

Module 3: Management of FGM-related complications

Session 1

Management of FGM-related immediate & short-term health complications



Overview of the session

This session focuses on assessment and management of FGM-related **immediate and short-term health complications including:**

- ✓ Severe pain and injury to tissue
- ✓ Hemorrhage and hemorrhagic shock
- ✓ Infection and septicemia
- ✓ Genital tissue swelling
- ✓ Acute urine retention



Learning objectives

By the end of this session, participants will:

- ✓ Recognize the scope of immediate and short-term health complications arising from FGM
- ✓ Manage girls and women who have suffered immediate and short-term health complications due to FGM

IMPORTANT! Most patients who present with immediate and short-term health complications arising from FGM must be treated without delay, especially those with life-threatening conditions such as severe hemorrhage, hemorrhagic shock and/or septicemia



Assessing the immediate and short-term health complications of FGM (1)

1) TAKING A HISTORY:

- ✓ **Introduce** yourself to the patient and her family members
- ✓ **Ask** your patient about her presenting complaint. Gain as much information as possible about it
- ✓ If you suspect that your patient's health condition is due to FGM, **ask** her tactfully about any procedures she has had, including FGM. **Use terminology that is familiar to her**



Assessing the immediate and short-term health complications of FGM (2)

1) TAKING A HISTORY:

- ✓ **Ask** her or her accompanying family members if she/they would like to share any information about her health and any problems she may have due to FGM
- ✓ **Reassure** her that you are comfortable dealing with her condition and that her FGM status is not a barrier and will not prevent her from accessing health services
- ✓ Let the girl or woman express her feelings and give you the information she wants to share. If she starts crying, **be patient** and give support



Assessing the immediate and short-term health complications of FGM (3)

1) TAKING A HISTORY:

- ✓ **Listen** carefully and show empathy and concern. Let her know you can help her

IMPORTANT! *Once it has been established that the girl or woman has undergone any type of FGM, this information and the subsequent clinical examination should be handled with professionalism and discretion*

- ✓ The information (the type of FGM and the complications) should be **recorded** as required by the policy of the health-care institution



Assessing the immediate and short-term health complications of FGM (4)

2) PERFORMING PHYSICAL EXAMINATION:

- ✓ **Ensure** privacy and confidentiality
- ✓ **If the patient is alert, explain** to the girl/woman that you will examine her and that this will include a genital examination
- ✓ **If she is unconscious** and a family member is present, explain to the family member what you are about to do

IMPORTANT! Consent from the husband or partner may be necessary before examining a woman's genitalia. In the case of minors, you must first obtain consent from her parents/legal guardians.



Assessing the immediate and short-term health complications of FGM (5)

2) PERFORMING PHYSICAL EXAMINATION:

- ✓ **Ask** her to lie on her back with her legs apart and knees bent
- ✓ **Expose and inspect** the external genitalia
 - ✓ **Cover the patient until you are ready for the examination**
- ✓ After completing the examination, **thank** the girl or woman for her cooperation
- ✓ **Help** the patient to a sitting position and **share** your findings with the patient. For minors you may share your findings with parents/legal guardians

✓ **Record** your findings



Management of severe pain and tissue injury (1)

Severe pain and injury associated with FGM is managed in the same way as **pain and tissue injury caused by any trauma**:

- ✓ **Assess** the severity of the pain and injury
- ✓ **If an IV line is available**, secure venous access
- ✓ **Give strong analgesics**, intravenously if possible, and treat the injury



Management of severe pain and tissue injury (2)

- ✓ **Clean the site** with antiseptic & advise the **patient** or her attendants to keep it clean and dry
- ✓ If the patient is showing symptoms of **hemorrhagic shock**, **treat appropriately**
- ✓ **NOTE OF REFERRAL:**
 - ✓ If there is **no relief from pain**, refer the patient to the next level of care
 - ✓ If there is **extensive injury to the tissues**, refer the patient for surgical repair of the injury



Management of hemorrhage (1)

- **Hemorrhage is the most common and life-threatening complication of FGM** - Excision of the clitoris may involve **cutting the clitoral artery**, which contains **blood flowing under high pressure**
- Severe bleeding associated with excision is managed in the same way as severe bleeding **resulting from other circumstances**:
 - ✓ **Assess** the seriousness of the bleeding and the condition of the girl/woman by checking and recording her vital signs
 - ✓ If the **bleeding is serious** and an IV line is available, **secure venous access**



