

Results of a retrospective study on clitoral repair surgery in Burkina Faso



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Introduction

- FGM is a real public health problem with serious implications for reproductive health.
 - WHO estimated: 100 to 140 million FGM and nearly three million girls in Africa are at risk of FGM annually
- Prevalence of FGM, 76% (EDSIV) in Burkina Faso
- Reconstructive plastic surgery of the clitoris in Burkina Faso since 2006, a hope for victims of FGM.
- Analysis of our medium-term results and particularly describing the assessment of beneficiaries

Patients and methods

- Retrospective study, Ouagadougou district hospital from 2007 to 2010
- Study population: 120 patients victims of FGM and who underwent reconstructive clitoral surgery
- Inclusion of 94 patients who had a follow-up to 6 months
- Postoperative follow: J10, 1 month, 3 months, 6 months
- Data collection: socio-demographic aspects, excision history, experience of sexuality before and after reconstruction, therapeutic aspects and results of reconstruction
- Reconstruction technique described by Pierre Foldes
- Obtaining informed consent
- Respect for anonymity and confidentiality

Patients and methods

- **Classification of FGM**



Degree 1 or sunna



**Degree 2 =
clitoridectomy**



Degree 3 ou infibulation

Patientes et méthode

- Surgical technique by Dr. P. FOLDES
 - General anesthesia: 96.8% (n = 91)
 - Loco regional anesthesia: 3.2% (n = 3)
 - Resection of the scar
 - Release of the knee and the body of the clitoris
 - Preservation of the innervation and vasculature
 - Attaching the clitoris
 - Operating time: 30 to 45 minutes
- Education of patients for postoperative care for themselves

What about the surgical technique?

Step 1: prepubic incision

- The excised area sometimes appears as a smooth wall with no protrusion or infibulation



Direct Incision



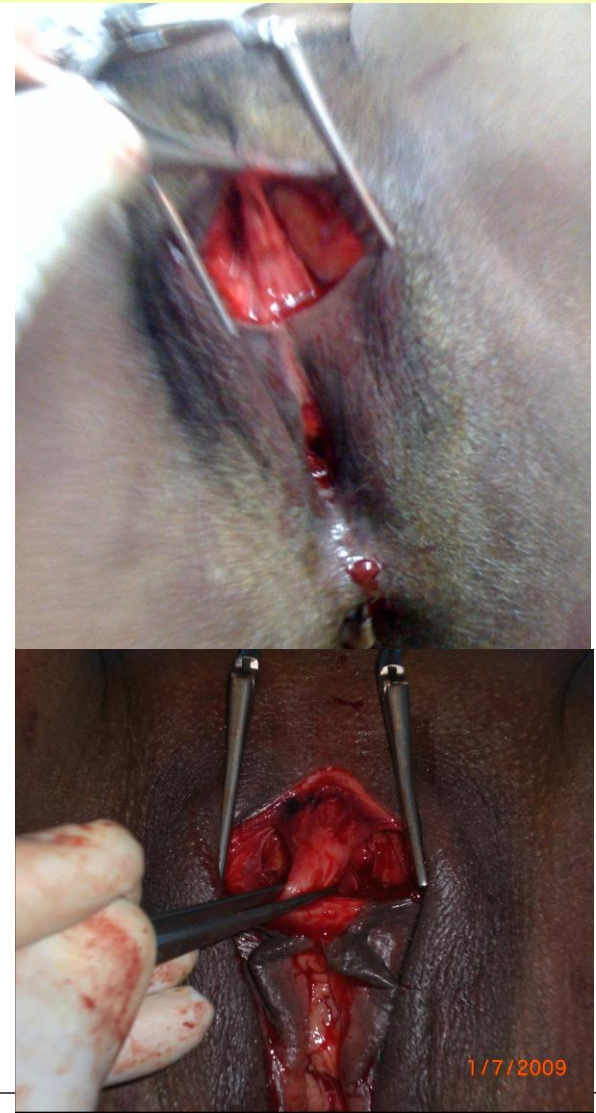
Step 1: prepubic incision

- The excised area is sometimes carries an irregular scar or keloid, scars of a gesture made without aseptic or
→ hemostasis
resection



