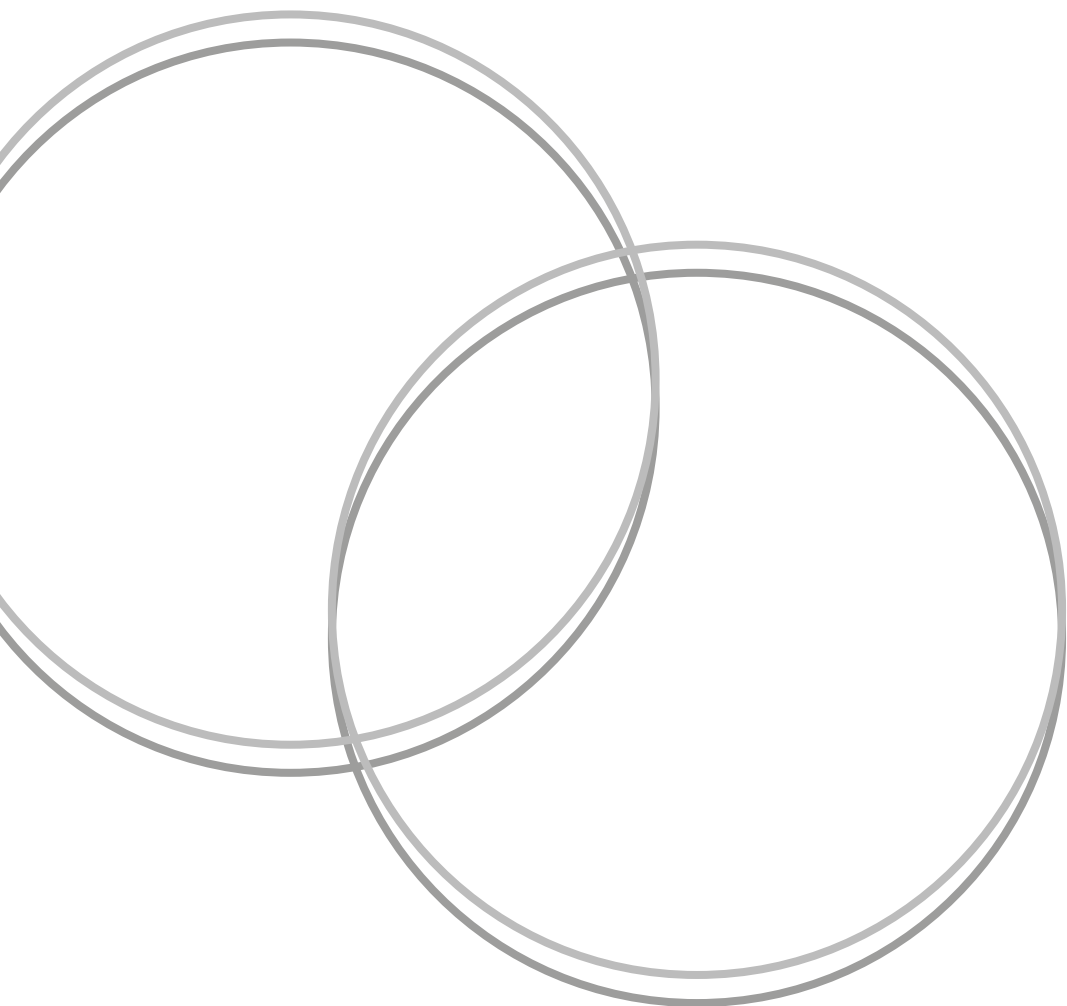




Oxford University Hospitals
NHS Foundation Trust

Deinfibulation

**Rose clinic
information leaflet**



We have given you this leaflet to help you decide if you wish to have a minor procedure known as **deinfibulation**.

What is deinfibulation?

Deinfibulation is a procedure used to open the closed area that has formed as a result of female circumcision (also known as female genital cutting (FGC) or female genital mutilation (FGM)). This closed area has created a covering, close to the opening of the urethra (where urine flows out) and the vagina.

The aim of deinfibulation is to help restore your body to a more natural state. After having this procedure, your body can function more safely and comfortably.

