This is a visual reference learning tool on female genital mutilation/cutting (FGM/C). We envision that the visual reference can be used as a standalone guide for patient management and can be consulted by caregivers when unsure on the type of FGM/C diagnosed. The guide and accompanying text can facilitate training of health care providers globally in accurate diagnosis for both clinical management, patient-provider communication, and accurate recording and reporting to governments where required. This reference tool also could be integrated into surveys for monitoring the prevalence of FGM/C types and subtypes.

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Defibulation is a procedure that opens the vulvar scar tissue, exposes the introitus, and creates new labia. Defibulation is recommended for infibulated women who suffer from genito-urinary complications, and/or dyspareunia and allows physiological delivery and gynecological procedures. Surgery can be performed under general, local or regional anesthesia. Pregnant women should be defibulated during their second trimester or during labor, under local or regional anesthesia. During labor, defibulation can be performed during the first stage (preferably).

**Contraindications**
- Refusal of the woman
- Tissue cannot be lifted and incised

**Equipment Needed**
- Sterile gloves
- Disinfection prep
- 10 cc syringe
- 22 or 25 g needle for injection
- EMLA cream (before applying local anesthetic injection)*
- Local anesthetic injection (1% Xylocaine, 0.25% Bupivacaine HCL and Epinephrine 1:200,000)
- Scalpel or straight Metzenbaum scissors or curved Mayo scissors (depending on the thickness of the scar tissue)
- Adson plain or rat-toothed tissue forceps
- Needle driver
- 4-0 monofil or viscyl suture on SH needle
- Suture scissors
- Mosquito clamp

* If defibulation is performed under local anesthesia

**Pre-operative Counseling**
- Education on anatomy and physiology before and after defibulation (e.g. false beliefs on infibulated and defibulated external genitals, virginity, sexuality, and genital self-image)
- Information on anesthesia (local, locoregional or general), surgery, advantages and follow-up
- Agreement on the opening (up to 1 cm above the urethra or up to the clitoris)
- Reassurance on intraoperative and postoperative pain (not the same as for original FGM/C)
- If during pregnancy give the woman/girl the choice of undergoing defibulation during pregnancy (2nd trimester) or labor (first phase)

**Intrapartum Care**
- During intrapartum defibulation, respect the woman’s choice regarding the level of opening (partial or total defibulation)
- In case of a supra-clitoral or supra-urethral tear, reconstruct the vulvar anatomy in the most physiological way, leaving the urethral meatus and the vaginal orifice uncovered; avoid asymmetries of the labia
- Explain to the woman each of the different procedures she underwent (e.g. perineal tear, episiotomy, and defibulation)

**Postoperative Care**
- Follow-up care within the first 1-2 weeks, and then again at 4-6 weeks. Explain the changes experienced (e.g. faster micturition) and that sexual intercourse can be resumed after 4-6 weeks and/or when it is suitable for both the patient and partner
- Prescribe local estrogen cream to apply to the vulva in the first few weeks to help promote tissue healing and reduce labial adhesion/agglutination. Advise the client on local vulvar hygiene and daily manual detachment of the labia to avoid spontaneous adhesions
- Provide analgesia (acetaminophen and ibuprofen)
- Good hydration and micturition under a water jet can help reduce burning caused by the urine passing on the defibulated area. Sitz baths are advised

**CPT Codes:**

<table>
<thead>
<tr>
<th>FGM/C Diagnosis</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defibulation (general procedure code)</td>
<td>N90.810</td>
</tr>
<tr>
<td>Repair of complex procedures on integumentary system</td>
<td>N90.811</td>
</tr>
<tr>
<td>Lysis of labial adhesions</td>
<td>N90.812</td>
</tr>
<tr>
<td>Plastic repair of introitus</td>
<td>N90.813</td>
</tr>
</tbody>
</table>

**Intrarpartum Care**
- During intrapartum defibulation, respect the woman’s choice regarding the level of opening (partial or total defibulation)
- In case of a supra-clitoral or supra-urethral tear, reconstruct the vulvar anatomy in the most physiological way, leaving the urethral meatus and the vaginal orifice uncovered; avoid asymmetries of the labia
- Explain to the woman each of the different procedures she underwent (e.g. perineal tear, episiotomy, and defibulation)

**Postpartum Care**
- Use a certified interpreter in case of language barriers
- Take time for the consultation
- Discuss the respective changes occurring after delivery and defibulation (e.g. in micturition, menstruation, genital appearance, and sex) using illustrations
- Clarify the advantages of performing defibulation
- Explore patient beliefs, fears, and myths regarding uncut and defibulated genitalia
- Provide correct information respectfully (e.g. defibulated genitalia are not “wide and open”; faster micturition is not “vulgar”)
- If possible, with the woman’s agreement, include the partner in the discussion, and encourage an exchange of views by the couple
- Explain that defibulation is not in the patient’s and her partner’s best interests in terms of health (urogynecologic, obstetric, and sexual complications)
- Explain the medico-legal recommendations

**Intraoperative Allergies**
- Be aware for allergies to local anesthetics or drugs used during the surgery

**Complications**
- Incision of the labia majora and/or clitoris
- Pain during and after the procedure
- Discomfort during micturition
- Infection
- Hemorrhage
- Urethral trauma
- Urethral stricture

**Information on anesthesia (local, locoregional or general), surgery, advantages and follow-up**

**Advantages of Defibulation**
- Improved micturition
- Easier childbirth
- Easier childbirth
- Improved sexual function
- Improved self-image
- Improved self-esteem
- Improved self-confidence
- Improved self-image
- Improved self-esteem
- Improved self-confidence
- Improved self-image
- Improved self-esteem
- Improved self-confidence

**Disadvantages of Defibulation**
- Pain during and after the procedure
- Discomfort during micturition
- Infection
- Hemorrhage
- Urethral trauma
- Urethral stricture
- Urethral stricture