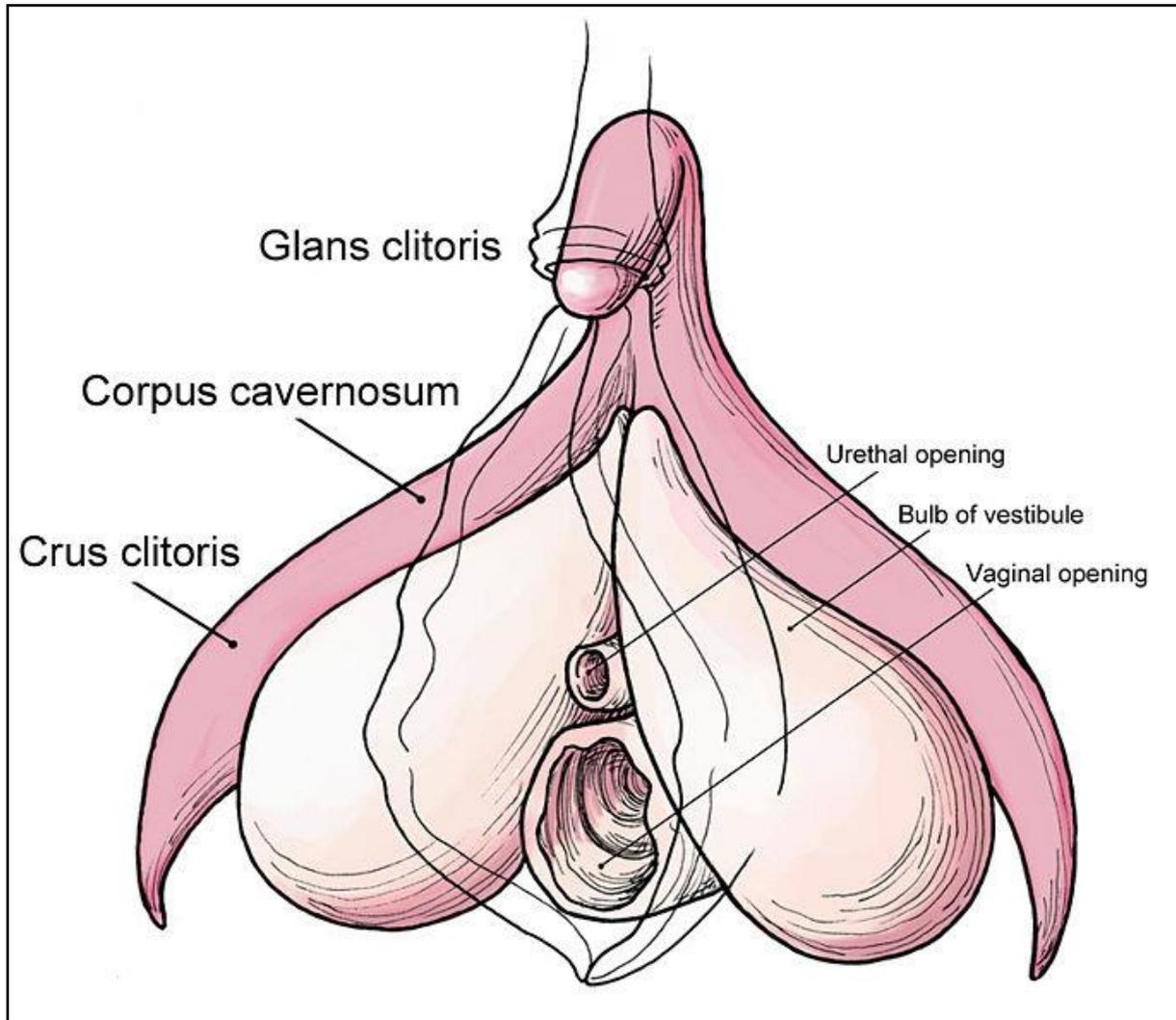
→ minskar flexibiliteten och känsligheten