Step 2: Section of the suspensory ligament of the knee and clitoral release

- Remove the vulval triangle
- Release of the clitoral knee practiced very close to the periosteum, and follows a divergent bifurcation leads to the clitoral body, which goes down the branches ischio pubic



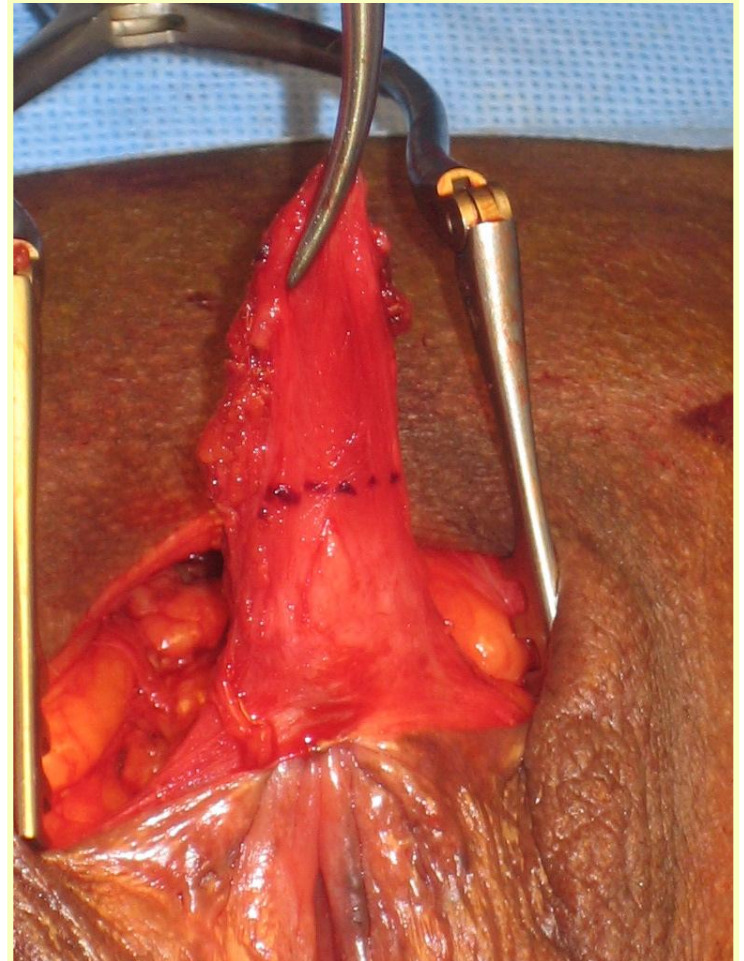
Step 3: Liberation of the clitoral body

- A full release is achieved by a continuation of the dissection along the ischiopubic branch, gradually releasing the body, which often reaches 8 cm



