



ISSN : 2350-0743



RESEARCH ARTICLE

CLITOROPLASTY, AESTHETIC AND FUNCTIONAL RESTORATION: A CASE REPORT.

Francis Were* and James Njiru

Consultant Gynecologist, Lecturer Kenyatta University

ARTICLE INFO

Article History

Received 24th April, 2025
Received in revised form
27th May, 2025
Accepted 20th June, 2025
Published online 30th July, 2025

Keywords:

Clitoroplasty,
Female Genital Mutilation,
Orgasm.

*Corresponding author: Francis Were

ABSTRACT

Background: Female genital mutilation (FGM), a harmful practice prevalent in some communities in Kenya has significant psychological, physical and reproductive health consequences for survivors. Prevalence of FGM in Kenya is on a downward trend, reportedly from 21% in 2014 to 15% in 2022(1). FGM can result in complications, including sexual dysfunction, chronic pain and complications during childbirth(2). The psychological impact for survivors may manifest as low self-esteem, anxiety, depression and difficulties in sexual relationships due to impaired genital function(3). One common effect of FGM is the loss of sexual sensation with the inability to achieve sexual satisfaction and orgasm, due to partial or complete removal of the clitoris. Clitoroplasty aims to restore the aesthetics and functionality of the clitoris for women who have undergone FGM(4). The procedure aims to restore nerve function and sensitivity of the clitoris, thereby improving sexual well-being of the patient. By reconstructing genital anatomy, the surgery helps to mitigate risks during childbirth, improving both reproductive health outcomes and overall quality of life for survivors.

Copyright©2025, Francis Were and James Njiru. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Francis Were and James Njiru, 2025. "Clitoroplasty, aesthetic and functional restoration: a case report..". International Journal of Recent Advances in Multidisciplinary Research, 12, (04), xxxx-xxxx.

INTRODUCTION

Female genital mutilation (FGM), a harmful practice prevalent in some communities in Kenya has significant psychological, physical and reproductive health consequences for survivors. Prevalence of FGM in Kenya is on a downward trend, reportedly from 21% in 2014 to 15% in 2022(1). FGM can result in complications, including sexual dysfunction, chronic pain and complications during childbirth (2). The psychological impact for survivors may manifest as low self-esteem, anxiety, depression and difficulties in sexual relationships due to impaired genital function (3). One common effect of FGM is the loss of sexual sensation with the inability to achieve sexual satisfaction and orgasm, due to partial or complete removal of the clitoris. Clitoroplasty aims to restore the aesthetics and functionality of the clitoris for women who have undergone FGM(4). The procedure aims to restore nerve function and sensitivity of the clitoris, thereby improving sexual well-being of the patient. By reconstructing genital anatomy, the surgery helps to

mitigate risks during childbirth, improving both reproductive health outcomes and overall quality of life for survivors.

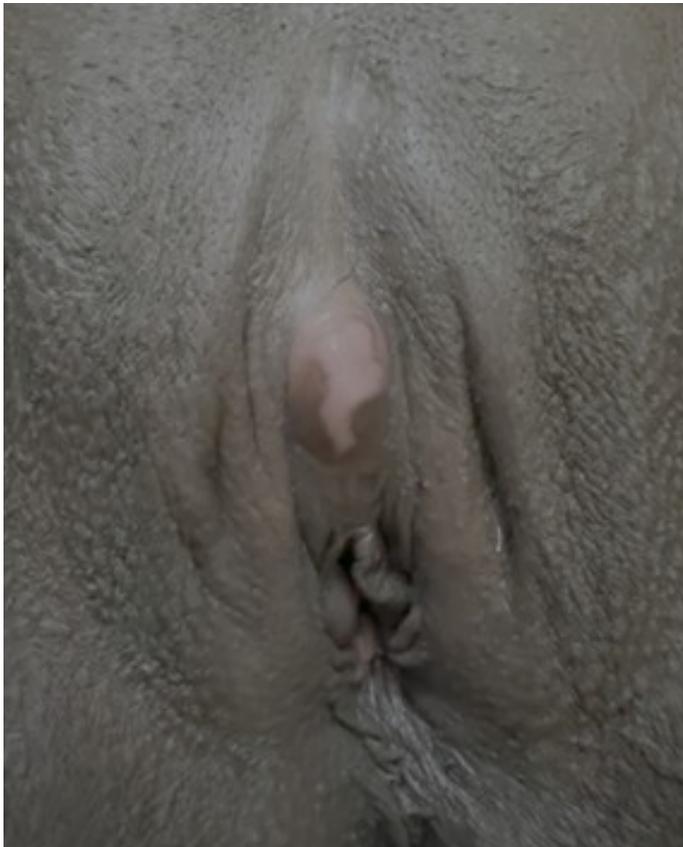
CASE REPORT

We present a case report on the restorative journey of a 34-year-old lady who had FGM done in her childhood but only came to realize when she got married. Her sex life was dull and she never enjoyed intercourse nor ever had an orgasm. She had no chronic illnesses.

