



# Circumcision

Male circumcision is one of the most common procedures in the world. Derived from the Latin word *circumcido*, circumcision means “cutting around.” It consists of the surgical removal of all or part of the foreskin (or prepuce) that typically covers the head of the penis. The foreskin is freed from the head of the penis (or glans) and surgically removed.

## Benefits

The benefits of male circumcision include prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. According to the American Academy of Pediatrics, current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and justify access to this procedure for families who choose it (American Academy of Pediatrics [AAP], 2012a). Although the health benefits are not great enough to recommend routine circumcision for all male newborns, they are sufficient to warrant third-party payment for the procedure.

## Risks

Acute complications are rare and usually minor. They most commonly involve bleeding, infection, or an imperfect amount of tissue removed. Two large hospital-based studies estimated the risk of acute circumcision complications in the United States to be between 0.19% and 0.22% (AAP, 2012b). Bleeding was the most common complication (0.08% to 0.18%), followed by infection (0.06%) and penile injury (0.04%). There is no significant difference in the risk of complications between different methods of circumcision.

Late complications include excessive residual skin, excessive skin removal, adhesions, meatal stenosis, phimosis, and, rarely, epithelial inclusion cysts. Circumcision of a premature infant is associated with an increased risk for late complications (poor cosmesis, increased risk of trapped penis, adhesions).

## Contraindications

Contraindications include extreme prematurity, penile length less than 1 cm, blood dyscrasias, family history of bleeding disorders, and congenital abnormalities such as

hypospadias, congenital chordee, or deficient shaft skin (penoscrotal fusion or congenital buried penis).

## Decision Making

Parents should receive factually correct, nonbiased information about circumcision, preferably before conception or early in pregnancy. Providers should explain in a nonbiased manner the potential benefits and risks and ensure parents understand the elective nature of the procedure. Parents should take into consideration their own religious, cultural, and personal preferences when making this decision.

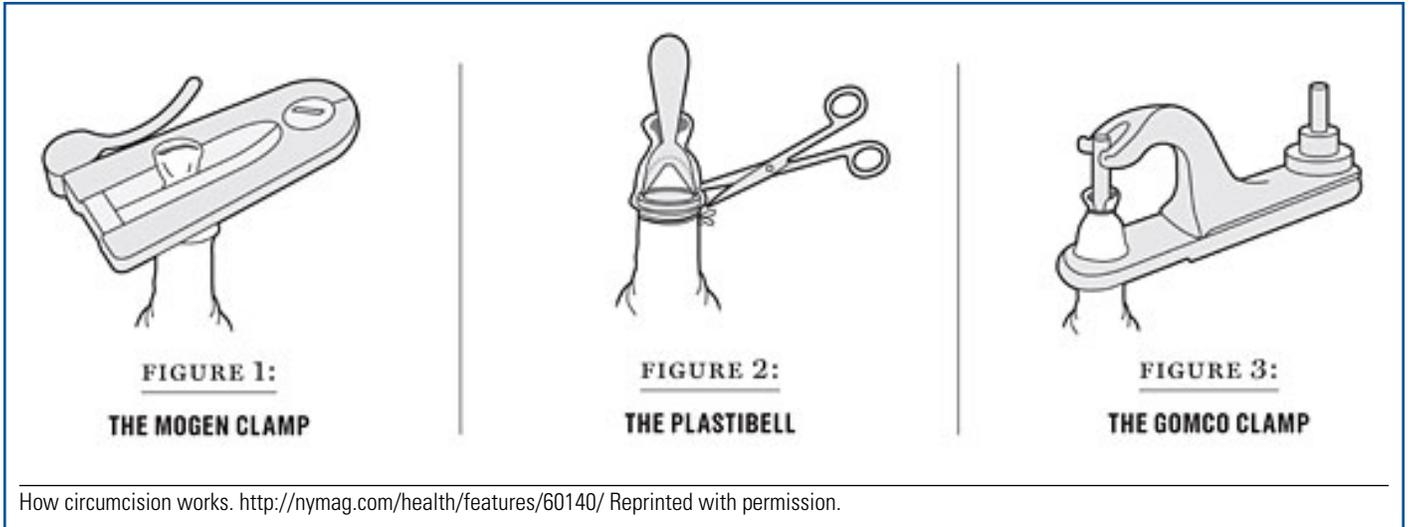
## Methods

The three most commonly used techniques for male circumcision in the United States are the Gomco clamp, the Plastibell device, and the Mogen clamp.

