



## Kapi'olani Pediatric Urology **Circumcision**

By Ronald S. Sutherland, M.D., F.A.A.P., F.A.C.S.

### **What are the pros?**

Advocates of circumcision cite the reduced risk of urinary tract infections in the first few months of infancy, decreased risk of sexually transmitted disease (including Human Papilloma Virus and Human Immunodeficiency Virus), and reduced risk of penile carcinoma. Older males requesting circumcision usually do so for hygienic purposes because of the nuisance factor of cleaning under the foreskin. With newborns, parents usually decide to perform the procedure for cultural, social, and religious reasons. Parents may worry that their son will not look like his father or the other boys in the locker room, which may lead to feelings of inadequacy or teasing. No good studies exist to support or deny the psychological importance of this reasoning. Some religions, including Judaism and Islam, advocate circumcision.

### **What are the cons?**

Some studies suggest that excising the foreskin may decrease sexual pleasure, although this claim has been refuted by more recent scientific studies in young men undergoing circumcision. Removing the foreskin, which has natural lubricating properties, exposes the head of the penis (glans penis) and the urethral opening (meatus) to irritation from diapers and underwear. A condition called meatal stenosis (decreased size of the opening) can occur as a result of circumcision. Complications from the procedure can occur (see section below).

### **How is it done?**

#### 1. Newborn:

Prior to the procedure, it is preferable to avoid feeding for one to two hours so that during the procedure the baby can be fed a bottle or suckle on a pacifier dipped in a sugar solution. Please bring a bottle and pacifier.

In the newborn period (the first month of life), circumcision is usually done using a device such as the plasti-bell, the Gomco clamp, or a Mogen knife (for Jewish circumcision). Usually the baby is strapped to a restraining device called a papoose and washed with betadine solution. Local anesthesia is then injected into the base of the penis. The foreskin is stripped off the head of the penis and the device applied.

If a plasti-bell device is used, a string tied around a plastic ring will remain on the penis for about 10 to 14 days and will fall off much like the umbilical cord stump.

*(see next page)*



The Gomco clamp will press the skin edges together so no string or ring is necessary. There is a greater chance this procedure will require the placement of a few sutures to prevent bleeding.

The procedure takes between five and 15 minutes. A parent is encouraged to remain with the baby during the procedure.

2. Boys over one month and less than 12 years:

This age requires general anesthesia, so the circumcision will be performed in the operating room using regular surgical techniques.

3. Boys over 12 years:

At this age, most will tolerate injection of local anesthesia into the base of penis. An oral sedative may also be given about an hour beforehand to relieve anxiety. Since the procedure will be done in the office, no intravenous sedation or anesthesia will be given.

### **What about complications?**

Bleeding is the most common problem encountered during and after circumcision. It is normal for there to be a small amount of blood loss during the procedure. Afterward, we will observe the baby in the clinic for about 30 minutes to monitor for bleeding. If significant, he may require placement of a few stitches. Bruising and swelling are common after the procedure. For the first few hours after a Gomco procedure, there will be blood spotting in the diaper. Rare complications include infection and injury to (laceration) the head of the penis.

### **How do we follow up?**

1. Care of the penis:

With the Gomco technique there will be no dressing to remove. Parents will need to apply bacitracin ointment with every diaper change (minimum three times per day). For the plasti-bell, wash the site with warm soapy water and pat dry.

If a dressing is placed at the time of the operation, remove it on the second day if it has not already fallen off. The best way to remove the dressing is to soak the child in a warm tub for about 10 minutes and then unravel the bandage. Apply bacitracin, neosporin or vaseline ointment with every diaper change or about three times a day for five days. Some oozing is expected after the dressing is removed, as it will occasionally stick, especially on the underside of the penis head. Apply gentle pressure with gauze or tissue paper.

2. Bathing:

Parents of newborns are usually asked to wait until the baby is about two weeks old or after the umbilical cord has fallen off before submerging the baby in bath water. In the meantime, use cleansing wipes in the area. For boys past the newborn stage, it's OK to completely bathe your son on the second day after surgery.

3. Pain:

For infants, usually only Tylenol is required. For toddlers and older boys, a low dose of narcotic (Tylenol with codeine) will be offered; although ibuprofen is also very effective.

4. Activity:

The older child will need to curtail sporting activities and rough play for about 2 weeks. He will be able to return to school by the second or third day. For toddlers, it is best to avoid straddle toys.

If you have any concerns about the appearance of your son's circumcision or desire a follow-up appointment, please call the office. A routine postoperative appointment is usually not necessary after circumcision; however, if there are problems or concerns, we will see your son immediately.

**For any questions or assistance, call Kapi'olani's Pediatric Urology Office at (808) 983-6210.**