



# **Clinical Commissioning Policy Statement:**

**Genital surgery to improve clitoral sensation for women  
who have undergone female genital mutilation**

Reference: NHS England [E10PS/a]

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## **Genital surgery to improve clitoral sensation for women who have undergone female genital mutilation**

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**Prepared by NHS England Clinical Reference Group for E10 - Complex**

**Gynaecology**

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<p><b>POLICY STATEMENT:</b></p> <p>Genital surgery to improve clitoral sensation for women who have undergone female genital mutilation</p>	<p><b>Reference:</b></p> <p><b>NHS England E10PS/a</b></p>
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<p><b>Background:</b></p>	<p>The purpose of this policy statement is to offer guidance on the surgical treatment for adult women who want to increase clitoral sensation following female genital mutation (FGM).</p> <p>As FGM currently has a high media profile and surgeons were receiving requests for the surgery, the Complex Gynaecology Clinical Reference Group (CRG) has agreed to write an advisory policy clarifying the surgical position.</p> <p>Female genital mutilation (FGM) is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons (WHO).</p> <p><b>Policy inclusions:</b></p> <p>Women who may request specialised surgery to restore clitoral sensation following FGM.</p> <p><b>Policy exclusions:</b></p> <p>This paper <b>does not</b> address:</p> <ol style="list-style-type: none"> <li>1. General services for FGM as they are commissioned as part of the maternity pathway and are not prescribed specialised services</li> <li>2. Female Cosmetic Genital Surgery (FCGS) including labioplasty. This is not a specialist surgical procedure and much of this surgery takes place in the private sector.</li> <li>3. Surgery for Transgender patients. NHS surgery for this specialty is currently commissioned as a Highly Specialised Service (HSS)</li> <li>4. Surgery for individuals with Disorders of Sex Development (DSD). This is already covered in a specification that is currently being updated and</li> </ol>
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	<p>covers the multidisciplinary management of congenital anomalies on adolescents and adults</p> <p>The numbers of affected women in the UK requiring this procedure is unknown. The most recent figures for the UK are based on the 2001 census and estimate 66,000 affected women and 23,000 girls at risk. This study is being repeated with the 2011 census data but is not yet available. However it is thought the numbers will have increased.</p> <ul style="list-style-type: none"> <li>• Most women are identified during pregnancy. In 2008, 1.67% of births were to women who have had FGM.</li> <li>• Women may also present to a variety of services with sexual, gynaecological and psychological concerns but there is no data confirming this.</li> <li>• There are no ICD codes for FGM</li> </ul> <p>As there are no standard UK wide maternity notes, collection of FGM data during pregnancy is patchy</p>
<b>Commissioning position:</b>	NHS England will not routinely commission specialised surgery to restore clitoral sensation following FGM due to the limited evidence base currently available.
<b>Effective from:</b>	October 2014
<b>Evidence summary:</b>	<p>Although some specialists in Europe are promoting this procedure for women following FGM, there is no longitudinal, peer reviewed evidence demonstrating its efficacy. There is little international evidence generally on this procedure.</p> <p>Only one French study has been published reporting outcomes of specialised surgery to restore clitoral sensation to date (1). This prospective cohort study detailed the outcomes of reconstructive surgical treatment to improve clitoral sensation. The specialist procedure was performed on 2938 women who had undergone FGM as children and only managed to follow up 29% of the women up for a year. 4% of these women were then readmitted with surgical complications. The study suggests positive outcomes for the majority of these women.</p> <p>Following the publication of the French study, the Lancet has printed letters critiquing the study (2). These letters suggested that the study was flawed and that it was difficult</p>

	<p>to agree a surgical position on the evidence presented in the paper.</p> <p>The French study does not appear to add substantially to the positive evidence base. The CRG recommends that this specialised procedure should not be commissioned by NHS England, unless it is part of well-planned research project with appropriate psychological and psychosexual evaluation and ethical approval.</p>
<b>Equality impact:</b>	Throughout the production of this document, due regard has been given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it
<b>Responsible CRG:</b>	Complex Gynaecology
<b>Mechanism for Funding:</b>	No funding required
<b>Date Approved:</b>	
<b>Policy review date:</b>	

## References

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4. Simpson J, Robinson K, Creighton S and Hodes D. Female Genital Mutilation: The role of health professionals in prevention, assessment and management. BMJ 2012; 344:e542
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7. The WHO website provides information on female genital mutilation. Available at: [www.who.int/topics/female\\_genital\\_mutilation/en/](http://www.who.int/topics/female_genital_mutilation/en/).  
[www.who.int/mediacentre/factsheets/fs241/en/](http://www.who.int/mediacentre/factsheets/fs241/en/)

## Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/Amended by
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