A 30-year-old African woman was admitted in labour at 37 weeks’ gestation of her fifth pregnancy for emergency cesarean delivery. This was her first assessment for the current pregnancy at this hospital. She had a cesarean delivery with each of her previous pregnancies. On examination, she was found to have type III female genital mutilation that had been done during childhood.

She required urinary catheterization, which was performed by cleaning the genital area with antiseptic solution, inserting a lubricated sterile Sim speculum underneath the scar (Figure 1), pulling the speculum outward, and then lifting it in an upward direction to expose the urethra for cleaning with antiseptic solution and insertion of a Foley catheter (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.111588/-/DC1). Defibulation (i.e., cutting the scar tissue) is another option.

The complications associated with this procedure are well documented. Inserting a catheter into the urinary bladder can be difficult in women who have had female genital mutilation, particularly type III, in which the scar tissue covers the urethral meatus and part of the vaginal introitus. In emergency situations in which urinary catheterization is required, the technique described above can be used to allow access for the urinary catheter (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.111588/-/DC1).

References