

Circumcision should normally be avoided when there is a history of haemophilia in the family; but can be performed safely, in a hospital setting, by certain specialists in that condition who will administer pre-operative Factor VIII. Circumcision by laser can also reduce the bleeding risk but a laser requires a specially trained surgeon for its safe use.

#### **Removal of too much foreskin.**

This very occasionally occurs when infant circumcision is done freehand, but is slightly more likely to occur in adult circumcisions. Sometimes the real problem is a retained tight frenulum which maintains the skin in too much tension – removal of the frenulum, which should be automatically be done in any circumcision, will then cure the problem.

#### **Removal of too little foreskin.**

This is probably the most common complaint following infant circumcision. Because the infant penis is so very small there is a general tendency of doctors to err on the side of removing too little foreskin, so as to ensure that they do not take off too much. After circumcision part of the glans remains covered or there is a bunch of foreskin in the coronal sulcus. The problem can be avoided by greater care on the part of the operator, but the excess can always be removed at a later date.

#### **Suture (stitch) tunnels.**

These can occur if the sutures remain in place for too long so that the skin fully heals around them, leaving a hole similar to a piercing. Even 'soluble' sutures can cause the problem as they were originally designed for internal use where there is a plentiful supply of enzymes to dissolve them. Sutures should be removed after 10-12 days to avoid the problem.

#### **Skin bridges.**

These are tags of skin linking the glans surface or rim to the remnant of foreskin on the shaft. They are almost exclusive to infant circumcisions where the infantile adhesions (synechia) linking the glans and foreskin have had to be forcibly broken down, leaving the glans a little raw.

Parents need to be advised to gently push back the foreskin remnant at every bath and diaper change and coat the raw area with petroleum jelly (Vaseline), or an antibiotic ointment, to prevent adhesions. Skin bridges cannot form if parents take this simple precaution.

#### **Infection.**

Provided the wound is cared for properly by the patient or his parents there is very little risk of infection. When it does occur, prescribed antibiotics usually clear it up very rapidly (although full healing may be slightly delayed whilst the infection exists).

# Circumcision HelpDesk™



## Circumcision Problems and Risks

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## Circumcision Problems and Risks

Opponents of circumcision make a great play of problems and risks associated with circumcision, so what is the real position?

Circumcision, whether for religious, medical or social reasons, is surgery (even though it is minor and external) and thus, in common with all other surgery, carries some risks. Circumcision has, however, been practiced world over for thousands of years by primitive peoples and great civilisations alike and is still practiced by approximately 40% of the world's population today – with its popularity growing. It follows, therefore, that the risks are very small or this operation would have died out long ago. Indeed the potential advantages outweigh the risks by over 100 to 1, as shown in many studies (for more detailed information please see the brochures at <http://www.circinfo.net>).

So what are these risks? Most are very much more theoretical than practical (just as there is a theoretical risk of being involved in a serious road accident every time one ventures outside the home – but such a risk is one that would hardly even be considered when deciding whether or not to go out!). We will therefore consider only those problems which are known to occur from time to time.

It should be noted that complications can be avoided by taking a few simple precautions. The patient should be in good general health; any known medical problems, and any medications being taken, must be declared to the doctor before treatment starts. The operator should be chosen on the basis of recommendation as one well versed in the surgery of circumcision for the age group concerned.

### **Anaesthetic risk.**

Whilst modern general anaesthetics are basically very safe, they do carry a much greater risk than the circumcision operation itself. This is particularly true in infants whose systems are still developing.

As its name implies, a general anaesthetic affects all areas of the body (including the heart, brain and lungs) and not just the area being operated on. It should therefore be used only in extreme cases; local anaesthetic should be the preferred method for all ages as its risk is negligible. General anaesthetic must not be used on infants under 1 year old for circumcision alone as the risk is far too great.

A mild sedative can accompany the local anaesthetic to calm the patient and limit movement if required, instead of using a general anaesthetic.

### **Excessive bleeding.**

Some degree of bleeding accompanies all circumcisions except those performed with a laser or occlusion devices such as the Plastibell or Tara KLamp. Most bleeding can be controlled with simple pressure, but medical attention should be sought at once if it continues. This is especially important for infants who have a small total blood supply.