FGM typ III

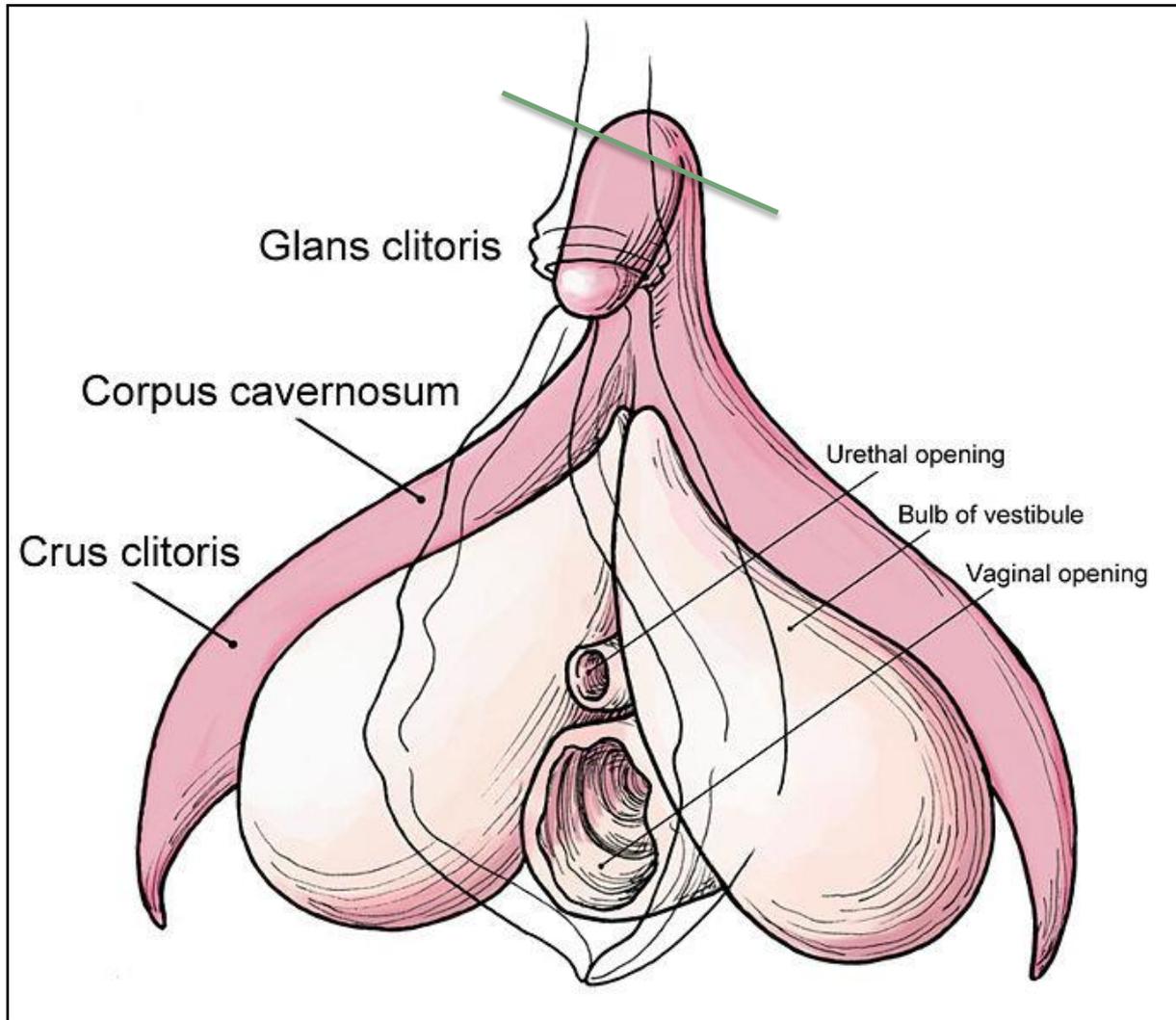
→ ont vid penetration → sår → ärr...

Rekonstruktion efter FGM?

