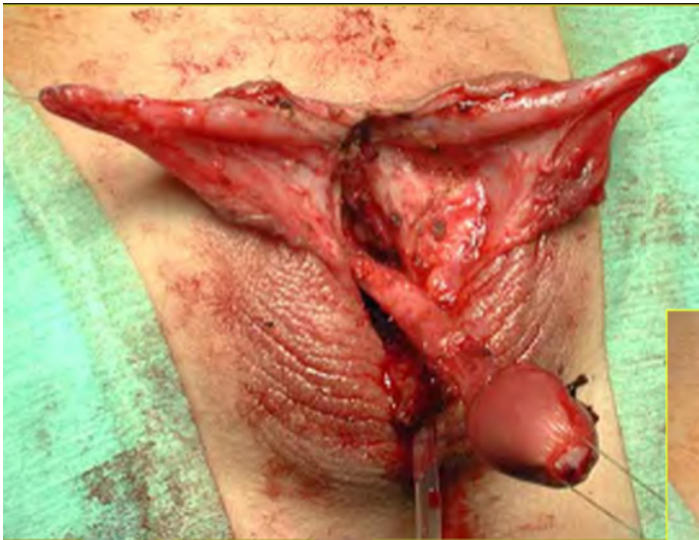
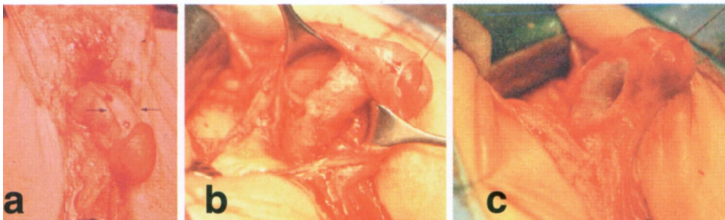


# STOP Genital Mutilation in Children's Clinics!

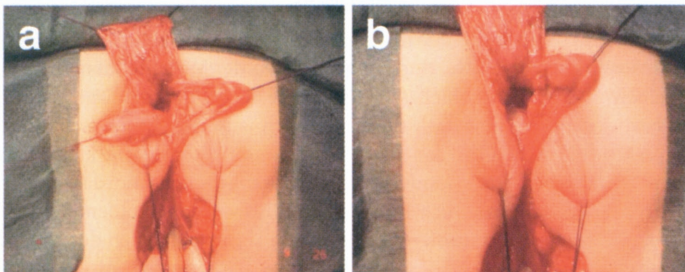


(Picture: Prof. Dr. Christian Radmayr: „Molekulare Grundlagen und Diagnostik des Intersex“, 2004)

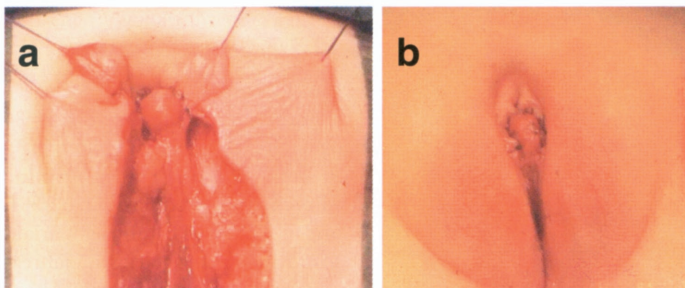
10. Indikationen und Ergebnisse von Korrekturoperationen beim int



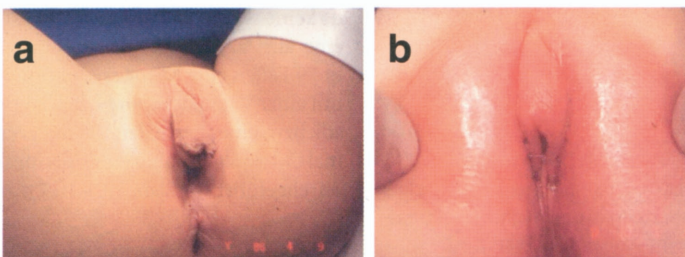
a-c: Darstellung des Klitorischaftes (a) sowie der Schwellkörper (b+c).



a+b: Partielle Resektion der Corpora cavernosa clitoridis.



a+b: Refixation der Corpora cavernosa clitoridis. „Materialknappheit“ bei der Reklitoris und der kleinen Labien.



a+b: Klitorisreduktion und Rekonstruktion des Praeputium clitoridis bei Prader IV

(Pictures: Finke/Höhne: „Intersexualität bei Kindern“, 2008)

Left: „Congenital Adrenal Hyperplasia (CAH)“, probably the second most prevalent diagnosis for cosmetic genital surgeries. Despite numerous findings of loss of sensitivity caused by surgeries and lacking evidence, current guidelines nonetheless advise cosmetic surgeries „in the first 2 years of life.“

## Lifelong Suffering and Trauma from ‘Cosmetic Genital Surgeries’

One to two in 1,000 children are born with ‘atypical’, ‘ambiguous,’ or ‘otherwise deemed unworthy’ genitals. At least 90% of them are submitted to cosmetic genital surgeries and other invasive medical interventions in western children’s clinics—without actual medical need, without evidence of any benefit for the children, but in blatant violation of their human rights. Survivors have been accusing these systematic, massive and irreversible practices as a gross violation of physical integrity and as Western Genital Mutilation for at least 20 years.