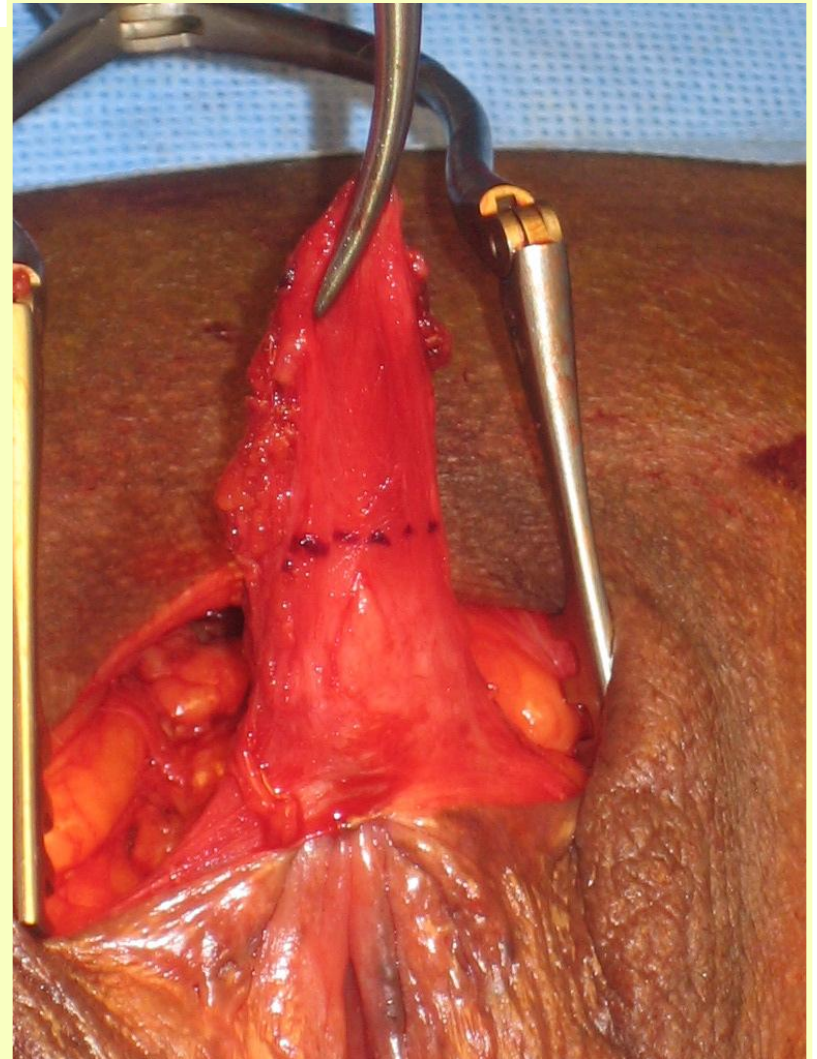
Step 4: scar resection

- Remove scar tissue and look back a healthy cuts of corpora cavernosa normally innervated and vascularized, so as to reconstitute a functional neo-clitoris



Step 4: scar resection

- The cuts in safe area reveals the corpora cavernosa to the median raphe
- Make a good hemostasis



Step 5: Clitoral repair and relocation

- Preserving the dorsal pedicle
- Reconstruct the clitoris by separate points by rapid absorption over 4 or 5/0, by backing the two tightly albugines



Step 5: Clitoral repair and relocation

- Reposition the glans restored to its normal situation
- Matching of bulbo cavernosa muscles so as to avoid re ascension of the gland



Step 6: coverage and skin closure

- Relocate the neoclitoris without additional coverage



Step 6: coverage and skin closure

- Simple points without drainage on the skin
- Subcutaneous infiltration of a local anesthetic (Naropein + clonidine)



Following

- Monitoring and evaluation
 - cosmetically (appearance, scarring)
 - sensorially (disappearance of pain, sensitivity)
 - sexually (appearance of potential orgasmic stimulation)
 - psychologically