# Klitoris anatomi

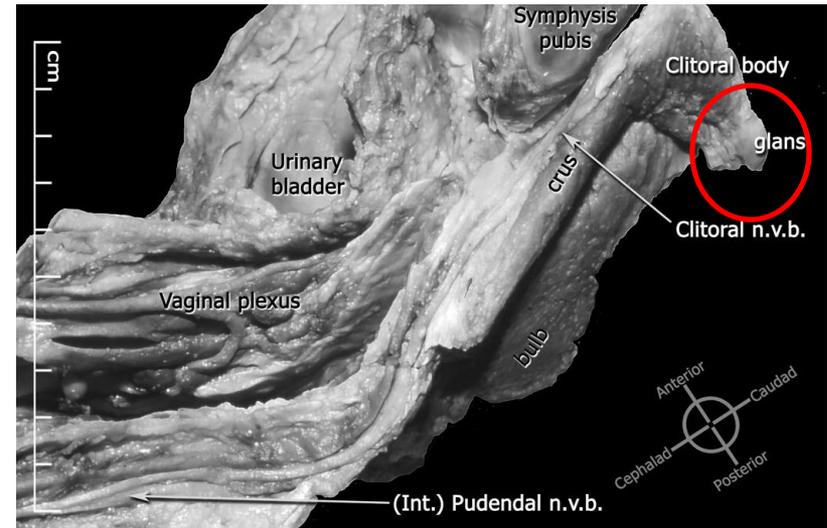
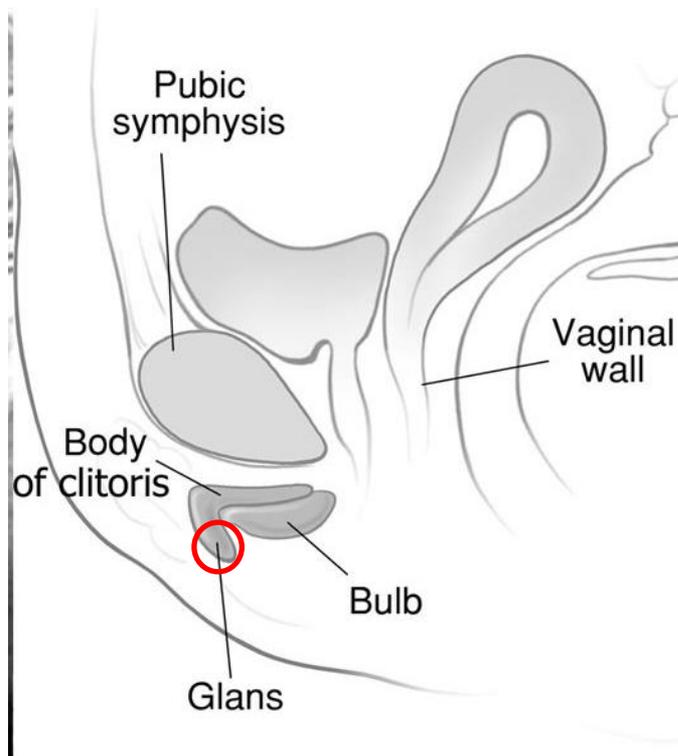