Accusations, which during the last decade again and again have been backed by human rights experts and honest clinicians alike, perhaps most notably by some doctors from Middlesex/UCL.

## ‘ISHID 2011’, September 17-19: Genital Mutilators coming to London

Yet still the majority of pediatric endocrinologists and surgeons turn a blind eye to the victims’ pleas, as well as to the mounting evidence-based data on the negative impact of the unwanted surgeries. Case in point: The ‘IV World Congress on Hypospadias and Disorders of sex Development’ a.k.a. ‘ISHID 2011’, culminating in a ‘live surgery’ marathon.

Peaceful pickets lead by survivors will remind the perpetrators that it’s *not* OK to mutilate defenceless little children.

More Info:

[stop.genitalmutilation.org](http://stop.genitalmutilation.org)

[humanrights.4hermaphrodites2.org](http://humanrights.4hermaphrodites2.org)

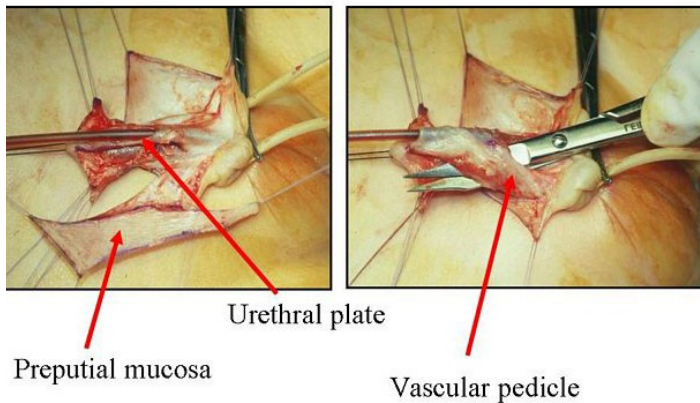
Please turn over



# STOP Genital Mutilation in Children's Clinics!

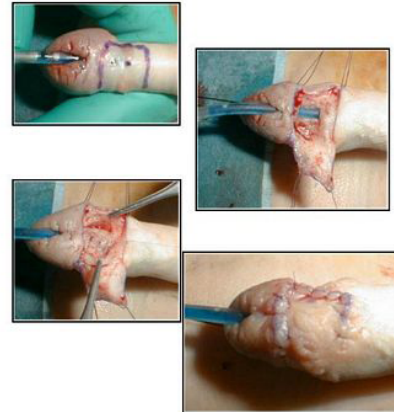
Below: „Hypospadias“, probably the most prevalent diagnosis for cosmetic genital surgeries. Very high complication rates, as well as repeated „redo procedures“—„5.8 operations (mean) along their lives ... and still most of them are not satisfied with results!“. Nonetheless, clinicians recommend the surgeries explicitly „also for psychological and aesthetic reasons.“ Most hospitals advise very early surgeries, usually „between 12 and 24 months of age“.

## Onlay island flap urethroplasty



## Treatment of isolated fistulæ

- Rectangular skin incision around the fistula orifice, often lateral
- Dissection and excision of the fistula tract
- Urethral suture
- Multilayer cover with well-vascularized tissue (tunica vaginalis, dartos, dorsal subcutaneous flap ...)
- Problem: coronal fistula +++; Prefer redo urethroplasty
- Suprapubic diversion ? Elbakry



## Onlay / Duckett - results

- Elbakry (BJUI 88: 590-595, 2001): 42% complications
  - 5 breakdowns (7%)
  - 17 fistulæ (23%)
  - Urethral strictures (9%)
  - Urethral diverticulæ (4%)
- Asopa / Duckett tube
  - 3.7% (El-Kasaby J Urol 136: 643-644, 1986)
  - 69% (Parsons BJU 25: 186-188, 1984)
  - 15% (Duckett - 1986)



Bad cosmetic result

infection

## Hypospadias - Procedures for cripple hypospadias

- No standardized procedures
- Personal experience of the surgeon
- Importance of a uro-endocrine approach of complex cases to increase the healing abilities of the penile tissues



**Iatrogenic Diagnosis „Hypospadias Cripple“**  
as a result of genital mutilation in children's clinics.

## Hypospadias - Conclusions

- Hypospadias surgery remains a surgical challenge
- Long-term results are poorly reported
- Essential joint uro-endocrine approach
- Psychological consequences poorly assessed
- Informing parents is crucial: 50% of all hypospadias will require further surgical attention during their life.
- Research: Essential role of the placenta / Penile growth factors / healing factors / blood supply ...