



Oxford University Hospitals
NHS Foundation Trust

Deinfibulation

**Rose clinic
information leaflet**



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 that has formed as a result of female circumcision (also known as female genital cutting (FGC) or female genital mutilation (FGM)). This scar area has created a covering, close to the opening of the urethra (where urine flows out 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

- because it is something you would like to have done
- to allow urine and menstrual (period) blood to flow more easily and cause less pain
- before marriage or shortly after to help with comfort during sex
- 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. for smear tests for cervical cancer screening, during labour)

If you are pregnant and deinfibulation is recommended, we would 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.

Before the Procedure

You will meet with the healthcare professional (doctor or midwife) who will explain to you what the procedure (deinfibulation) is and will answer any questions you have. If you have any questions about the procedure, write these down beforehand, so you can ask them during the appointment.

Before you come, think about what will help you feel calm and relaxed during the procedure. This may be having someone with you in the room for support such as a friend or partner and/or you may want to choose some music to listen to, or perhaps you may want to do some calm breathing exercises. This is a personal decision and it will be helpful for you to plan what you feel will be right for you.

If you are concerned that having the procedure done may upset you or bring back bad memories, please talk to the Rose clinic doctor or midwife about this before the day of the procedure if possible. This will help us support you to feel more relaxed and less scared.

On the day of the procedure, we advise that you take two 500 mg (milligram) paracetamol tablets before coming in. It is advisable to wear loose clothing and underwear and please ensure someone is available to collect you after the procedure.

The doctor or midwife will meet you before the procedure, talk you through what will happen and ask for your written consent.

The Procedure

The procedure is usually performed under local or spinal anaesthesia – this means you will be awake during the procedure. Local anaesthetic involves giving you a numbing injection in the genital area – this can feel like a sharp sting (which only lasts a few seconds). Some women prefer to be asleep for the procedure (under a general anaesthetic).

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 the scar tissue. Several stitches are placed along the edges of the scar tissue to stop the scar knitting back together again. The stitches also stop any bleeding from these edges. The stitches are dissolvable, so they do not need to be removed.

The procedure usually takes about 15 minutes.

If you choose to have a spinal or general anaesthetic, you will spend a short period of time in Observation Area on level 2 (if you are pregnant) or the recovery ward on level 1 (if you are not pregnant) after the procedure, until the anaesthetic has worn off and you feel well enough to go home. If you choose to have a local anaesthetic, then you will be able to go home almost immediately and when you feel ready to do so.

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

After the Procedure

Most women experience some discomfort in the first 1 to 2 days after the procedure, especially when they pass urine. Other helpful information to aid healing and comfort is:

Keep the area clean

- Wash with water 6 to 8 times in the first 24 hours following the procedure (after passing urine or opening your bowels).
- While 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 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 two 500mg paracetamol tablets every four hours.
- The doctor will give you a supply of extra painkillers that you can take with paracetamol for extra pain relief if you need it.

Sex

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

2-week check up

- We will arrange for you to come back to the Rose Clinic two weeks after the procedure, so that we can check your wound is healing well.
- If any concerns arise before your arranged appointment, you can either contact your GP or the Rose Clinic directly (see **How to contact us** below).

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.

Periods

Some women find that their period blood flows more easily or that their period seems heavier or lasts for fewer days. This change is because the scar tissue is no longer blocking the flow of period blood.

Discharge

On some days, you might have a white or yellowish discharge – this is normal as women's bodies naturally make this type of discharge. However, if the discharge becomes itchy or irritating, then speak to your GP or the Rose Clinic doctor or midwife.

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 the blood from your periods to flow from and for giving birth. 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.

How to contact us

Oxfordrose.clinic@nhs.net

Tel no (working hours) **07767 67 1406** or **01865 222969** (if non-urgent, leave a voicemail and we will return your call on the next working day).

If you have urgent concerns outside of normal working hours, please contact your GP.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Consultant Obstetrician & Fetal Medicine Subspecialist, Clinical Lead for Maternity Governance, Clinical Lead for Oxford Rose Clinic

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charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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