



# Cliterate



“

**'Often patients can't conceptualise what's going on with their own anatomy because they don't know what their anatomy looks like, so then the unknown can be scary.'**

**'I use the model to show the distribution of the dermatitis and explain:**

***"this is where you put the ointment".***

”

“

**'The biggest reason that I use the model is that if someone has an issue with their vulva, I can show them where the issue is. Because they can't see their own vulva!**

**It doesn't matter how flexible you are, almost no one can see their own vulva, and no one can see their own anus.'**

”

## Lichen Sclerois

“

**“People often have no idea what Lichen Sclerosis is.**

**You need to be able to show that the labia have been reabsorbed, that they fuse, and where the white parts are.**

**With the model, you are showing them:**

- **the changes that have happened or might happen.**
- **where to put cream on to treat it.**
- **where you are taking the biopsy.”**

”

## Lichen Sclerois

“

**“This is the labia, yours looks a little bit different.**

**Have you noticed any changes?”**

**If you need to do a biopsy, you can show them where.’**

**People with Lichen Sclerosis are at higher risk of vulva cancer.**

**With the model, you’re getting people to learn their own anatomy. As a result they start using mirrors more.**

**They are able to start identifying and understanding any future changes themselves.”**

”

## Self-collected Cervical Screening

“

**“Lots of people are interested in self collection but are not confident and lack the knowledge.**

**They don't know the anatomy of where they are collecting from.**

**Using the model we can show them.”**

”

## **Anal fissure or Hemorrhoids**

““

**“Explaining anal fissures is one of the biggest things I use the model for because people have no idea what’s going on and where it’s happening. ”**

**“I might say; “Here’s the anus. Imagine that this is a clock face. That’s 12 o’clock, that’s 3 o’clock, this is 6 o’clock. There’s a tiny little tear at 6 o’clock, and that’s why when you’re going, it’s going to hurt!””**

**“And then I can say to them; “this is where you put hemorrhoid cream.”**

””

## Menopause & Perimenopause

“

**“The model is a useful starting point when talking about vaginal atrophy (comes with both breast feeding and perimenopause). You can explain why and how to use vaginal estrogen, showing them; “This is what’s going on, but if you put a pessary, the estrogen will strengthen this muscle.”**

”



## Menopause & Perimenopause

“

**“The model can also be used to explain the physiology of the sexual response system – the process of engorgement of the clitoris and the ability to talk about pleasure.”**

”

## Thrush & UTIs

“

**“For some people, it’s actually not chronic thrush or chronic UTIs. It’s just inflammation and discomfort. Using the model I can explain why it’s happening.”**

**‘Using the model I show them; “this is your urethra, this is the vagina. This is how close they are. You’ve had thrush, you’re irritated all around the vulva. We keep treating thrush, but there is no infection anymore. It’s just irritation.”**

”

## Ingrown Hairs or Bartholin Cysts

“

“This is where it is on your  
vulva.”



”

## Pelvic pain

“

“People understand the intersection between bladder, vaginal and bowel function when you show how close the structures are.”

“If you’ve got vaginismus, your vagina’s going to be the focus because it’s going to hurt, feel tight and uncomfortable.

But we also need to target urinary symptoms and bowel symptoms (when they’re relevant), because those structures are right next to each other and they’re going to inflame each other.

I use the model to explain this.”

”

## Pelvic pain

“

“Using the model, I’ll show them; if you’ve got this, you might have urinary frequency. If you have chronic constipation, that’s going to push on your bladder. So for some people with urinary issues, it is actually constipation.

People find it hard to conceptualise the intersections and that’s why we need a 3D model.”

”

## Antinatal

“

“When people say – “I really don’t want an episiotomy”, you can use the model to show that if they tear and it goes straight down, it can go to the bum. But if it goes to the right side, it only impacts certain muscles. You can show them why it might be safer. When they look at that, they’re like; “Oh, it’s so close.” Yes, it’s so close.”

”

## Postnatal

“

“I use the model to debrief with patients after birth. People will have an episiotomy, or they will have stitches, and they will have no idea where it happened. You can show people; “This is where you had the episiotomy”, and actually show them where they had it.”

”

## Sex Therapy

“

“I hear statements like; “Sex is painful”, “Sex is uncomfortable” or “I’m not aroused”. I then use the model to show the different sexual organs and ask; “Have you got discomfort on the outside?” – for example, just at the point of entry – “is that uncomfortable?”.

Or you open the model. “Is it more internal?”

Is it actually the vagina itself? Or, if there’s clitoral stimulation, is that over stimulated?

The model helps structure the conversation.”

”



## Labia Diversity Education

“

Of 433 local GPs surveyed, 97% had been asked about genital normality, 50% had been asked for labiaplasty referral

Simonis, M., Manocha, R., & Ong, J. J. (2016). Female genital cosmetic surgery: a cross-sectional survey exploring knowledge, attitude and practice of general practitioners. *BMJ Open*, 6(9), e013010

”

## Labia Minora

“

- Can be long or short, wrinkled or smooth, dark or light.
- More common to protrude
- More common to be asymmetrical
- Has a role in sexual pleasure – erectile tissue
- Protects the vagina from drying out and funnel the urine stream.

”

Hayes, Jennifer A., and Meredith J. Temple-Smith. “what is the anatomical basis of labiaplasty? A review of normative datasets for female genital anatomy.

“Australia and New Zealand Journal of Obstetrics and Gynaecology ( 2020).

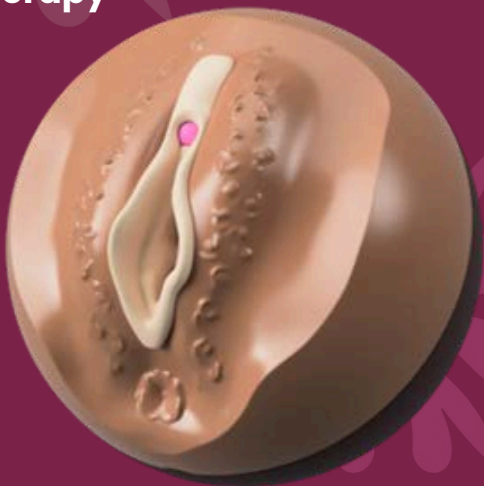
## Labia Minora



Each labia is as unique as a fingerprint, as distinct as a person's face.

## **Cliterate helps Clinicians discuss and explain:**

- **Pelvic pain**
- **Self collected pap smears**
- **Perinatal Care**
- **Menopause and perimenopause**
- **Sex education**
- **Sex therapy**



# Cliterate helps Clinicians discuss and explain:

- Vulva dermatitis
- Lichen Sclerosis
- Chronic Thrush and UTI's
- Ingrown hair
- Bartholin cysts
- Anal fissures
- Hemorrhoids
- and much more





Introducing Cliterate,  
an interactive  
anatomical model  
created to empower  
people to understand  
their own anatomy  
and  
the anatomy of  
others.



For more information  
visit  
visit our website or  
send us an email  
[info@cliterate.com.au](mailto:info@cliterate.com.au)

