

## **Circumcision**

Parents choose circumcision for their baby or child for varied reasons.

Circumcision is practiced throughout the world by many communities as a cultural expectation and is considered as an important event for celebration within the religious framework of many communities. The origins of circumcision come from times when it was not so easy to have access to clean water for bathing and when dirt and grit were hazardous on sensitive skin. Even in our time, the foreskin is exposed to moisture, urine and bacteria and is frequently not well aerated due to the manner in which we dress and conduct our lives.

If we undertake not to circumcise our sons, we should therefore be undertaking to ensure that the foreskin is healthy, functions well and comfortably and that the child has the knowledge and capability to keep this area clean and fresh. Unfortunately, by its nature, the foreskin is frequently sore or irritated and retracts with discomfort. In some individuals, it becomes scarred and thickened and may be at risk of skin cancer during adult life. Irrespective of preference, these boys or men may require a circumcision to relieve pain and allow normal hygienic and sexual functioning.

Having a circumcision is a choice and may make the hygienic care of the penis easy - there is no skin to retract out of the urinary stream or to harbour moisture and bacteria. Aesthetically the area will be less likely to be irritated and itchy and will be less odourous. There are added advantages of reducing the risk of urinary infection in susceptible individuals and also of reducing risks of sexually transmitted diseases, although we would be hoping that this risk can be reduced in other ways.

The choice to circumcise for cultural reasons or preference alone is a personal one that has to be balanced with the performance of the procedure – an anaesthetic of sorts, a surgical procedure and then a healing process. There will be some pain, although often very young children will tolerate this very well. The optimal time in terms of good tolerance of the procedure is between the ages of birth and 18 months whilst the child is still wearing nappies and has not yet reached the state of control of bladder function. There are rarely complications such as bleeding, ulceration and infection, although these situations arise rarely in the baby and toddler population. There will always be those who consider that the process results in reduced penile sensitivity and that this may have an effect on sexual experience. These concerns are poorly substantiated and in patients who have foreskin irritation, do not outweigh the advantages of circumcision.

The decision about who performs the circumcision for your child should not be considered lightly. It is an operation that needs to be done by an experienced individual and a poorly performed procedure or a procedure attempted without proper anaesthetic may leave a child permanently scarred and with potentially life long consequences. Notwithstanding that, a circumcision is a common procedure for a Paediatric Surgeon and can be accomplished reliably and with expertise. It is also important that the surgeon is able to deal with any issues or complications that arise and to look after your child until the healing process is complete.

At 195 Specialist Centre, we offer circumcision in two different ways.

1. For newborn infants up to 8 weeks, we take advantage of a quiet, sleepy time of life and can perform the procedure using a local anaesthetic block. The penis can be numbed successfully and the child will usually tolerate the procedure very well if some glucose is given on a dummy for settling. This can be done safely in the offices and takes around 30 minutes to do with a 30 minute observation period following the procedure. A Plastibel ring is used for this technique. The foreskin is stretched open and a small plastic cylinder is placed inside with the foreskin then pulled over this like a sleeve. A surgical ligature is tied around the foreskin which seals the skin layers together. The ring then falls away and allows the healing process to complete after around 5 days.

After the age of 8 weeks I would not suggest that this procedure is attempted due to the baby being much more active and unhappy to be held still. This puts the procedure at some risk of not being as technically accurate due to patient movement.

2. For children over 6 months it is safe to administer general anaesthesia. These children will not tolerate a local anaesthetic procedure and it is not safe nor fair to attempt to perform painful procedures such as circumcision without proper anaesthetic. A general anaesthetic is extremely safe in this age group and is administered only by fully qualified paediatric anaesthetists who are skilled in administration of an anaesthetic to an infant or young child. Local anaesthetic is also given to numb the area helping to reduce the depth of anaesthetic needed and this also allows the child to wake up with minimal pain. The circumcision is done surgically and sutured. Because the child is fully anaesthetised, there is the capacity to correct minor anatomical abnormalities and overall this is a more accurate technique of circumcision. The procedure takes around 20 minutes and the child will be observed for an hour or two as the anaesthetic wears off.

It is preferred that all patients attend a visit after the healing process is complete to ensure that the outcome is progressing well.

If there are concerns about a potential infection or bleeding after circumcision this should be notified immediately to give instructions and to provide care as necessary.