Male Circumcision

New Information About Health Benefits

Male babies are born with skin covering the end of the penis, called the foreskin. Circumcision is a procedure in which the foreskin is removed, exposing the tip of the penis. Circumcision is often performed on healthy babies within the first few days after birth.

Circumcision has often been a controversial issue that places parents in the position of balancing personal, cultural, and health issues when deciding whether to circumcise a son. In the past, medical evidence was insufficient to fully support circumcision’s health benefits. More research has provided increasing evidence for health benefits of circumcision. An article in this month’s issue of the *Archives* reviews studies evaluating male circumcision and sexually transmitted diseases. These studies found the following with regard to circumcision:

- Human immunodeficiency virus (HIV) was reduced by 53% to 60%.
- Herpes simplex virus type 2 (HSV-2) was reduced by 28% to 34%.
- Human papillomavirus (HPV) was reduced by 32% to 35%.
- Among female partners of circumcised men, bacterial vaginosis was reduced by 40% and *Trichomonas vaginalis* infection was reduced by 48%.

As many of these studies were done in developing countries, it is possible that the protective effects of circumcision may be lower in the United States. Additional health benefits of circumcision include the following:

- Lower risk of getting cancer of the penis, a rare type of cancer.
- Lower risk of urinary tract infections during the first year of life. Urinary tract infections during the first year of life can be serious and may lead to hospitalization. An uncircumcised baby boy has a 1 in 100 chance of getting a urinary tract infection during the first year of life, compared with a 1 in 1000 chance for a circumcised baby boy.
- Prevention of foreskin infections.
- Prevention of phimosis, a painful condition in which the foreskin retracts. Circumcised males do not get this condition.
- Easier genital hygiene.

Like any medical procedure, circumcision is not without risks, although complications are rare and usually minor. These complications may include bleeding, infection, improper healing, or cutting the foreskin too long or too short.

Some families decide not to circumcise their sons. Some families are concerned that the foreskin is needed for identity reasons, sexual pleasure reasons, or other reasons linked to family, culture, religion, or tradition. Circumcision is also an important part of some religions.

Parents can learn about potential risks and benefits of circumcision from their physician. Particularly because the topic of circumcision can be linked to strong opinions, parents should be cautious in interpreting stories or information from unvalidated Internet sources. The ultimate decision regarding circumcision of a baby boy is the parents’. Parents should feel both informed and supported in this decision.

FOR MORE INFORMATION

American Academy of Pediatrics
http://www.aap.org/publiced/BR_Circumcision.htm

INFORM YOURSELF

To find this and other Advice for Patients articles, go to the Advice for Patients link on the *Archives of Pediatrics & Adolescent Medicine* Web site at http://archpedi.ama-assn.org/.

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/hiv/resources/factsheets/circumcision.htm

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Our goal at Gentle Procedures Clinic is to uphold the highest standard of patient care.

In keeping with this philosophy and to ensure that parents are properly informed before their child is circumcised, we have prepared this manual which is critical for you to review.

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Introduction

Many doctors in New South Wales recommend Sharier Clinic for patients choosing circumcision.

We offer:

- **Expertise.** Our procedure takes only 30 - 60 seconds - it is 10 times quicker than in most hospitals.
- **4-step pain-control protocol.** Pain is minimized through Panadol, a sugar pacifier (to reduce pain perception), topical freezing cream and local anesthetic injection. Many babies sleep through the procedure; most babies experience little or no pain at all.

ABOUT DR. SHARIER

Dr. Mohammad Sharier is a Fellow of the Royal Australian College of General Practitioners. He has more than ten years experience as a medical practitioner. Through his work in general practice Dr. Sharier developed an interest in Circumcision. He has undergone extensive training with Dr. Neil Pollock who is a foremost authority on circumcision and the pioneer of the Pollock Technique™ in North America.

Dr. Sharier provides the highest level of care while delivering surgical excellence exceeding most patient expectations.

Dr. Sharier is supported by a dedicated and highly qualified team who ensure the utmost comfort and superior care of the patient, in fully equipped procedure rooms.

What is circumcision?

Circumcision is a simple procedure in which the foreskin that sheathes the head of the penis is removed. It is regarded as one of the safest routine procedures today, with over one million performed in North America each year.

Dr. Sharier uses the Pollock Technique™, which is preferred for its quickness, safety, and extensive pain control management to ensure your son feels little or no pain at all.

While the ideal age for a circumcision is between 5 and 12 days of age, Dr. Sharier performs circumcisions on infants up to 6 months of age, and also on older children, teens and adults.

