PIPADOR REVISION

MRCOG Part 1 Revision Notes

Female Genital Mutilation and Fistulas

CLINICAL MANAGEMENT • LECTURE 499

VISUAL EXAMINATION REVISION NOTES

2026 Edition

499

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Female Genital Mutilation and Fistulas

Definitions, legal framework, safeguarding and clinical care of FGM (RCOG GTG 53) and genital tract fistulas

Illegal	Mandatory reporting	Deinfibulation	VVF
FGM Act 2003	< 18 known cases → police	Ideally antenatally	Obstructed labour

■ KEY FACTS: Learning objectives

- Define female genital mutilation (FGM) and its WHO types, and genital tract fistula.
- Describe the legal and safeguarding framework for FGM in the UK and antenatal/intrapartum care (RCOG GTG 53).
- Describe causes, diagnosis and management of vesicovaginal and rectovaginal fistulas.

499.1 Key definitions

Term	Definition
Female genital mutilation (FGM)	All procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons (WHO)
Infibulation (type 3)	Narrowing of the vaginal orifice by cutting and appositioning the labia
Deinfibulation	Surgical division of the scar to open the vaginal introitus
Reinfibulation	Re-closure after birth — ILLEGAL in the UK
Vesicovaginal fistula (VVF)	Abnormal connection between bladder and vagina — continuous urinary leakage
Rectovaginal fistula (RVF)	Abnormal connection between rectum and vagina — passage of flatus/faeces

■ IN PLAIN ENGLISH: FGM and fistula

FGM is a form of child abuse and violence against women with lifelong physical and psychological consequences. Clinicians must **identify, record, support and safeguard** — and know their legal reporting duties. Fistulas are devastating injuries that need specialist repair.

499.2 FGM — types and complications

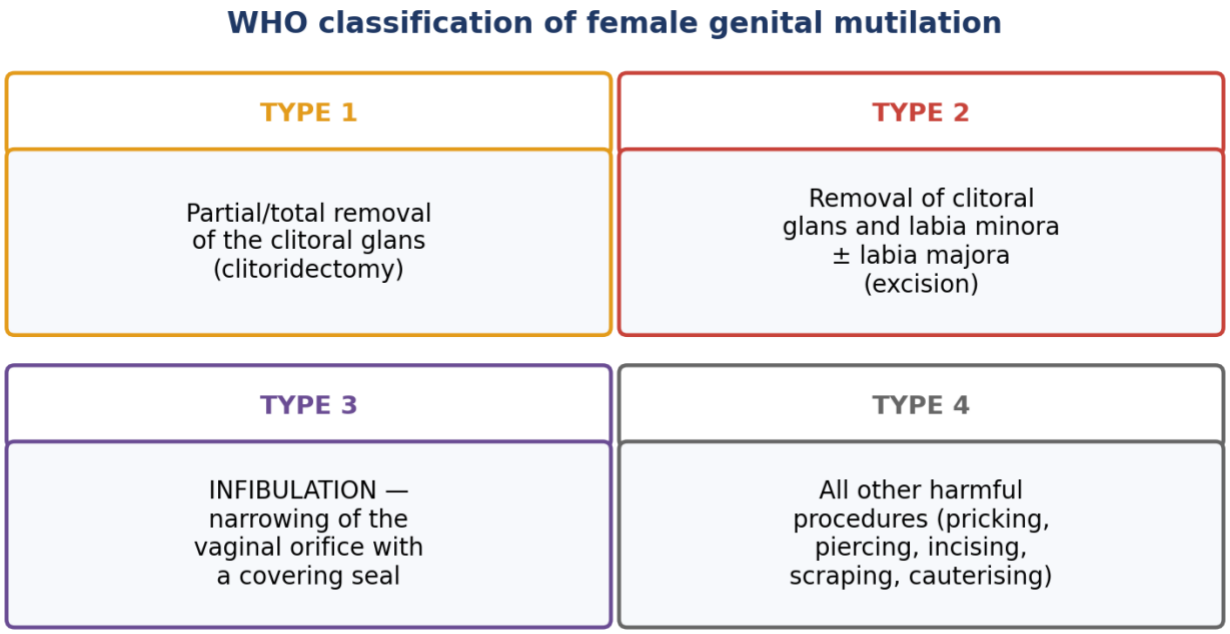


Figure 499.1 — WHO classification of FGM

Complications	Examples
Immediate	Pain, haemorrhage, shock, infection, urinary retention, death
Long-term	• Recurrent UTI, dysmenorrhoea, haematocolpos • Keloid/inclusion cysts, dyspareunia • Sexual dysfunction, infertility • Psychological trauma (PTSD, depression)
Obstetric	Fear of birth, difficult vaginal examination/catheterisation, prolonged second stage, perineal tears, PPH, ↑ CS, neonatal resuscitation

499.3 Legal duties and safeguarding (UK)

- **FGM Act 2003** (Scotland 2005): illegal to perform FGM, assist, or take a UK national/resident abroad for FGM
  - Maximum 14 years' imprisonment
  - Serious Crime Act 2015 added **FGM Protection Orders** and the duty below.
- **Mandatory reporting**: regulated health/social care professionals and teachers in England & Wales must report to the police (101) known cases of FGM in girls under 18 (disclosed or visually identified) — within 1 month.
- **Recording**: document FGM in records; submit to the **FGM Enhanced Dataset**; FGM Information Sharing system for female babies.
- Safeguarding assessment for **daughters and other girls** in the family; refer to children's social care where risk identified.
- Adult women: not mandatory to report to police, but offer support; safeguard if at risk.