Reasons for deinfibulation

- You would like to have it done
- To allow urine and menstrual (period) blood to flow more easily and cause less pain
- To make sexual intercourse more comfortable
- To make vaginal birth safer for you and your baby
- To reduce discomfort during vaginal examinations (e.g. smear tests for cervical cancer screening)

If you are pregnant

If you are pregnant and we recommend deinfibulation, we advise that this is performed at around 20 weeks of pregnancy to allow time for healing before a vaginal birth.

We can also perform deinfibulation **during labour**.

We will discuss both options with you and fully respect your wishes.

Before the deinfibulation procedure

If you are considering deinfibulation you will first see a specialist doctor or midwife in clinic who will explain what deinfibulation is and answer your questions.

You may wish to write your questions down beforehand.

If you are concerned that the procedure may upset you or bring back bad memories, please talk to the Rose Clinic doctor or midwife about this the **day before** the procedure, so we can give you the support you need.

On the day of the procedure

Before you come in, think about what will help you feel calm and relaxed during the procedure.

This is a personal decision, and it will help to plan ahead and think about what will be right for you.

You may want someone with you in the room for support, such as a friend or partner, and/or music to listen to; or perhaps you may want to do some calming breathing exercises.

On the day of the procedure, we advise you to take two 500 mg (milligram) paracetamol tablets before coming in.

Wear loose clothing and underwear and please **arrange for someone to collect you** after the procedure.

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

Anaesthesia

The procedure is usually performed under **local** or **spinal anaesthesia**.

Local anaesthesia is given via a numbing injection in the genital area (the area of skin and muscle around vagina). This will feel like a sharp sting but only lasts a few seconds.

Once local anaesthesia has taken effect, the procedure will be painless, and you will be able to go home almost immediately afterwards, or whenever you feel ready.

Spinal anaesthesia is an injection of numbing medication into your back given by a specialist anaesthetic doctor. This means you will be numb from the waist down.

If you choose to have local or spinal anaesthesia, you will be **awake** during the procedure.

If you would prefer to be **asleep** for the procedure we can offer you **general anaesthesia**.

If you have **spinal** or **general anaesthesia** you will spend a short time on the Recovery Ward on Level 1 (or the Observation Area on Level 2 if you are pregnant) until you feel ready to go home.

The Procedure

The procedure usually takes about **15 minutes**.

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 will not need to be removed.

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

After the procedure

You may experience some discomfort in the first 1 to 2 days after the procedure, especially when you pass urine. Helpful advice to aid healing and comfort is below.

Keep the area clean

For the **first 24 hours** after the procedure wash with water after passing urine or opening your bowels (having a poo).

While washing, run your finger between the edges of the opening, so that the edges do not join back together.

Only use **water**, not soaps, creams or ointments as these will irritate the skin.

Drink plenty of water to help your wound heal and dilute your urine so that it doesn't sting as much when you pass urine.

Gently pour lukewarm water over the genital area as you pass urine to help reduce 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

- Avoid sex for about 4 weeks after the procedure or until the wound has healed.
- Use lubricating jelly (e.g. KY jelly) the first time you have sex after the procedure and keep using it if you wish.
- Sex may feel different. It should be more comfortable and may be more enjoyable for you.

2-week check-up

- We will arrange for you to come back to the Rose Clinic 2 weeks after the procedure, to check your wound is healing.
- If you have any concerns **before** this, contact your **GP** or the **Rose Clinic** directly.

What to expect after the procedure

Genital appearance

Before deinfibulation you most likely will have seen just one small hole/opening. After the procedure you will notice **two** holes: these holes were there when you were born.

One (the **urethra**) is for passing urine and the other (the **vagina**) is for giving birth, and is where **period blood** flows from.

The scar edges may appear as small inner lips on either side of the urethra and vagina.

Urinating (passing urine)

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

Periods

You may find that your period blood flows more easily or that your period seems heavier or lasts for fewer days. This 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, speak to your GP or the Rose Clinic doctor or midwife.

How to contact us

Email: oxfordrose.clinic@nhs.net

Tel **07767 67 1406** or **01865 222969**

If non-urgent, please leave a voicemail and we will return your call 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.

Authors: Consultant Obstetrician & Fetal Medicine Subspecialist,
Communications and OUH Web Manager
Patient Information Lead Midwife, Clinical Lead for Oxford Rose Clinic

April 2025

Review: April 2028

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

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

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