Some parents choose not to circumcise their sons because they are concerned that it may cause pain or complications, or they wonder whether their child will wish that he hadn't been circumcised at a later time. However, research shows that there are considerable medical benefits to circumcision:

- It reduces the risk of urinary tract infection and penile infection (balanoposthitis).
- It eliminates the need to do one later in life (up to 6% of boys will require a circumcision, when it is a more difficult, riskier and painful procedure requiring a general anesthetic).
- It reduces the risk of acquiring sexually transmitted diseases including herpes, venereal warts (HPV), and AIDS.
- It reduces the risk of penile cancer (and cervical cancer in partners).
- Circumcised men have less risk of sexual dysfunction later in life.
Day of circumcision

BEFORE YOU ARRIVE:
• Plan to be at the clinic for up to 60 minutes.
• Feed your son just before you leave your home so he will be comfortable at the clinic.
• Arrive 15 minutes before your appointment time and bring two receiving blankets. Late arrivals will be scheduled for another day.
• Thirty minutes before the appointment, give your son Panadol according to age and weight. Do not give him Infant Advil / Nurofen (Ibuprofen), because it may affect bleeding.

AT THE CLINIC:
• We first apply a topical anesthetic ointment to your son’s penis to numb the skin.
• Next, Dr. Sharier will give a dorsal penile ring block – an injection through a tiny needle – into the area that has already been numbed by the topical cream.
• After 7-10 minutes, the penis will be frozen. Your son receives a sugar pacifier to suck, and Dr. Sharier performs the circumcision.

The Pollock Technique™

FIGURE 1.
Profile of uncircumcised penis with foreskin covering the glans (head of the penis).

FIGURE 2.
Penis drawn as if foreskin is transparent so that you can see the foreskin in relation to the glans. Notice the adhesions between the inner side of the foreskin and the glans. These are present at birth in almost all babies and must be released before the actual circumcision.

FIGURE 3.
Penis following circumcision. The cut edge of the skin retracts to just behind the back rim of the glans. This is the site of healing.
How to care for your son post-circumcision

**TO PROMOTE PROMPT HEALING:**

- Keep the area clean and dry. Use disposable diapers for the first week; they tend to be less irritating and help keep the area drier and cleaner.

- Gently clean the area around the penis with warm water and a cotton ball or soft washcloth. Do NOT use moistened towelettes, alcohol, powders or lotion as these may cause irritation.

- Avoid unnecessary car travel; car seats can be irritating to a newly circumcised penis – although a folded diaper placed between your baby and the car-seat straps will help prevent pressure on the penis.

**FIRST 24 HOURS:**

- It is normal for your baby to be a little irritable for the first 24 hours; keep him snugly swaddled – the less he kicks his legs, the more comfortable he will be.

- The best sleeping position for your baby is on his side, supported by a blanket roll. Most babies sleep well following the circumcision.

- Nurse in a quiet environment. A baby who cries for more than a few minutes may be suffering from air swallowed during the procedure and will need to be burped. Try to do so without putting pressure on his penis.

- Give your baby sponge baths only. Dr. Sharier will let you know at your follow-up when you can start immersing him in water.

- Check your baby's diaper every hour for active bleeding. If he is sleeping, just look at the front of the diaper; if no blood has seeped through, his penis is likely not actively bleeding. It is normal to see bloodstains the size of a loonie with each diaper change, and normal for the gauze to be a little red from bleeding. It is NOT normal to see blood dripping from the penis. To stop active bleeding, see What to watch for.

- Remove the gauze after 24 hours. It is normal if it falls off earlier: just put a thin layer of Vaseline on one of the gauze pads given to you at the clinic and place it over the penis for the remainder of the 24 hours.

- When you remove the gauze, it is normal for the penis to be discoloured, with drops of blood and pieces of skin at its tip. If you see green- and yellow-coloured membrane on the head or around the penis, this is part of normal healing and not an infection.
5 DAYS TO 2-3 WEEKS:

You will see a yellow/green, slimy discharge on the glans, it is normal - it is serous fluid (same as in a blister) mixed with Vaseline and is not an infection.

The swollen, red ‘collar’ temporarily obscures the back of the glans, but will soften in colour and flatten out over the next 1-2 weeks.

There is often a patch of yellow/green here as well. This is a scab made up of serum, called granulation tissue. Just like a red scab, which is made up of whole blood, this will fall off when the underlying tissues have healed.

The tissues are thicker on the underside, so the swelling tends to be greater here.

If the healing foreskin seems to be stuck to the glans, don’t panic. Most often this is a ‘mucosal adhesion’ (A) which will usually unstick itself after a week or so just with the normal friction of movement, bathing, or changing. These adhesions separate easily by gently peeling the edges apart, which Dr. Sharier will do at a follow-up visit, if required.

Less commonly, though, you may have a ‘skin bridge’ (B) where new skin grows across the gulley attaching the shaft skin to the head of the penis. These can be more difficult to separate if left too long, so it is best to bring these to Dr. Sharier’s attention immediately, so he can separate them as soon as possible.
What to watch for

**Active bleeding.** To stop active bleeding:

Grasp the gauze-covered penis between your thumb and two fingers and apply pressure to the penis for no less than 2 - 3 minutes. Use the same pressure you would use to stop a cut on a finger from bleeding.

Without removing the gauze, inspect the area for continued bleeding. Repeat the pressure if necessary.

Leave the gauze in place, as removing it may lead to renewed bleeding.

If you have applied pressure twice, and the penis is still bleeding, call Dr. Sharier on his cell phone at 0412 584 609.