With the Gomco clamp method, the foreskin is cut lengthwise to allow space to insert the device. The bell of the Gomco clamp is placed over the glans, and the foreskin is pulled over the bell. The base of the clamp is placed over the bell, and the Gomco clamp’s arm is fitted. After confirming correct fitting and placement, the nut on the Gomco clamp is tightened and left in place for 3 to 5 minutes to allow hemostasis to occur, then the foreskin is removed using a scalpel. The Gomco’s base and bell are then removed.

With the Plastibell method, a plastic ring is inserted under the foreskin, and a tie is placed over the ring to provide hemostasis. The ring remains on the penis for several days until the tissue necroses and the ring falls off spontaneously.

The Mogen clamp is a device consisting of two flat blades that have a slit-like space between them and a mechanism that draws the blades together and locks them in place. The slit is limited to 3 mm to allow the foreskin, but not the glans, to cross the opening. The foreskin distal to the glans is drawn into the slit between the blades and positioned. The blades are locked together, crushing the skin and creating hemostasis. The skin is excised from above the



clamp, the Mogen clamp is removed, and the skin pushed into proper position.

### Pain Management

Adequate analgesia should be provided whenever newborn circumcision is performed. Positioning and oral sucrose should be used as adjuncts to improve comfort during the procedure. Positioning the infant in a padded environment and swaddling of the upper part of the body may decrease stress during the procedure.

There is no evidence that it is necessary to hold feedings before the procedure. Holding feedings may add to the infant's discomfort during the circumcision.

Analgesia should be provided with topical lidocaine-prilocaine (EMLA), subcutaneous ring block, or dorsal penile nerve block. In a comparison of the three types of anesthetics for neonatal circumcision, the most effective was the subcutaneous ring block and the least effective was EMLA (Lander, Brady-Freyer, Metcalfe, Nazerali, & Muttit, 1997). No evidence-based recommendations state that there is persistent pain that should be treated after the local anesthetic wears off.

### Post-Circumcision Care

After circumcision, the site should be inspected for bleeding. If continued bleeding occurs, apply direct pressure for 5 minutes. If bleeding is local and minor, reapply the dressing accompanied by 10 minutes of direct

pressure. If bleeding persists, notify the provider who performed the procedure.

Apply a lubricant (petroleum jelly, Vaseline®, or petrolatum) gauze dressing to the wound with each diaper change, unless otherwise indicated by the provider. The period of superficial wound healing after male circumcision is generally 5 to 7 days, and most wounds heal completely within 14 days.

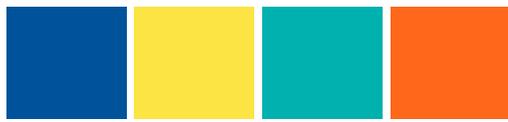
Parents should be instructed about the care of the penis at the time of discharge, regardless of whether the newborn was circumcised or not.

### References

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- American Academy of Pediatrics. (2012b). Technical report. Male circumcision. *Pediatrics*, 130(3), e756e785.
- Lander, J., Brady-Freyer, B., Metcalfe, J. B., Nazerali, S., & Muttit, S. (1997). Comparison of ring block, dorsal penile nerve block, and topical anesthesia for neonatal circumcision. *Journal of the American Medical Association*, 278(24), 2157–2162.

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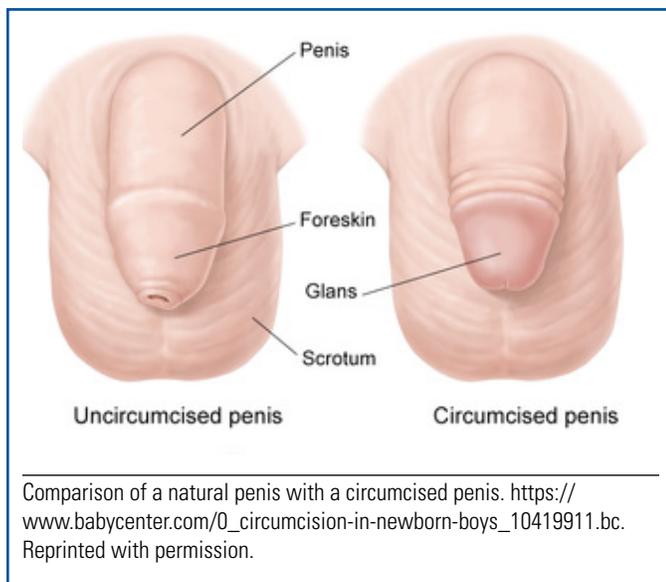
- Kraft, N. L. (2003). A pictorial and video guide to circumcision without pain. *Advances in Neonatal Care*, 3(2), 50–64.
- World Health Organization. (2010). *Manual for early infant male circumcision under local anaesthesia*. Geneva, Switzerland: WHO Document Production Services.



