

AFTER THE PROCEDURE...

Most women will experience some discomfort for a few days after the procedure, especially when they pass urine.

KEEP THE AREA CLEAN

- Wash with water after passing urine or moving your bowels
- Whilst washing, run your finger between the edges of the opening, so that the edges do not join back together.
- Use ONLY water, do not use soaps, creams or ointments as this will only irritate the skin
- Keep well hydrated (Drink plenty of water). This will help your wound heal and will also dilute your urine so that it doesn't sting as much when you pass urine.
- Gently pouring lukewarm water over the genital area as you pass urine may help reduce the stinging.

PAIN RELIEF

- You can take paracetamol as directed
- If you need extra pain killers, the doctor can give you a supply to take home.

SEX

- You are advised not to have sex for 4 weeks following the procedure, or until the wound has healed.
- Use lubricating jelly (KY Jelly) for the first time you have sex after the procedure and keep using it if it helps you enjoy sex more

WHAT CHANGES CAN YOU EXPECT AFTER THE PROCEDURE.....

URINATING (PASSING URINE)

You may feel that your urine flows (comes out) faster. This may feel different and sound a bit louder than you are used to.

DISCHARGE

On some days, you might have a yellowish or white discharge- this is normal. However, if the discharge becomes itchy or irritating, then speak to your midwife, or GP.

GENITAL APPEARANCE- HOW IT LOOKS AFTER THE PROCEDURE

- Before deinfibulation, you are likely to have just been able to see one small hole.
- After the procedure you will notice two holes, these holes were there when you were born. One hole is for passing urine (called the urethra) and the other one (called the vagina) is for sex, for giving birth and for the blood from your periods to flow from.
- The scar edges will appear as small inner lips on either side of the urethra and vagina (in women who have not been closed, these lips are longer)

INTERCOURSE (SEX)

Sex may feel different. It should be more comfortable and may be more enjoyable for you.



INFORMATION ABOUT DEINFIBULATION



Shared Decision Making



If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options. A cross-over trial. Patient Education and Counselling, 2011;94: 379-85



<https://www.aquanw.nhs.uk/SDM>

You have been given this leaflet to help you decide whether you wish to have a minor procedure known as deinfibulation.

WHAT IS DEINFIBULATION..?

Deinfibulation is a procedure used to open the scar area formed as a result of female circumcision, also known as female genital mutilation (FGM).

This scar has created a covering, close to the opening of the urethra (where urine flows from) and the vagina.

The aim of deinfibulation is to help restore your body to be more like it was when it was naturally created. After having this procedure, your body can function more safely and comfortably.

REASONS FOR DEINFIBULATION TO BE PERFORMED...

- It is something you would like to have done
- To allow urine and menstrual (period) blood to flow more easily and cause less pain
- If you are finding sex uncomfortable due to the scar tissue
- During pregnancy or in labour to help make vaginal birth safer for you and your baby
- To enable vaginal examinations to be performed with less discomfort for you (e.g. during labour, smear test for cervical cancer screening)

We would recommend deinfibulation in pregnancy. We usually advise that this is performed around 20 weeks of pregnancy to allow time for healing prior to vaginal birth. The alternative is to have this procedure performed during labour. Both options will be discussed with you and your wishes will be fully respected.

SUPPORT AVAILABLE

<https://shaktiedinburgh.co.uk/>
0131 475 2399

<http://www.saheliya.co.uk/>
info@saheliya.co.uk
0131 556 9302

AMINA Muslim Women's Resource Centre
0808 801 0301

BEFORE THE PROCEDURE.....

You will come to ward 9a

You will meet with the healthcare professionals (Doctor and Midwife) who will explain the procedure (deinfibulation) and will answer any questions you may have. The Doctor will talk you through what will happen and ask for your written consent. If you are concerned that having the procedure done may upset you or bring back bad memories, please talk to your midwife and the Doctor about this before the day of the procedure if possible. This will help us support you to feel more comfortable and less scared.

You can bring someone along with you to support you. You will also need to have someone that will take you home after the procedure.

At no time can any healthcare professional perform another procedure to re-infibulate (close back) as this practice is illegal in the UK



THE PROCEDURE...

- The procedure is usually performed under local anaesthetic- this means that you will be awake
- Local anaesthetic involves giving you a numbing injection in the genital area- this can feel like a sharp sting which only lasts for a few seconds. The doctor will check you are numb before starting.
- The doctor will open the scar tissue vertically by a few centimetres so that both the urine and vaginal openings are no longer covered by scar tissue.
- Several stitches are placed along the edges. These stitches are dissolvable, so do not need to be removed.
- You will be ready to go home almost immediately and when you feel ready to do so.
- A community midwife will come to your home to check your wound.
- We will arrange for you to come back to the antenatal clinic after the procedure, so that we can check your wound is healing well.
- If you have any concerns before your appointment, you can either contact your Community Midwife or GP.