# Klitoridektomi

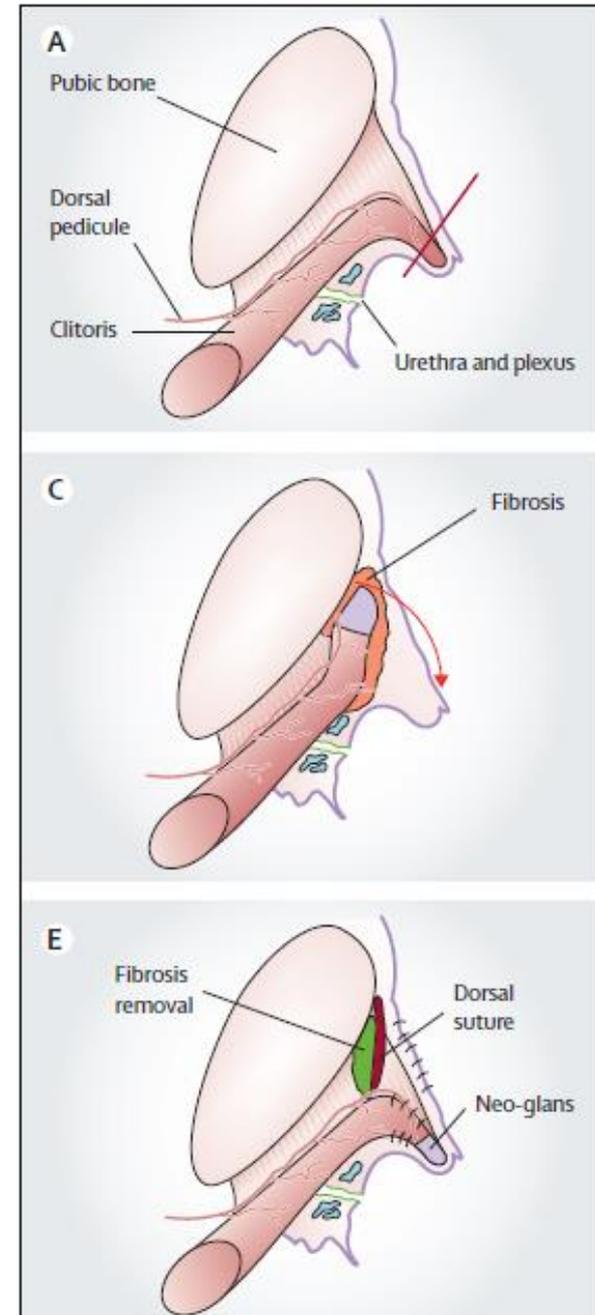


# Anatomy of the clitoris

O'Connell et al. *The Journal of urology* 2005; 174:1189-1195



Reconstructive surgery after  
female genital mutilation:  
a prospective cohort study  
Foldès et al *Lancet* 2012; 380: 134–41



A systematic review of the evidence on clitoral reconstruction after female genital mutilation/cutting

Abdulcadir et al *International Journal of Gynecology and Obstetrics* 129 (2015) 93–97

- Icke-validerade skalor utan tydlig definition av kategorierna
- Saknas reoperation-rate
- Resultat rapporteras av kirurgen
- 71% förlust för uppföljning på ett år