## Circumcision: Information for Parents

Boys are born with a hood of skin, called the *foreskin*, covering the head of the penis. In circumcision, the foreskin is removed, leaving the end of the penis exposed.

The decision to have your baby circumcised is very personal. It should be made after careful consideration of the risks and benefits as well as your cultural, religious, and personal preferences. Your healthcare provider should explain the risks and benefits and answer any questions.



### Benefits

Baby boys who are circumcised are less likely to develop urinary tract infections. They may have a lower risk of penile cancer, although the disease is rare. Circumcision can help prevent the spread of sexually transmitted diseases, including HIV.

### Risks

Most of the complications are minor and rare. They include bleeding, infection, injury to the penis, and poor cosmetic outcome.



### Methods

The method of the circumcision will be decided by your healthcare provider. Your baby should receive local anesthesia and pain management during the procedure. You may ask which method will be used and what will be given for pain management. The three methods are Gomco clamp, Plastibell clamp, and Mogen clamp.

### Care of the Circumcision

Your baby's nurse will show you how to care for your baby after circumcision. Wash the area gently with soap and water without pulling back on the skin. Apply a lubricant (petroleum jelly, Vaseline®, or petrolatum) to the circumcised area with each diaper change for at least 24 hours or until the area is healed. Lubricants help protect the wound and keep the wound from sticking to the diaper.

The healing area will have some swelling and redness but should start to look better after 24 to 48 hours. During the healing process a shiny white or yellowish film may cover part of the penis. This coating is part of the normal healing process. Do not try to remove the coating.



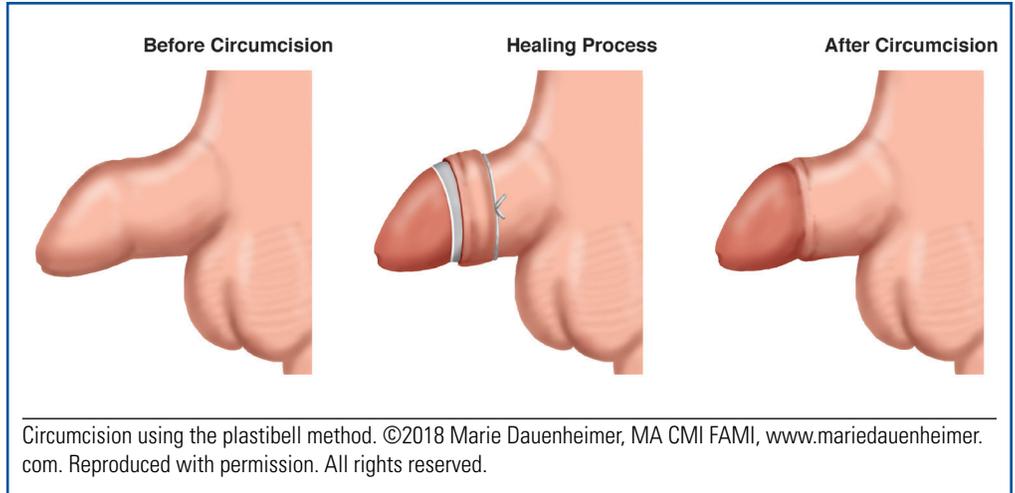
If the Plastibell method was used, the plastic ring should drop off within 5 to 8 days.

Call your baby's provider or take him to the emergency room if

- the healing area starts to look worse
- your baby develops a fever
- your baby stops having wet diapers
- your baby stops eating or becomes inconsolable
- the area forms a yellowish discharge that can be easily wiped away and has a foul odor
- bleeding doesn't stop after you apply pressure for 5 minutes
- the plastic ring doesn't fall off within 5 to 8 days.

### Care of the Uncircumcised Penis

Wash around the penis with soap and water. Do not forcibly pull back on the foreskin. The foreskin will start



to retract (pull back) on its own by 2 to 4 months of age. When the foreskin can easily be pulled back, wash the penis with soap and water.

The foreskin fully retracts around 3 years of age. At that time boys should be taught to wash underneath the foreskin every day.