STOP Genital Mutilation in Children’s Clinics!

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.


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
humanrights.4hermaphrodites2.org
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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 lifes ... 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

Preputial mucosa

Urethral plate

Vascular pedicle

Onlay / Duckett - results

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

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 ...

Bad cosmetic result

infection


Please turn over