On examination, excision of the clitoral hood and clitoris (total) was noted and a diagnosis of FGM type I made. She was planned for restorative clitoroplasty which was done under general anaesthesia. Her recovery was uneventful. Since the surgery over one year ago, her sex life changed and she reports that she enjoys intercourse and can now achieve orgasm.

BEFORE SURGERY

The image shows scarring over the clitoral area following female genital mutilation. She had low self-esteem and anorgasmia.

AFTER SURGERY

One year after clitoroplasty, she has a clitoris slowly-re-epithelizing, able to achieve orgasm. Self-esteem restored.

DISCUSSION

The restoration of sexual function and sensation is a critical objective of Clitoroplasty. In this case, the patient reported noticeable improvement in clitoral sensitivity and sexual satisfaction post-surgery. A study by Iglesia et al. (2013) reviewed surgical techniques for clitoral reconstruction and found that Clitoroplasty significantly enhanced sexual sensation, with many women reporting improvements in sexual function after the procedure(5). Von Fritschen et al. (2024) also demonstrated that functional restoration, including sensitivity and ability to experience orgasm, was achieved in the majority of women who underwent reconstruction following FGM(6). In contrast, some studies have noted that restoration of full sexual function may not always be guaranteed, especially in cases where extensive tissue removal or scarring has occurred (7). Aesthetic restoration is another key goal of the procedure. One study noted that some patients sought clitoral reconstructive surgery due to aesthetic concerns(2). A scoping review by Almadori et al. (2024) found that aesthetic satisfaction, including both patient and clinician assessed vulval appearance, was achieved in majority of the patients post-surgery (7). Clitoral restoration after FGM can lead to enhanced self-esteem, reduced anxiety and improved relationships. Survivors often experience a sense of emotional healing and empowerment following Clitoroplasty(7,8).

CONCLUSION

Clitoroplasty remains a vital surgical intervention for restoration of both functional and aesthetic outcomes in women who have undergone FGM. The outcomes of this case highlight the importance of Clitoroplasty in improving sexual function, aesthetic appearance and psychological well-being of these patients. While challenges remain, the positive results achieved in this case underscore the value of Clitoroplasty as a tool for enhancing the quality of life of FGM survivors.

REFERENCES

1. Kenya Bureau of Statistics. KDHS. 2022.
2. Ismail SA, Abbas AM, Habib D, Morsy H, Saleh MA, Bahloul M. Effect of female genital mutilation/cutting; types I and II on sexual function: case-controlled study. *Reprod Health*. 2017 Dec 30;14(1):108.
3. Buggio L, Facchin F, Chiappa L, Barbara G, Brambilla M, Vercellini P. Psychosexual Consequences of Female Genital Mutilation and the Impact of Reconstructive Surgery: A Narrative Review. *Health Equity*. 2019 May;3(1):36–46.
4. Sharif Mohamed F, Wild V, Earp BD, Johnson-Agbakwu C, Abdulcadir J. Clitoral Reconstruction After Female Genital Mutilation/Cutting: A Review of Surgical Techniques and Ethical Debate. *J Sex Med*. 2020 Mar 1;17(3):531–42.
5. Iglesia CB, Yurteri-Kaplan L, Alinsod R. Female genital cosmetic surgery: a review of techniques and outcomes. *Int Urogynecol J*. 2013 Dec 22;24(12):1997–2009.

6. von Fritschen U, Strunz C, Scherer R, Fricke A. Sensitivity after Clitoral Reconstruction in Patients with Female Genital Mutilation. *Plast Reconstr Surg Glob Open*. 2024 Jun;12(6):e5851.
7. Almadori A, Palmieri S, Coho C, Evans C, Elneil S, Albert J. Reconstructive surgery for women with female genital mutilation: A scoping review. *BJOG*. 2024 Nov 24;131(12):1604–19.
8. Auricchio V, Garzon S, Pomini P, Laganà AS, Casarin J, Cromi A, et al. Clitoral reconstructive surgery after female genital mutilation: A systematic review. *Sexual & Reproductive Healthcare*. 2021 Sep;29:100619.