RESULTS

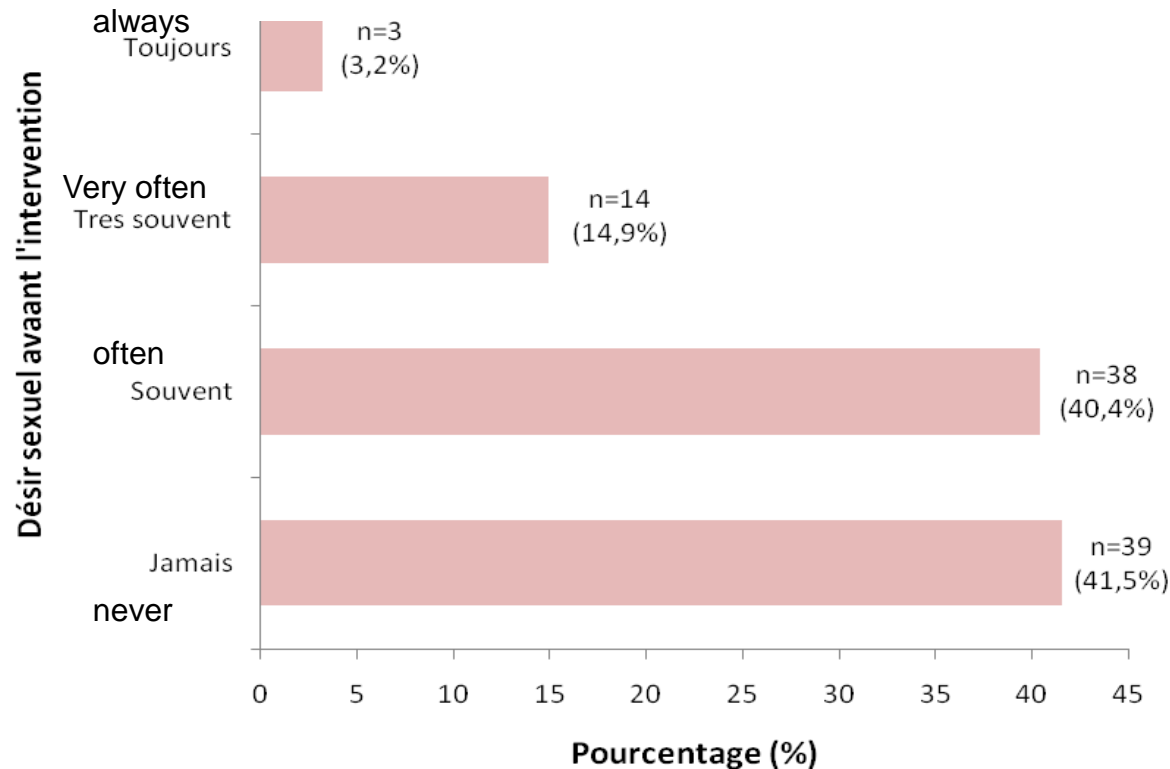
Sociodemographics characteristics

- Mean age 32.3 years [18-49] The slice 30 to 39 years: 40.4%
- Wage income: 45.7%, 42.6% higher level of education
- Marital life: 54.3% (n = 51), single / living alone: 45.7% (n = 43)
- Consent of the spouse among married women: 78.7% had the approval of their spouse for the surgery
- Christian: 62.8% and 37.2% Muslim

History of FGM

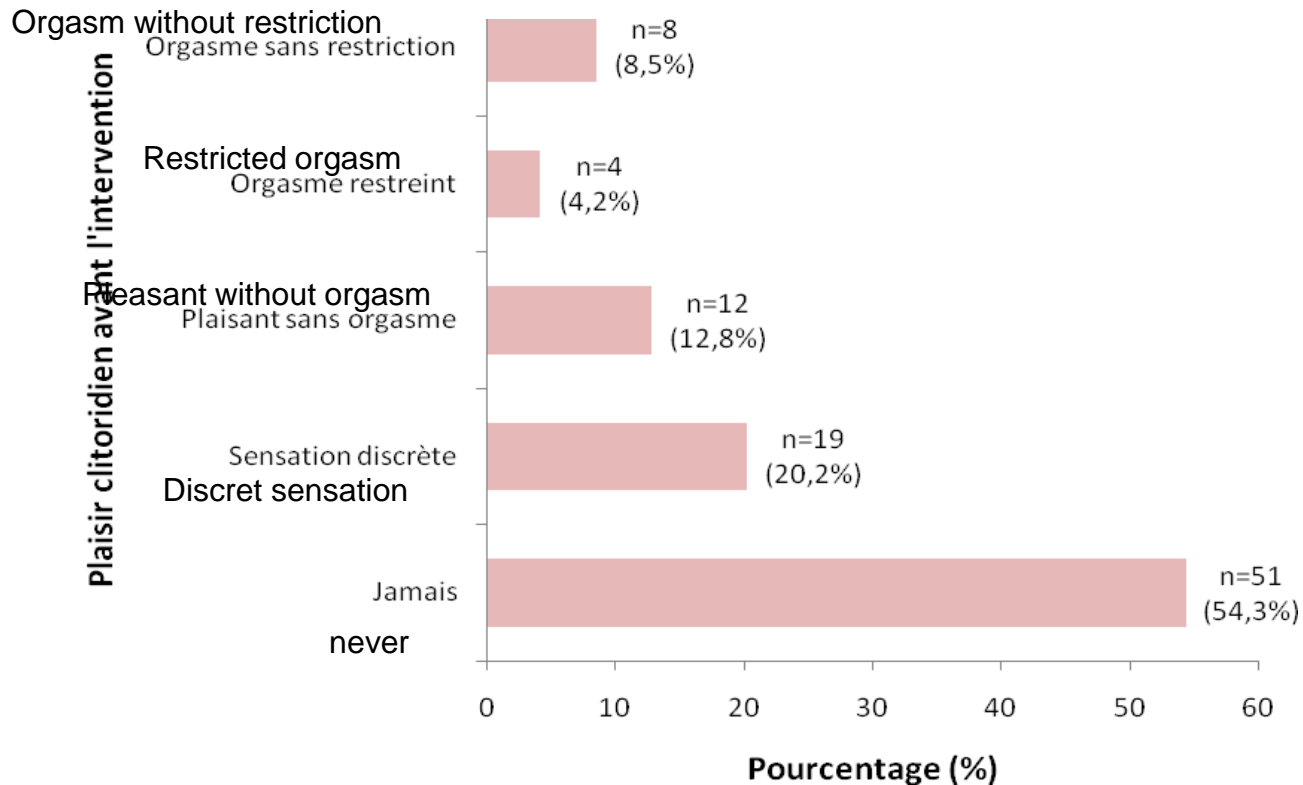
- Age at the time of FGM: 1 to 20 years for those with a memory either itself or parents
- FGM 5-14 years: 41.5% (n = 39), MGF <2 years of age: 30.8%
No memory: 8.5%
- Depending on the degree of FGM
 - FGM 2nd degree: 94.7% (n = 89)
 - FGM 3rd degree: 5.3% (n = 5)
- Reasons given by patients:
 - Custom: 60.8% (n = 73);
 - Religion: 17.5% (n = 21);
 - create a frigidity: 12.5% (n = 15)

