

Risks/Complications

Complications from infant circumcision are extremely rare, estimated at less than 3% of all cases. However, as with all surgical procedures, there are risks associated with neonatal circumcision, including the following:

- Bleeding
- Infection
- Poor cosmetic appearance
- Rash and irritation

Other complications are caused by faulty surgical technique, and include the following:

- Chordee (abnormal downward bend of the penis)
- Meatal stenosis (narrowing of the urine channel [urethra] at the top of the penis)
- Poor cosmetic appearance
- Skin bridges (foreskin reattaching to the glans)

Other things to consider are that circumcision is a permanent surgical procedure that cannot be reversed, and that some insurance companies may not cover the expense. Some people claim that circumcision reduces the ability to feel sexual pleasure later in life, but the effect of circumcision on sexual pleasure, either positive or negative, has not been established.

CIRCUMCISION



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Circumcision

For generations, circumcision was a widely accepted and performed surgery for newborns. This procedure involves the removal of the foreskin of the penis and is usually done in the hospital at birth, or for Jewish males, at home by a trained rabbi when they are 8 days old.

Benefits

Several studies have tried to find out if there is a medical benefit to infant circumcision. The results of these studies vary. There seems to be some evidence that infant circumcision can prevent or reduce the risk of the following:

- Urinary tract infections
- Penile cancer in men
- Sexually transmitted diseases, including HIV/AIDS

The most significant benefit to infant circumcision is a lower rate of urinary tract infection (UTI). Studies show that during the first 3 to 6 months, UTIs are 10 times more common in uncircumcised boys than in circumcised boys, and UTIs in infancy may lead to kidney problems later in life. However, UTIs are easily treated with antibiotics and may not be reason enough to circumcise an infant.

Some studies have shown a slightly higher rate of penile cancer among men who were not circumcised as infants. However, penile cancer is extremely rare among all men, circumcised or not.

There is some evidence that circumcision may reduce the risk of getting or passing on a sexually transmitted disease (STD). However, it is not clear whether circumcision is the key factor, or if other factors, such as condom use and the number of sex partners, play a larger role.

The Procedure

The procedure takes about 5 to 15 minutes to perform. The baby is placed on his back with his arms and legs restrained and the penis and surrounding area are cleaned. A local anesthetic is used to prevent pain and takes effect in about 20-40 minutes.

The foreskin is pulled down (retracted) from the head of the penis and clamped in place using a metal or plastic ring. If a metal ring is used, the foreskin is cut off and the ring is removed. An antibiotic cream is applied and the penis is wrapped in loose gauze. Healing usually takes 5 to 7 days.

If a plastic ring (called a Plastibell) is used, the foreskin is slit and wrapped back around the ring. A piece of thread (suture) is tied around the cut foreskin, pushing it into a groove in the plastic. This is left on the penis for 5 to 7 days, after which it falls off, leaving a completely healed circumcision. An antibiotic cream is applied to the penis.

After the Procedure

The circumcised penis must be cleaned with soap and water every day and each time the diaper is soiled. If the penis has been wrapped in gauze, clean gauze must be applied every time the diaper is changed. Petroleum jelly can be applied to the newly exposed head of the penis, which may be irritated by diapers and urine.

Slight swelling and bleeding may occur and a clear crust often forms over the area. In most cases, the circumcision will heal normally within 5 to 7 days.

Call the doctor if:

- Bleeding doesn't stop or is excessive (larger than the size of a quarter).
- Diaper is dry 6 to 8 hours after the circumcision.
- Redness or swelling doesn't go away, or gets worse, after 3 to 5 days.
- There is a yellowish discharge or coating after 7 days.
- The baby has a temperature of 100.4° or above.
- The Plastibell device doesn't fall off within 7 to 12 days.