**Sticking bandage.** Your son’s penis is wrapped in a gauze bandage after circumcision. This bandage may fall off on its own within the first 24 hours; if it doesn’t, you will need to remove it. **However, it is common for the bandage to get stuck on the penis - no need to panic:**

Apply Vaseline liberally over the bandage. Close the diaper and allow the bandage to soften for 10-15 minutes. Firmly peel away the bandage.

If the bandage won’t come off, you will just need to pull harder and be prepared for the penis to bleed a few drops. This is normal. You may need to put pressure on the oozing area for a few minutes. (See above: “To stop active bleeding”).

If the bandage still won’t come off or if you’re uncomfortable pulling harder, call our office to book an appointment for one of our staff to remove the bandage, at 02 8211-8888.

**Concealed penis.** When the length of the penile shaft is no greater than its diameter, or when there is a good amount of pubic fat, the penis may tend to retract inward. This is normal. If your son fits this profile, you can reduce the chance of a concealed penis by applying a thin layer of Vaseline to the entire glans once a day, until the glans takes on a healed appearance (about 1-2 months).

To expose a glans that has retracted inward, place gentle downward pressure on either side of the base of the penis. Consult with Dr. Sharier if the head of the penis cannot be fully exposed, or if any connecting skin bridges form between the shaft skin and the head of the penis.

**Infection.** Although rare, infection can occur. Common signs of infection include:

- Pus-like discharge
- Foul smell
- Excessive swelling or redness
- Local warmth
- Fever
- Rash in the vicinity of the penis

If your son exhibits any of these signs, or if he has not urinated in over 12 hours, call Dr. Sharier on his cell phone immediately, at 0412 584 609.
Frequently asked questions

How will my baby behave after the circumcision?
It is not unusual for a baby to sleep 6-8 hours after the procedure and to miss a feeding. While some babies are irritable after the procedure, most are back to their normal selves within 48 hours.

Will it hurt my baby when he urinates?
It may sting a little the first 24 hours, but after that it should not be painful.

How do I clean the gauze and penis if there’s stool on them?
Try to clean the area the best you can with a wet, soapy cotton ball or soft washcloth followed by a gentle rinse.

When can I start bathing my baby normally?
Dr. Sharier will let you know at your follow-up when you can start immersing your baby in water.

How long do I apply Vaseline to the penis?
Gently rub a small amount of Vaseline over the incision site and place a thin layer of Vaseline over the entire penis head with each diaper change. Do this for 14 days.

What happens if the gauze falls off early, before 24 hours?
This is normal. Just put a thin layer of Vaseline on one of the gauze pads given to you at the clinic and place it over the penis for the remainder of the 24 hours.

How do I remove the gauze if it’s sticking?
- Apply Vaseline liberally over the bandage.
- Close the diaper and allow the bandage to soften for 10-15 minutes.
- Firmly peel away the bandage.
- If the bandage won’t come off, pull harder and be prepared for the penis to bleed a few drops. You may need to hold pressure on the area for a few minutes to stop the bleeding (see: “To stop active bleeding”).
- If you find it too difficult or if you’re uncomfortable pulling harder, call our office to book an appointment for our staff to remove the bandage at 02 8211-8888.
What do I do if I remove the gauze and there's bleeding?

- To stop, grasp the penis between your thumb and two fingers and apply pressure to the penis for no less than 3-5 minutes. Use the same pressure you would use to stop a cut on a finger from bleeding.
- Inspect the area for continued bleeding. Repeat the pressure if necessary.
- If you have applied pressure twice, and the penis is still bleeding, call Dr. Sharier on his cell number at 0412 584 609.

What do I do if after the gauze falls off or is removed, there is still a bridge of skin attached to the head of the penis?

Please call our office to book an appointment with Dr. Sharier to examine your baby at 02 8211 - 8888.

What do I do if after the gauze falls off or is removed I can't see the head of the penis?

Please call our office to book an appointment with Dr. Sharier to examine your baby at 02 8211 - 8888.

What complications are possible from circumcision?

Complications are rare; the frequency varies with the skill and experience of the doctor, and are infrequent in Dr. Sharier's practice. Complications include:

- Significant post-op bleeding (1 in 400)
- Phimosis or narrowing of the shaft skin opening over the head of the penis (1 in 500)
- Buried or trapped penis in the abdomen (1 in 800)
- Infection requiring antibiotics (1 in 1000)
- Meatal stenosis or narrowing of the urethra (1 in 1000)
- Sub-optimal cosmetic result (1 in 500)
- Trauma to head of the penis (never occurred in this practice)
- More serious complications including death (never occurred in this practice).
Dr. Sharier now provides circumcision from newborn to adulthood. With the combination of short and long acting local anesthetics, our quick surgical technique (proven safe on 35,000 infants) and 2-octyl cyanoacrylate skin glue, we can now provide a comfortable circumcision procedure for all ages.

With the introduction of our skin glue closure method to replace the standard suture closure technique, we have been able to obtain an improved cosmetic outcome without the typical suture track marks in the mucosa and skin. In addition, glue closure is 10 times as quick.
Gentle Procedures Clinic
Circumcision