Experience of sexuality before the reconstruction of the clitoris



Sexual desire before surgery

Experience of sexuality before the reconstruction of the clitoris



Clitoral pleasure before surgery

Experience of sexuality before the reconstruction of the clitoris

- Dyspareunia
 - Absence of dyspareunia: 60.6% (n = 57)
 - Superficial dyspareunia 5.4% (n = 5)
 - Dyspareunia presence: 17% (n = 16)
 - Deep dyspareunia: 17% (n = 16)
- The reasons for the request
 - Frigidity: 40.6% (n = 38);
 - Dyspareunia: 26.6% (n = 25);
 - Restoration of the anatomy of the clitoris: 25.8% (n = 24);
 - Other: 7% (n = 7)

Mode of knowledge of the practice of clitoral surgery

- The patients were aware of the practice of plastic surgery reconstruction of the clitoris with the following channels:
 - Media: 43.6% (n = 41)
 - The entourage: 29.8% (n = 28)
 - Caregivers: 26.6% (n = 25)

Postoperative anatomical result at day 0

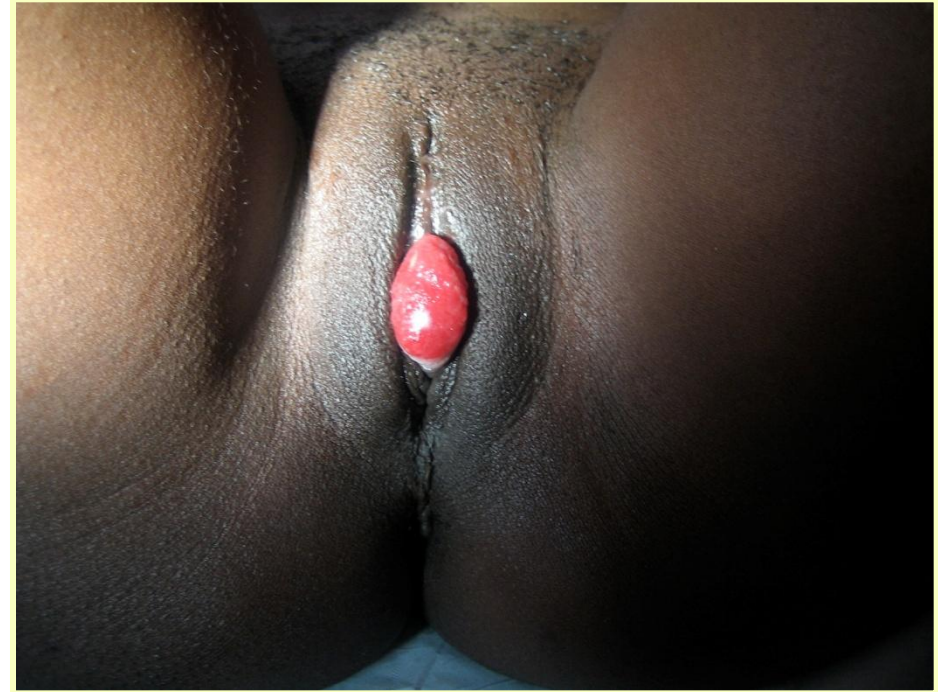


Aspect of new clitoris at
Day0



Postoperative anatomical result at day 10

- 6 cases of hematoma
- 10 infections treated with empiric antibiotic therapy
- 6 cases of desorption skin sutures
- 4 cases of recovery sutures



