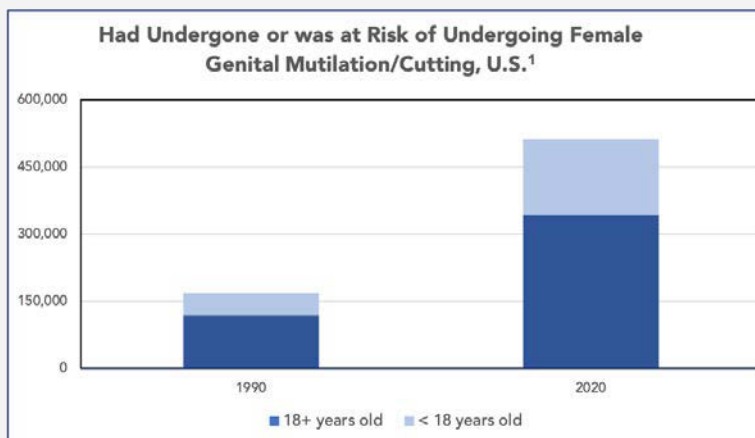


## Context

Female genital mutilation (FGM), also referred to as female genital cutting, is an increasing public health issue in the United States. FGM is defined as any procedure that intentionally causes injury to female genitalia for non-medical reasons. Although most commonly practiced in western, eastern, and northeastern African countries predominantly for sociocultural reasons, the Centers for Disease Control and Prevention estimates that more than one half million women and girls in the U.S. are at risk of FGM, a three-fold increase from 1990.<sup>1</sup>

One-third of those estimated to be at risk are under 18. The rise of FGM in the U.S. is largely a result of immigration but can also be attributed to “vacation cutting,” wherein girls who live in the U.S. are taken abroad for the purpose of undergoing FGM.<sup>2</sup> Although the practice is illegal in the United States and considered a human rights violation by the United Nations, it persists.



Source: Goldberg, et al. (2016). Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012. *Public Health Reports*

The consequences of FGM can be deadly. Immediately after being cut, girls are at risk of hemorrhage, shock, and a range of infections. For those who survive the procedure, the result can be a lifetime of serious health problems.

Scarring, cysts, abscesses, tissue damage, and infertility are common, as is pain during menstruation, urination, and sex.<sup>3</sup> Life-threatening complications can occur during childbirth. Mental health implications also can be severe. Women and girls who remember the procedure can develop PTSD, and the experience sometimes robs young children of their confidence and ability to trust. FGM also can lead to anxiety and depression, as well as a range of psycho-sexual issues.<sup>4</sup> Eliminating FGM is integral to protecting the health and human rights of women in the United States and abroad.

## Reconstructing Futures

Thankfully, solutions are emerging to restore quality of life to women who have undergone FGM. Dr. Ivona Percec, M.D., Associate Director of Cosmetic Surgery at Penn Medicine, is a pioneer in this space. She is one of the few cosmetic surgeons who performs reconstructive surgery for FGM survivors. Since being referred her first patient by a gynecologist in 2017, she’s continuously innovated procedures to remove painful cysts and scarring, physically restore the genitalia, and hopefully restore sensation and sexual function.

**“For me, women’s health was always important. Even though FGM was something initially I was unfamiliar with, it was natural for me to venture into...[when I ask my patients] why did they seek me out, they say they want to feel normal. The most important part is this psychological aspect.”**

- Ivona Percec, M.D., Ph.D.

The lack of training is notable: recent research by Dr. Percec and colleagues indicates that only 5% of plastic surgeons have received any formal training on FGM during their medical education.<sup>5</sup> In an effort to raise awareness and empower more surgeons to conduct the procedure and assist in post-operative care, she trains all of her residents and publishes regularly in academic and medical journals. Dr. Percec is in the process of launching the FGM/C Center at Penn which she envisions will include sex therapists, psychologists, and urologists as key partners in post-operative care to meet the holistic health needs of women.

1 Goldberg H, et al. Female genital mutilation/cutting in the United States: Updated estimates of women and girls at risk, 2012. *Public Health Reports*, 2016; 131(2): 340-347.  
 2 Equality Now. *Michigan Case Response*. 2018.  
 3 United Nations Population Fund. *5 Ways Female Genital Mutilation Undermines the Health of Women and Girls*. 2019.  
 4 Knipscheer J, et al. Mental health problems associated with female genital mutilation. *BJPsych Bulletin*, 2015; 39(6): 273-277.  
 5 Calvert C, et al. National survey of US plastic surgeon experience with female genital mutilation. *Plastic Reconstructive Surgery Global Open*. 2020; 8(3): e2624.