

Dr. Steven Cusimano

B.Sc., M.D., C.C.F.P.

52 KING STREET EAST
DUNDAS, ONTARIO L9H 1B8

TELEPHONE 905-627-1661

FAX 905-627-1178

RECOGNIZED RISKS AND POST-OP CARE OF CIRCUMCISION

The surgical procedure is performed by Dr. Cusimano, a trained, experienced practitioner. When performed on a healthy newborn male under optimal conditions, the risk of complications is minimal. On the first diaper change you will see a gauze wrap around the circumcision. This wrap should stay on until the first bath which should occur on the 3rd day after the procedure. After it is soaked in the bath, the gauze should be easy to unwrap. However, the gauze may come off by itself before the bath occurs - it may even come off today. If the wrap comes off by itself, then it is no longer needed. When the gauze is no longer present, start using Vaseline on the circumcised area with each diaper change for about 6 weeks until it is clear there are no adhesions and then you can stop using the Vaseline.

BLEEDING RISK

It is normal to see some blood on the gauze and some blood may come off onto the diaper but with each diaper change the amount of blood should be decreasing. If you see the gauze is getting soaked with blood or the blood on the diaper is not decreasing, you should get some attention right away. You should take the baby to the nearest ER of a hospital. Even if this occurs in the middle of the night do not wait until the morning. Bleeding is a very rare complication but when it does occur it can be serious. Please do not leave the office until our nurse has a chance to check the baby for possible bleeding.

INFECTION RISK

Infection is a very rare complication. After the gauze is off you will see that the circumcised area will be red and swollen with some discharge. This is normal and usually disappears in the normal course of healing. What you need to watch out for is excessive swelling or excessive discharge. If there is anything that worries you about the circumcision get the baby seen right away either by your own doctor, or a clinic, or give us a call to bring the baby here.

ASYMMETRY

We use an instrument called the Gomko Clamp to do the circumcision. This makes the circumcision even all around the glans penis. However, after the swelling starts the amount of swelling may be more on one side than the other. After a period of time the baby may outgrow this asymmetry but this usually takes 1 to 2 years so the final result of the circumcision may not be perfectly symmetrical, however no need to worry since the result is still healthy and normal. Any future possible need for revision of circumcision will be at the expense and responsibility of the parent/guardian.

PAIN CONTROL

By the time you get home the freezing will be wearing off. If the baby becomes fussy you can use Tylenol or Tempra but avoid Aspirin and the anti-inflammatories such as Advil and Motrin because of potential for bleeding. The usual dose of infant Tylenol is 0.5 ml every 4 hours whenever needed.

QUESTIONS

Be sure to have all your questions answered before the procedure and prior to leaving on the day of surgery.

PARENT/GUARDIAN INFORMATION ABOUT NEWBORN CIRCUMCISION

Having a baby requires you to make many decisions. One decision you may not have given much thought to is prophylactic circumcision. In fact, routine circumcision has become controversial. Knowing the facts as currently understood will help you decide. Discuss them with your doctor, midwife, or Dr. Cusimano so you may gain a clear understanding of the reasons for and against circumcision.

WHAT IS IT?

Circumcision is removal of the foreskin (prepuce) of the penis. This can be done surgically using a special clamp. The procedure itself takes less than 20 minutes. Local anesthesia (xylocaine) may be used but it is left to physician discretion. After the surgical procedure, the penis may be minimally sensitive for a few days until it heals but does not usually cause any change in behaviours to your baby.

PREPUCE AT BIRTH AND AFTERWARDS

The glans (head) of the penis and the foreskin in part share common tissue at birth. These gradually separate as the child matures. About 96% of foreskins at birth are tight and not naturally retractile. This is called phimosis (tight foreskin). The figure drops to 80% at six months; 50% by one year; and by two years is 20% and 10% at three years. The prepuce is still not retractile in about 6% of boys aged 5 to 13 years and can only be partially retracted in 14%. It may not be completely retractile until the age of 17.

SOCIAL-CULTURAL CONSIDERATIONS

In North America, circumcision has been a common practice. Parents may wish their sons to be like their father, or like other boys. Parents may feel it's the right thing to do. These factors may also be considered when thinking about circumcision. In 1989, after reviewing all medical data, a task force on circumcision of the American Academy of Pediatrics, in a major policy shift found that circumcision has clear medical advantages balanced by some risks, as outlined in the next section and in the attached handout titled "Recognized Risks and Post-Op Care of Circumcision".

MEDICAL BENEFITS OF CIRCUMCISION

- Facilitates penile hygiene
- Decreases the incidence of urinary tract infections
- Decreases the incidence of sexually transmitted diseases
- Decreases risk of acquiring Human Immuno-Deficiency Virus (HIV) from an infected sexual partner
- Prevents cancer of the penis
- Prevents phimosis (tight foreskin)
- Prevents paraphimosis (tight foreskin pulled behind glans)
- Prevents balanitis (inflammation of the glans)
- Avoids pain and possible psychological effects of late circumcision
- Avoids risk associated with anesthesia for late circumcision
- Avoids costs of late circumcision

CONTRAINDICATIONS FOR CIRCUMCISION

A prophylactic circumcision may be contraindicated or just deferred in the following circumstances: congenital anomalies, family history of bleeding problems, neonatal illness, or for other reasons.