Aspect of new clitoris at

Postoperative anatomical result at day 30

- 2 cases of delayed epithelialization, insomnia



Aspect of new clitoris at day30

Gland highly vascularized, and early epithelialization

Postoperative anatomical result at 3 months



Aspect of new clitoris at 3 months
Postoperative appearance at 3 months, with gradual epithelialization of the clitoral glans, centripetal

Postoperative anatomical result at 6 months



Aspect of new clitoris at 6

- Almost complete healing
- 1 case of hyperesthesia
- 1 case of keloid scar on pre pubic
- The temporary inability to work was average 13.7 days [1-60]
- Pigmentation of the clitoris was total in 52 cases or 55.3% and partial in 42 cases or 44.7%

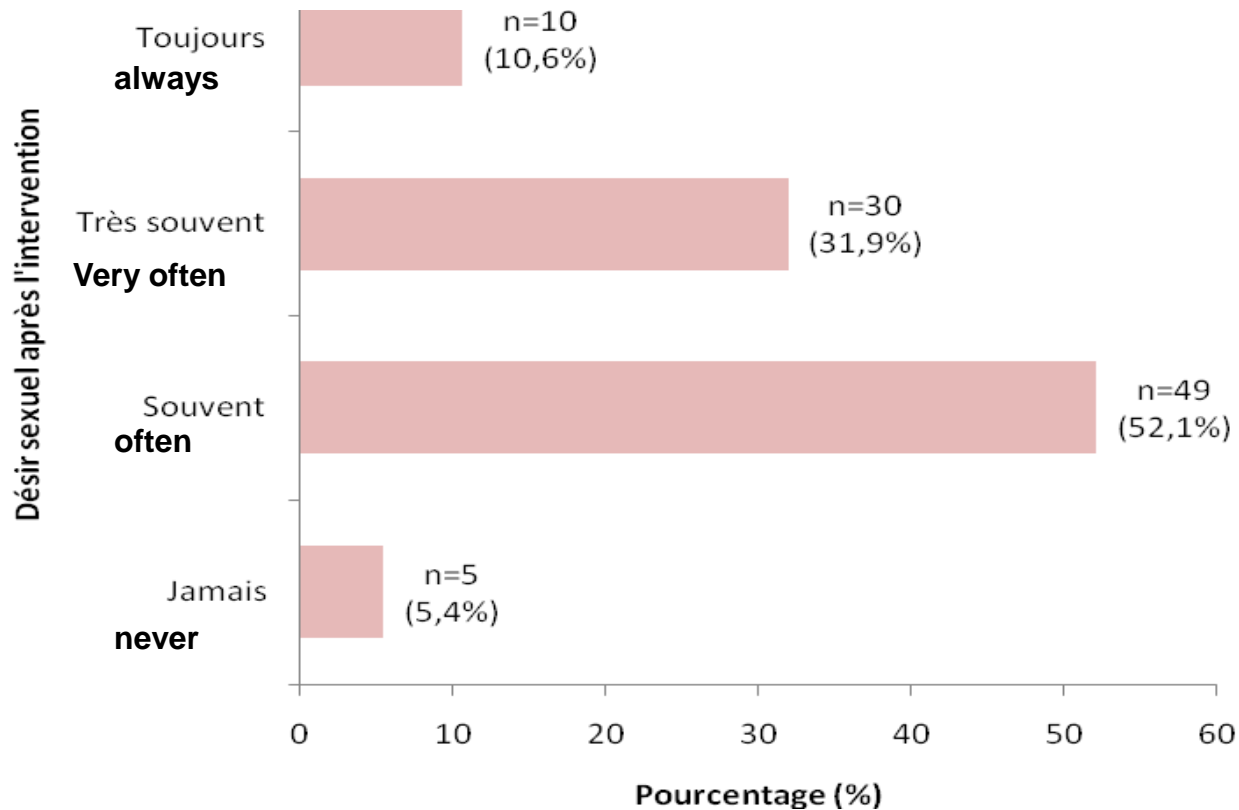
Evaluation of the results after healing

- Esthetics aspects
 - Satisfied patients : 71.3% (n = 67)
 - Dissatisfied patients: 28.7% (n = 27)

