

Women's Health in Focus

Part 1- Pelvic Health Uncovered – Pessaries, Pain, and Incontinence

Clitoral anatomy and surgery: A piece of the sexual pain puzzle

Dr. May Sanaee

Take Away #1

- The clitoris has been intentionally excluded from medical teaching for over 100 years
- This has implications for health care providers' knowledge and comfort with external female genitalia
- This has resulted in the clitoris as an 'orphan' structure

Reasons to learn the anatomy

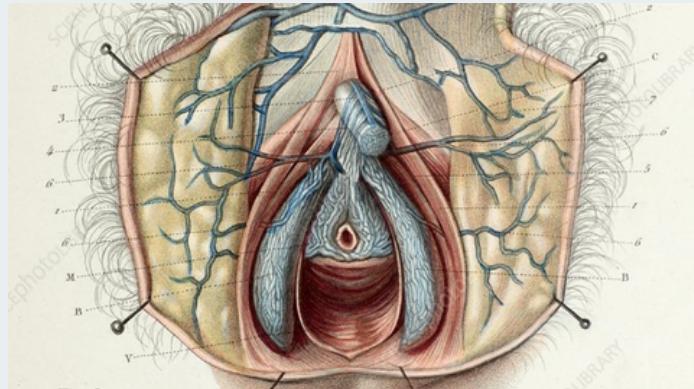
- Bicycle injury
- General sexual education of patients
- Complex obstetrical tears
- Female Genital Mutilation/Cutting
- Gender affirming surgery
- Requests for labiaplasty/clitoral hood reduction
- Urogynecology surgeries (retropubic slings, martius flap, anterior/paravaginal repairs, etc)
- Vulvar dermatoses, biopsies
- Vulvar cancers
- Clitorodynia, pelvic pain

Take Away #2

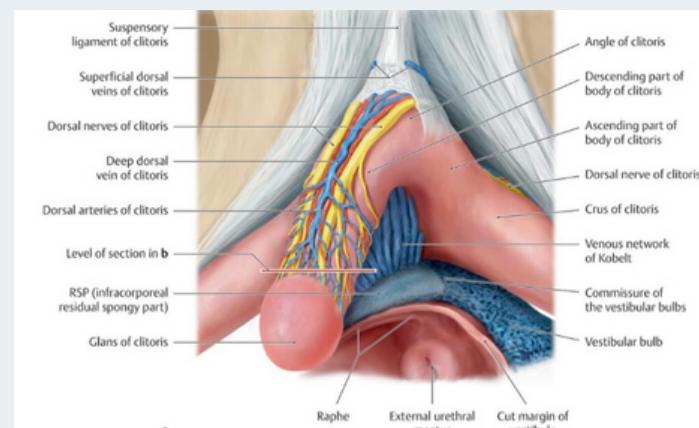
- The clitoris is a 9cm complex with erectile, nervous and vascular structures
- The relationship between the clitoris and its surrounding structures is not yet fully elucidated
- The relationship between the clitoris and our surgical techniques is not yet fully elucidated

Proposed associations with clitoral adhesions

POTENTIAL CAUSES	POTENTIAL EFFECTS/SYMPOMTS
Recurrent yeast infections	Asymptomatic
Recurrent UTI	
Smegma/inflammation/copious discharge	Foreign body sensation
Lichen Sclerosus/Lichen Planus	Hypersensitivity
Blunt/sharp genital trauma	Clitorodynia
Female genital cutting,	Sexual pain
Genital cosmetic surgery	Persistent genital arousal disorder
Low calculated free testosterone	Balanitis
Oral contraceptive use	Hyposensitivity
	Secondary anorgasmia, loss of sensation

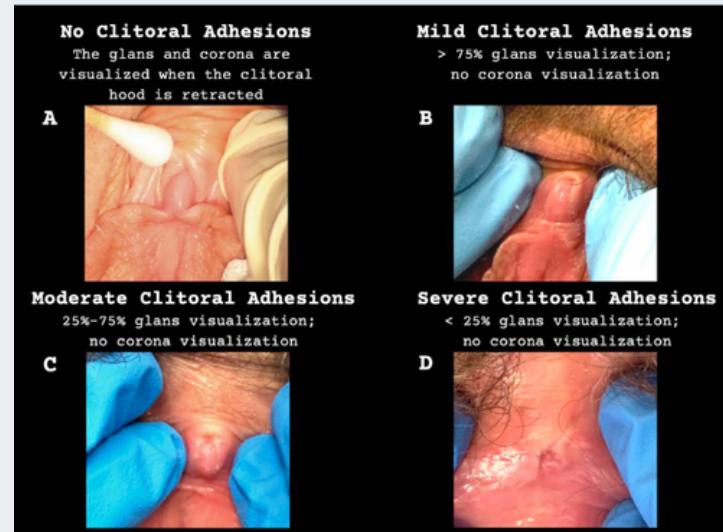


Constantin Bonamy and Paul Broca 1866



Moore's Clinically Oriented Anatomy, 2023

Clitoral Adhesions



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Treatment

- Non-surgical lysis of clitoral adhesions



Take Away #4

- Include a vulvar and clitoral examination in all patients, especially with low libido, clitoral/vulvar pain, 'urethral' pain, secondary anorgasmia
- Score the percentage adhesions you see as mild (<25%), moderate (25-75%), severe (>75%)

Practical Tips for Clitoral Adhesion release

- Document percentage fused before/after
- Treat lichen sclerosus aggressively prior to release
- Office or Operating Room
- Use topical anesthetic +/- dorsal clitoral nerve block
- Sterile qtips and hemostats
- "Non-surgical" release

Clitoral Health Studies

- Patient and Provider Surveys
- Clinical Trial Outcome Data
- Refer patients to Dr Sanaee at the Urogynecology Clinic at the Lois Hole Hospital for Women (edmontonurogynecology.com)
- Canadian Society for Pelvic Medicine



Consider using [MyL3Plan](#), a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

[Learn more here!](#)

Take Away #3

- Smegmatic pseudocysts and keratin pearls are sebaceous debris that become trapped under the clitoral hood
- RETRACT, RETRACT, RETRACT!
- At a young age boys are taught to clean and retract the penile foreskin, but this is not taught to young girls

Sexual Medicine Reviews, 2022, 11, 196–201
<https://doi.org/10.1093/sxmrev/qead004>
Advance access publication date 27 March 2023
Review



Clitoral adhesions: a review of the literature

Jennifer P. Romanello, BS¹, Monica C. Myers, BS², Elsa Nico, BS², Rachel S. Rubin, MD^{4,*}

Pharmacologic Treatment: local estrogen/testosterone, steroids, antifungals, antibiotics petroleum jelly, hyaluronic acid, DHEA, prasterone

Procedural therapy: manual/physical therapy, retraction, non-surgical lysis, surgical lysis (dorsal slit procedures), carbon dioxide laser

<https://doi.org/10.1093/sxmrev/qead004>

Narrative Review

O&G OPEN

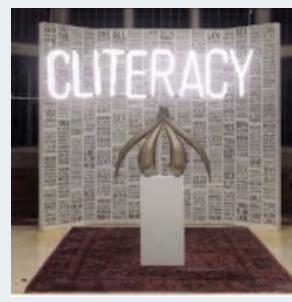
Approach to Diagnosis and Management of Clitorodynia

Jill Krapf, MD, MEd, and Rachel Pope, MD, MPH

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12456546/pdf/og9-2-e062.pdf>

Take Away #5

- Contribute to literature with high quality studies (join me!)
- Clitoral anatomy curriculum in medical school and residency
- Improve your 'cliteracy' and that of your colleagues, family and patients



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