499.4 Clinical care (RCOG GTG 53)

Stage	Recommendations
Antenatal	• Ask routinely at booking • Specialist FGM clinic/midwife • Identify type • Psychological support • Offer DEINFIBULATION (type 3) ideally in the second trimester (or before pregnancy), or plan intrapartum deinfibulation
Intrapartum	• Deinfibulation in first stage (with epidural/local) if not done antenatally • Anterior episiotomy • FGM is not an indication for CS
Postnatal	• Do not reinfibulate (illegal) • Suturing raw edges for haemostasis only • Safeguarding for the baby • Postnatal follow-up and support
Gynaecology	• Deinfibulation for dyspareunia, urinary problems, menstrual problems • Psychosexual and mental health support • Reconstruction (clitoral) in specialist settings

499.5 Genital tract fistula

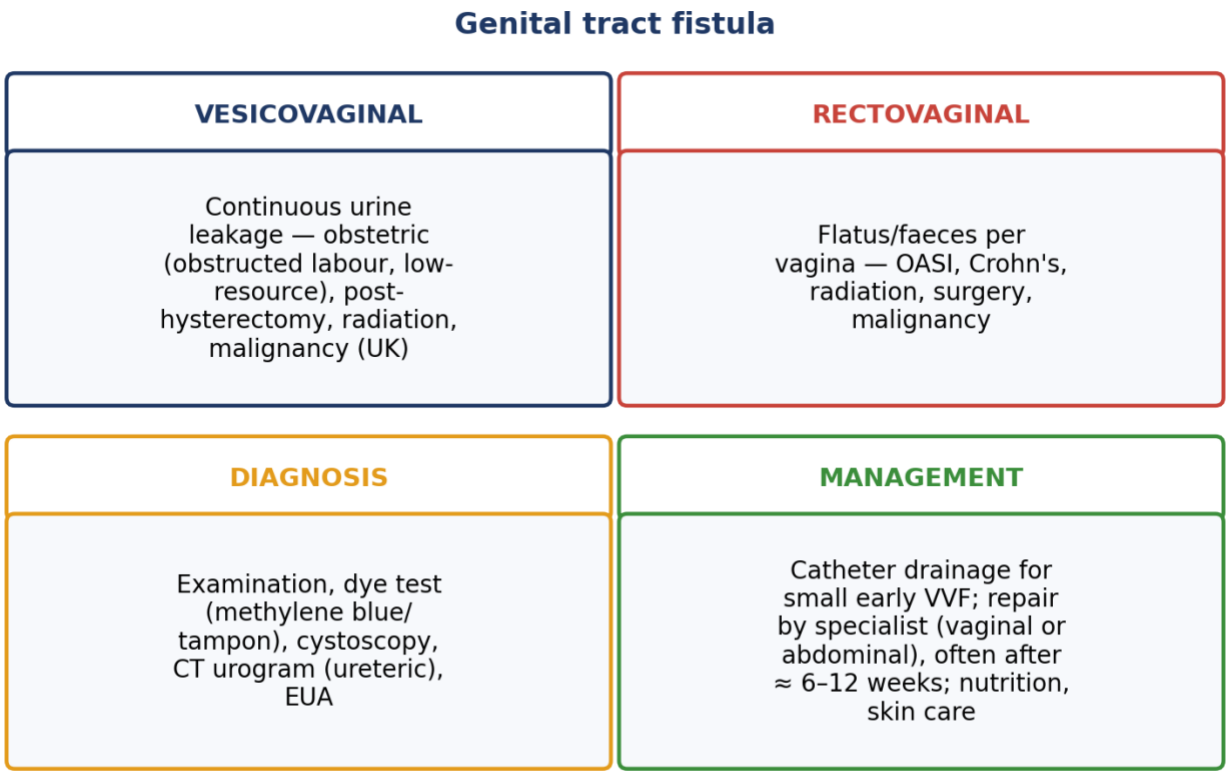


Figure 499.2 — Genital tract fistula

- Worldwide, **obstructed labour** (pressure necrosis) is the main cause of VVF/RVF — preventable with access to emergency obstetric care.
- In the UK: VVF mostly after hysterectomy (especially for malignancy/difficult surgery) and radiotherapy

  - RVF after OASI, Crohn's disease, radiotherapy or surgery.
- Management: early small VVF — continuous bladder drainage (catheter) may allow closure
  - Definitive repair by specialist (vaginal or abdominal approach), interposition grafts (Martius) for complex/irradiated fistula
  - Ureteric fistulas — stenting/reimplantation
  - Supportive care (skin, nutrition, psychological).

■ **COMMON PITFALLS**

Not asking about FGM, or failing to record/report under-18 cases.

Forgetting safeguarding for daughters.

Reinfibulation after birth.

499.6 Must-know summary

■ **EXAM TIP**

- FGM types 1–4 (WHO); illegal (FGM Act 2003); mandatory police reporting of known cases in under-18s (England & Wales).
- Record in FGM Enhanced Dataset; safeguard daughters; FGM Protection Orders.
- Antenatal identification; deinfibulation ideally antenatally (2nd trimester); reinfibulation illegal; not an indication for CS.
- Fistula: obstructed labour (global), hysterectomy/radiation/OASI/Crohn's (UK); catheter drainage or specialist repair.

■ **MNEMONIC / MEMORY AID**

FGM duties — 'Ask, Record, Report (< 18), Refer, Support'.