

Female Genital Injury Management

Injuries result from unintentional trauma, sexual assault and, in some regions, female genital mutilation.

Technique

1. Conduct a local examination of the genital area. Check for associated injuries.
2. Obtain information about the nature of the object causing injury; sharp objects may have penetrated adjacent organs.
3. Catheterize the bladder if the patient has urinary retention. Repair all lacerations unless they are very superficial. Anaesthesia may be required to perform a thorough examination and repair of severe injuries.
4. Check for tears of the hymen then introduce a speculum and examine all the vaginal walls, fornices and the cervix.
5. Thoroughly clean the skin with soap and water, irrigate lacerations with saline and ligate bleeding vessels. Excise only devitalized tissues.
6. Repair deep lacerations with absorbable suture without tension and the skin with non-absorbable suture.
7. Perform a laparotomy if the peritoneum is penetrated. For vulval haematomas, infiltrate the area with local anaesthesia and evacuate the clots.

Complications

Complications include:

- Infection
- Haematoma in the parametrium
- Rectovaginal fistula
- Dyspareunia.

These can be prevented by proper haemostasis and laceration repair.

Rape

If there is allegation of rape, make detailed records of your findings and comply fully with local legal requirements. Give a dose of penicillin to protect the patient against bacterial infection. Protect the patient against pregnancy; use an IUD or emergency contraception with two birth control pills immediately and two more in 12 hours. Give an anti-emetic with the birth control pills. Arrange psychological counseling.