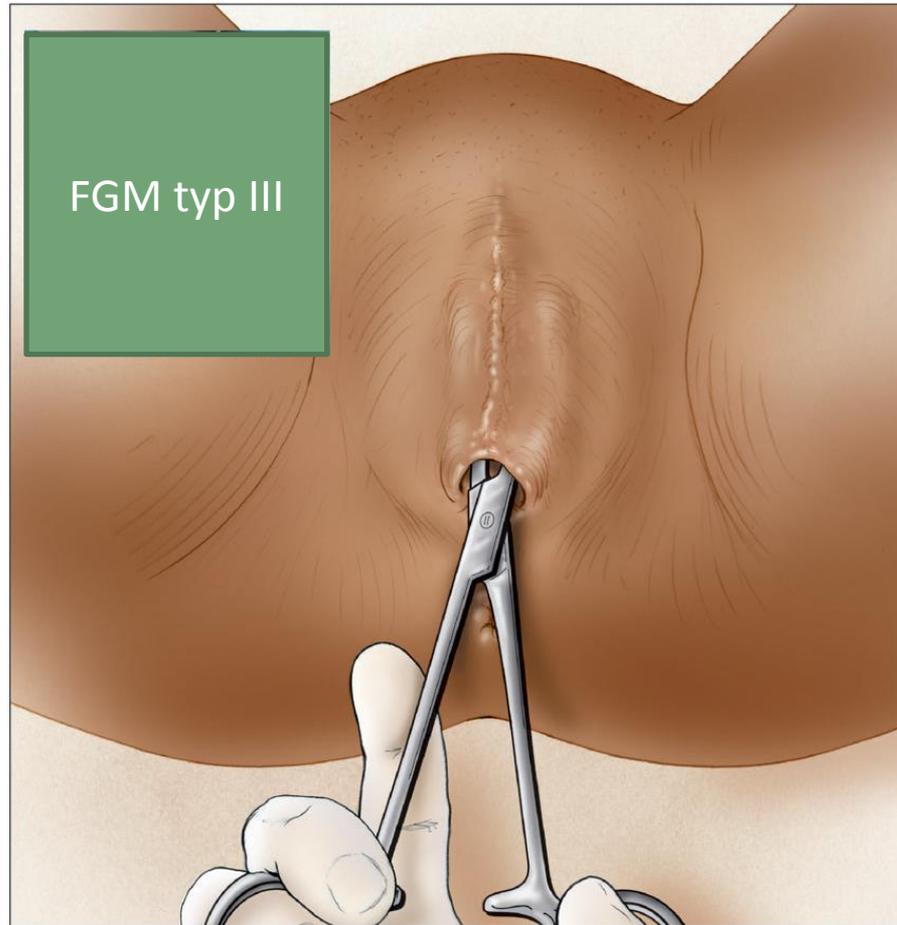
# Rekonstruktion efter infibulation\*



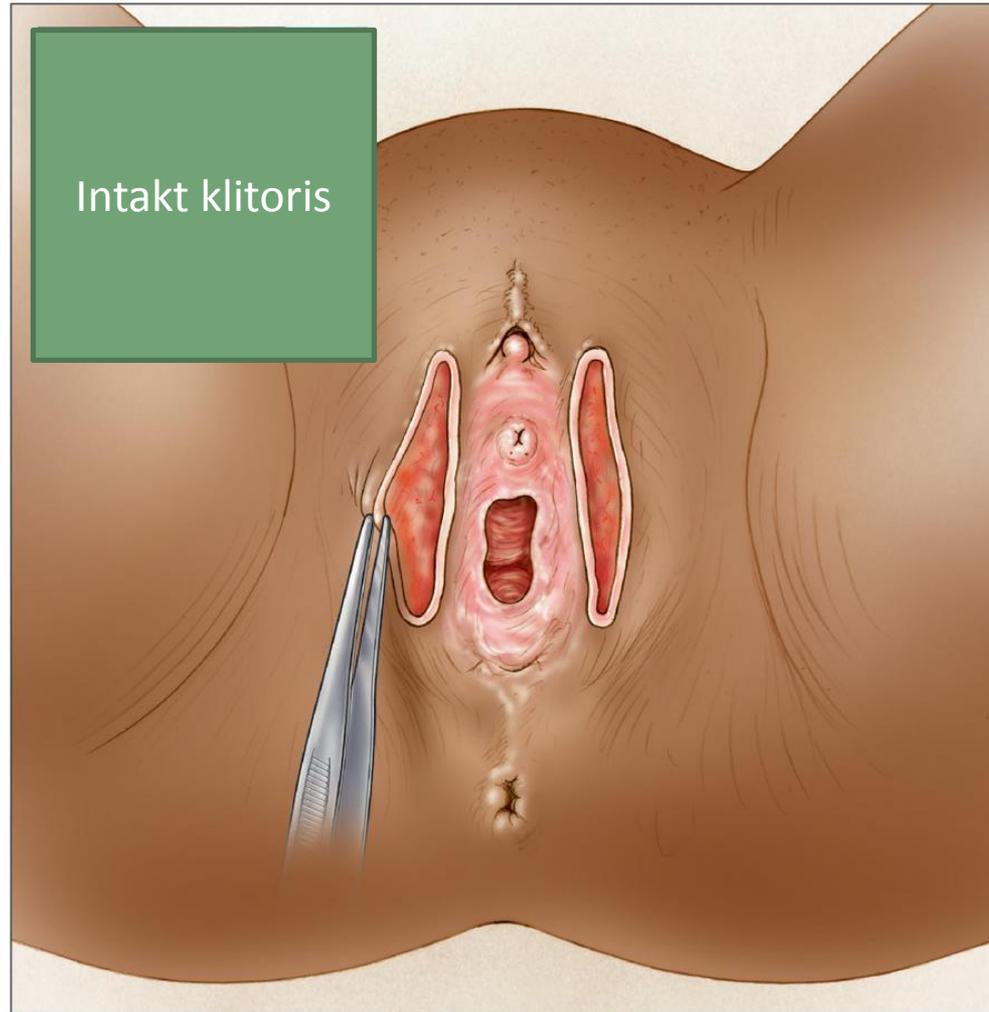
**\*Surgical Techniques: Defibulation of Type III Female Genital Cutting**