Anatomy of new clitoris	n	(%)
Palpable but not visible	4	4,3
Protruding clitoral visible	38	40,4
Gland exposed without cap	49	52,1
Clitoris and hood near normal	3	3,2
TOTAL	94	100

Evaluation of the results after healing

- Sexual desire after reconstruction of the clitoris



Evaluation of the results after healing

Functional outcome	n	%
Pain, no pleasure	1	1.1
Light embarrassment	1	1.1
Small improvement, no pain	5	5.3
Real improvement without orgasm	14	14.8
Clitoral orgasm sometimes	34	36.2
Normal clitoral sexuality	36	38.3
No sexual activity	3	3,2
Total	94	100

The study of the existence of orgasmic events before and after the reconstruction of the clitoris showed that the difference was not significant

Evaluation of the results after healing

- Patients met the physical integrity of the clitoris:
100%
- Of these, 98.9% (n = 93) would recommend the procedure to their female entourage mutilation victim
- 91.5% (n = 86) would do it again if the intervention had to be rebuilt

Discussion

Assessment of pain before plastic surgery of the clitoris

Pain	Ouaga 2010 %	Foldès 2006 %
No pain	60.6	49
Light embarrassment during sex	5.4	12
Moderate pain during sex	17	17
Strong pain to intolerable	17	8
Pain outside sex	-	4
NA	-	0.06

Assessment of pain before plastic surgery of the clitoris

Clitoral pleasure	Ouaga 2010	Foldès 2006
Never	54.3%	38%
Discrete sensation	20.2%	21%
Pleasant without orgasm	12.8%	38%
Orgasm restricted	4.2%	2%
Orgasm without restriction	8.5%	0.4%
NA	-	1.1%

Anatomical Evaluation after clitoral repair

		Ouaga 2010	Angers 2009	Foldès 2006
0	No change	0%	0	3
1	Palpable but not visible	4.3%	10.3%	3%
2	Visible protruding clitoris	40.4%	30.2%	37%
3	Gland exposed without cap	52.1%	37.9%	37%
4	Aspect near normal	3.2%	21.6%	21%
5	NA	0	0	0

Evaluation of sexuality

		Ouaga 2010	Angers 2009	Foldès 2006
0	Pain	1.1	0	1
1	Discomfort, embarrassment	1.1	0.9	3
2	Small improvement	5.3	1.7	19
3	Strong improvement without orgasm	14.8	11.2	32
4	Orgasmic ability	36.2	43.1	29
5	Normal sexuality	38.3	27.6	14
	NA	3.2	13.8	3

What issues?

- Women's rehabilitation in terms
 - Legal, anatomical, sensory, sexual, psychological
- Excision convicted in Burkina Faso
 - Not related to ethnicity or religion
 - Secular state who said no to excision
- Clitoral repair is well accepted

What issues?

- **Story of a woman fiftieth among many other :**
 - *«Dr, I was mutilated at the age of 13 and I remember like it was yesterday! Because of this mutilation, I almost did not get married. Since I saw frustration in everyday life. If you repair my clitoris, even if I die the next day I will be buried whole because I feel very incomplete!».*

What issues?

- **Another woman said:**

- *«Dr, my husband divorced after ten years of marriage because I was mutilated and it did not suit him...».*

- **Among the women repaired, we hold:**

- *«Dr, you changed my life! I saw sensations I had never known ... I became a woman, my sexuality has improved a lot and I live orgasms every respect, something I did not know...».*

CONCLUSION

- The management of FGM entered an active phase
- The consequence of these developments is a greater awareness of the possibilities of repairing the part of victims
- Numerous publications demonstrate sensory recovery after plastic surgery
- Medicine can now provide concrete answers in terms of repair and correct the pathology of human origin

HELP WOMEN TO BE CONFIDENT IN THEMSELVES AND IN LIFE

