

CIRCUMCISION

Circumcision is the procedure that surgically removes the foreskin from a boy's penis. The procedure is usually performed in a physician's office and under a local anesthetic. There is some medical evidence that in some countries and in certain situations circumcision reduces the risk and frequency of urinary tract infection and reduces the chance of spreading certain sexually transmitted diseases; however, the position of the Canadian Pediatric Society is that circumcision is not medically indicated under usual situations. In the right hands it is a safe and simple procedure to perform. Recovery is quick and, as far as we can tell, there are no lasting ill effects when performed by a competent person with experience. I have performed thousands of circumcisions over the last 30 years. They usually takes less than 10 minutes to complete. You may observe the procedure if you wish. Since circumcision is not considered to be an essential service, it is not covered by Alberta Health Care and you are required to pay for the procedure yourself. A receipt can be provided if requested as the fee for the procedure can be claimed if you have a health spending account, or as a medical expense on your income tax. Fee information is available from myself or any of my staff.

THE PROCEDURE – THE PLASTIBEL TECHNIQUE:

Most babies cry during the procedure despite the use of a local anesthetic injected in two spots at the base of his penis - babies are hungry and hate being restrained and exposed. In order to perform the procedure safely your son will be undressed from the waist down and placed in a circumcision bed. Once in this bed his legs will be held in place by velcro straps. While this will not hurt him, babies who are held down usually cry. Expect him to cry. Since excessive crying can cause vomiting, it is recommended that you **do not feed your son for 2 hours prior to the procedure.** Please buy some EMLA cream at the pharmacy (it is over the counter). One hour before the procedure slather a thick amount of the EMLA cream all over the foreskin and cover the area with Saran Wrap.

Before you leave your house please give him one-half of a dropper (1/2 ml, 40 mg) of either Tylenol or Tempra.

After a 5-10 minute wait for the effects of the “local” to occur, a disinfectant will be used to clean the penis and surrounding skin. The circumcision will then be performed. The Plastibel is a plastic bell that is inserted between the foreskin and head of the penis once the foreskin is partially cut and loosened using several dull-tipped instruments that have been sterilized. The foreskin is then tied to the plastic bell with a piece of string. Aside from keeping the bell in place this also provides “hemostasis” (stops the bleeding). The excess foreskin that extends past the bell is then cut away. The circumcision is then complete. You will likely want to feed your son at this point as he will be hungry and suckling will soothe him. You can feed him as usual without any special precautions.

You will take your son home with the bell still attached to the remaining foreskin. The bell and string falls off by itself, usually after 5 or 6 days, but it can fall off in as few as two and as many as 14 days. You will notice that the bell has a hole in it so the baby has no problems peeing. You will also notice that the skin just past the string changes colour to either white or black. This is normal and is due to the fact that this part of the foreskin has lost its blood supply. This is what makes the remaining skin, string and bell fall off.

COMPLICATIONS:

Potential complications of this procedure are similar to those of any surgical procedure - the two most important being infection and bleeding.

The Plastibel procedure minimizes bleeding and in fact in almost 30 years of practice there has only been 3 occasions when I recommended that the baby go to the hospital; once the baby needed a stitch to stop the bleeding, a second time the skin that was bleeding was dabbed with silver nitrate and on the third occasion the baby was admitted to the hospital for 2 days and required a catheter for prevention only. In the last of these

occurrences the baby also required further surgical intervention by a Urologist.

Infection occurs very rarely and, when it does, usually requires the use of an antibiotic cream only, not a medication by mouth.

Common signs of infection include swelling, redness and a discharge at the surgical site. You need to be in touch with me if you feel that there is excessive bleeding (a spot of blood seen on the diaper for the first 2 diaper changes is normal) or if you believe that the surgical site has become infected.

Other potential complications include, but are not limited to:

1. When a bell of the wrong size is used. Choosing the correct size is based on experience. If the bell is too small then it will not fit around the head of the penis - the baby may have trouble peeing and some excess skin may remain; but this often resolves cosmetically once the baby grows. If the bell is too large it may tear the frenulum (the skin at the base) – this is the most common cause of bleeding after the procedure.

2. Not enough of the foreskin is removed, leaving the baby with a “turtleneck” of skin around the head of the penis. This is minimized by the Plastibel technique, and I cut off as much as is safe, but small amounts of excess skin may still remain after healing has occurred. This is generally not a problem and as your son grows the extra bit of skin becomes a non issue; but if you notice after the circumcision has healed that some residual foreskin is covering the side of the head of the penis please email me. I can improve the cosmetic effect by pulling gently on the attached foreskin. This procedure takes only seconds, and by applying some EMLA cream before you leave your home this is usually painless for your son. The earlier this is done the better so let me know as soon as you notice that the foreskin is attached to the ridge of the head of the penis. Leaving it too long can cause an adhesion to form which is more difficult to treat.

3. The bell doesn't come off. The older the boy is the thicker the foreskin becomes. This can occasionally cause the bell to stay attached. This is why I prefer to perform the procedure before he is 2 weeks old. If this occurs then you should let me know. Often, warm baths followed by gently pulling on the skin below the bell can help dislodge the bell. If this causes some bleeding then you should stop and let me have a look. Very rarely the cord has to be cut and the bell removed. This should not be painful for him.

4. Small hypospadias that is not recognized. Hypospadias is when the urethral opening (the hole that he pees from) is not in the normal location, it is located below the head of the penis. Large ones are recognized at birth, but small ones may go unrecognized. When these occur the foreskin is used in the repair/reconstruction process by a urologist and so circumcision should not be performed. I always look for these but again, small ones may go unnoticed. This could affect the reconstruction procedure and make it more difficult for the urologist.

AFTERCARE:

DON'T PULL OFF THE PLASTIBEL. While this cannot occur under normal situations like cleaning and bathing, pulling directly on the bell can dislodge it. This can initiate bleeding. If the bell comes off in the first 24-48 hrs and the area starts to bleed bring the baby directly to my office or the emergency room at the Alberta Children's Hospital. If there is no bleeding then there is nothing to worry about.

Bathe your son daily until the bell falls off and clean your baby often and normally, the bell will not fall off with normal care of this area. Keep the area clean to help avoid infection as the surgical site tends to be full of poop and pee.

Please give a second dose of Tylenol or Tempra (1/2 dropper as before) 4 hrs after the first dose was given if your son appears irritable. Although you can give him this dose every 4 hours most boys will not require more than 1 dose after the procedure; feeding him will provide the best relief.

Please buy some polysporin ointment at the drug store and bring it with you to the procedure. You will be putting a small amount around the cut edge of the foreskin with each diaper change. This will keep the diaper from sticking to the foreskin and help to prevent infection.

Again, signs of infection include:

- redness
- swelling
- discharge at the cut edge of the foreskin.

It is normal for the skin to start to look swollen and red but if you are worried about infection you can email a picture of the area to me or make an appointment for me to recheck your son.

Once the bell falls off you will notice that the skin at the tip of the penis is slightly indented - like you see on your ankles when your socks are on too tight. This is normal and will go away by itself after a few weeks, at most.

Please remember that this is a surgical procedure and all surgical procedures have risks. I always try to minimize risks; however, bleeding, infection, bell retention and a poor cosmetic outcome can still occur, even in the most experienced hands.

Finally, I am a Clinical Assistant Professor in the Department of Family Medicine at The University of Calgary. As such I often have medical students or Family Practice residents observing this procedure.

Thank you.

Dr. Eric M. Babins

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