Inspect the site of the bleeding, **clean** and **apply pressure** at the site to stop the bleeding by packing with a sterile gauze pad

Management of hemorrhage (2)

- ✓ If the bleeding is not serious, **advise** the patient/attendants to keep it clean and dry
- ✓ If the girl/woman is suffering from hemorrhagic shock, **treat appropriately**. If necessary, **replace lost fluids**
- ✓ If **ash/herbs/soil/cow dung** applied to the wound, give **tetanus toxoid and antibiotics**



Management of hemorrhagic shock (1)

- **Hemorrhagic shock** occurs when there is a reduced volume of blood circulating in the body due to severe bleeding. Observe the following procedure:
 - ✓ If an IV line is available, **secure venous access**
 - ✓ **Treat for shock** by raising the patient's extremities above the level of her head to allow blood to drain to the vital centers in the brain
 - ✓ Give IV fluids. If an IV line is not available, **fluids may be given rectally**
 - ✓ **Cover** the girl or woman to keep her warm



Management of hemorrhagic shock (2)

- ✓ If she is having difficulty breathing, **administer oxygen**
- ✓ Have a resuscitation tray nearby
- ✓ **Assess the severity of shock by checking and recording vital signs every 15 minutes**
- ✓ **NOTE OF REFERRAL:** If you are seeing a patient with severe bleeding at a health facility (HF) where blood transfusion is not available, transfer her to a tertiary care HF immediately, if possible



Management of infection and septicemia (1)

- Infection may occur when FGM is conducted in **unhygienic surroundings and with dirty instruments, and if there is a lack of proper wound care following the procedure.**
- Management is the same as when these conditions result from other causes:
 - ✓ Measure and record the patient's **temperature** and assess the progress during treatment (Rx)
 - ✓ **Inspect** the vulva carefully for signs of an infected wound, and check for anything that might be contributing to the infection, such as obstruction of urine
 - ✓ **If you suspect septicaemia**, take a blood culture before starting IV antibiotic Rx



Management of infection and septicemia (2)

- ✓ **Take a vaginal swab** (or swab from the infected wound) **and a urine sample** to test for the presence of infection and to identify the organisms involved
- ✓ Any **urinary obstruction** should be released, and the patient treated with antibiotics and analgesics
- ✓ **If the wound is infected**, it should be cleaned with antiseptic. **Apply a sterile gauze dressing** and advise the girl or woman to keep it dry



Management of genital tissue swelling

- Cutting and damaging the genital tissues causes a local inflammatory response. Genital swelling may also be caused by an **acute local infection**
- **Observe the following procedure:**
 - ✓ Carry out an **assessment** to determine the cause of the swelling
 - ✓ **Inspect** the vulva carefully for signs of an infected wound, and check for anything that might be contributing to the infection
 - ✓ If you diagnose an inflammatory response to the cutting, give **anti-inflammatories, intravenously** if possible, and treat the site of injury
- If the patient is unable to pass urine, **install a Foley catheter**



Management of acute urine retention (1)

- Urine retention may be the result of **injury, pain and fear of passing urine, or occlusion of the urethra during infibulation**
- Acute retention of urine usually occurs due **to genital tissue swelling and inflammation around the wound**. Observe the following procedure:
 - ✓ Carry out an **assessment** to determine the cause of the urine retention
 - ✓ Use appropriate nursing skills and techniques to **encourage the girl or woman to pass urine, such as turning on a water tap**
 - ✓ **If she is unable to pass urine** because of pain and fear, **give her strong analgesics** and personal encouragement and support



Management of acute urine retention (2)

- ✓ If she is still unable to pass urine, **install a Foley catheter** and leave it in place for 2-3 days
- ✓ If her inability to pass urine is due to infibulation, **open up the infibulation after counselling the patient and/or a family member and obtaining consent**
- ✓ If urine retention is due to **injury to the opening of the urethra**, refer the patient for **surgical intervention**



Summary

- Short-term and immediate health complications related to FGM include:
 - ✓ Severe pain and injury to tissue
 - ✓ Hemorrhage and hemorrhagic shock
 - ✓ Infection and septicemia
 - ✓ Genital tissue swelling
 - ✓ Acute urine retention
- These are typically managed in the same way as complications from other medical circumstances

IMPORTANT! Most patients who present with immediate and short-term health complications arising from FGM must be treated without delay, especially those with life-threatening conditions such as severe hemorrhage, hemorrhagic shock and/or septicemia



References

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