*Johnson, Nour* **J Sex Med 2007;4:1544–1547**

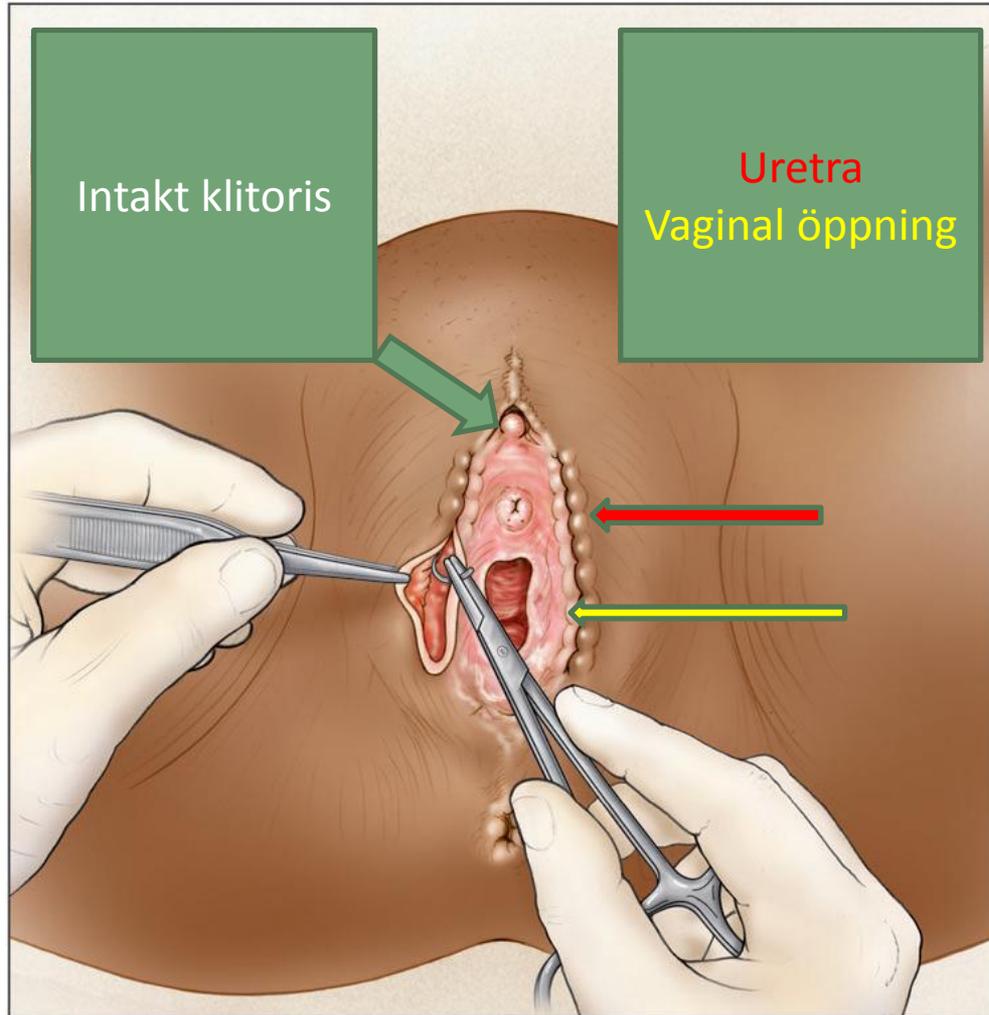
# Defibulation 1



# Defibulation 2



# Defibulation 3



TACK FÖR  
UPPMÄRKSAMHETEN!