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INSTRUCTIONS FOR CIRCUMCISION

Dear Parent/s,

Thank you for entrusting the circumcision of your son to our team.

We hope the following points will make the process as straight forward as possible for you and your son.

1. ***Referral*** - Please bring a referral letter from your local Doctor

2. ***Appointment*** - confirm your appointment the day before.

3. ***Baby's age*** - Usually we will not perform circumcision on babies older than 2-3 weeks. Prematurity will be taken into account.

4. ***How long will it take*** - the procedure itself takes 10 mins. You will be required to remain at the surgery for up to 1 hour after the procedure for observation. Our Nurse will instruct you on further care for your baby before you go home.

5. ***Circumcision may not be performed if*** baby has jaundice or a nappy rash. If your baby has a nappy rash we can assess the area on the day of the circumcision. The procedure may not be able to be done if the nappy rash involves the scrotal area and above. If you are unsure, please contact the surgery before your appointment date.

6. ***What to dress baby in*** - a full body length Bonds suit and singlet for the appointment is best.

7. ***Feeding baby*** - PLEASE **DO NOT** feed your baby within **2** hours prior to the circumcision.

8. ***Local anaesthetic*** - we normally do not use local anaesthesia. We have in the past and found it prolonged the procedure and the babies were distressed by the injection.

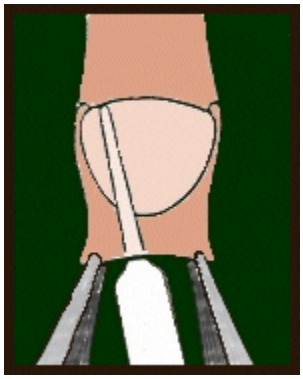
   Locally applied cream ie. EMLA cream can be used – IT IS OPTIONAL. Studies have suggested the use of EMLA cream reduces pain in infants compared to using no analgesia at all[1]. If you decide to use EMLA , you will need to purchase the cream from a chemist. You do not need a script. Apply the cream to your son's penis/foreskin 20mins prior to the procedure or just prior to leaving your home.

9. If you are breastfeeding your baby, you can take 2 tablets of 500 mg Panadol if you are not allergic to Panadol, as this may help with pain relief for your baby after the procedure. Panadol is excreted in breast milk. The amount available for ingestion by the infant has been reported variously as less than 0.1% of a single dose of paracetamol 500 mg and the amount found in human milk is not enough to cause any problems for lactation and the breastfed child.

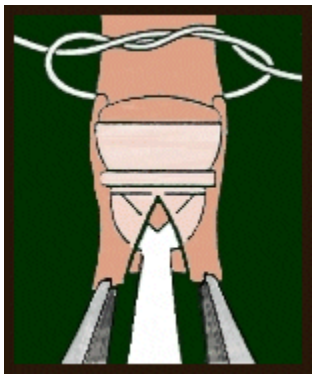
Payment — the procedure fee is $500-00 — we accept payment by **Cash, EFTPOS, Mastercard or Visa Cards only** and is to be paid at the time of appointment - we **DO NOT** accept pension or health care cards for this procedure. We **DO NOT** accept American Express or Diners cards

HOW THE PROCEDURE IS PERFORMED

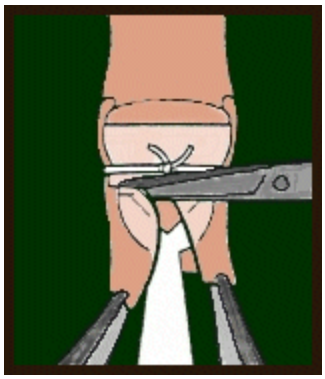
1. An incision is made in the top of the foreskin.

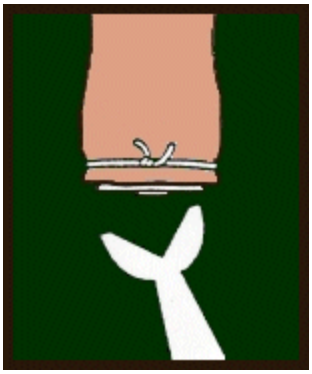


2. The Plastibell is placed over the head of the penis and the foreskin is pulled over the Plastibell.



3. A suture is tied around the foreskin over the tying groove in the Plastibell. Excess skin beyond the suture is trimmed away. The Plastibell falls off 2-7 days later.





CARE AFTER CIRCUMCISION

* For 4 weeks after the procedure spread gauze with Vaseline and place on the end of the penis so it does not rub on the nappy. Do this every nappy change.
* Baby cannot be bathed the day of the circumcision but may be bathed as normal the following day. Soaking him in the bath daily assists the Plastibell to fall off.
* Plastibell usually takes 2 to 7 days to fall off.
  If Plastibell is still in place after 7 days, please bring baby back to surgery for removal of Plastibell. **(RING for appointment FIRST).**
  DO NOT PULL THE PLASTIBELL OFF - LET IT FALL OFF
* The penis may be red and slightly swollen until the Plastibell falls off.
* After 2-3 weeks, bring baby back to see Sister to check site healing. (please ring for appointment)

LITERATURE REVIEW AND SUMMARY

Circumcision, or removal of the foreskin, is one of the oldest and most common surgical procedures worldwide and is undertaken for many reasons: religious, cultural, social and medical. An estimated one third of males worldwide are circumcised.

In Australia Circumcision was widely practiced between 1940-1970. It was viewed as a simple procedure that promoted hygiene and prevented genital disease. Rates peaked at 80% of the male population and remained so until the late 1980's when there was a dramatic decline in circumcision

in Australia. Such a decline occurred as a result of a number of professional bodies who decided that circumcision was an unnecessary procedure and should be discouraged.

In 1971 and again in 1975 the Committee on the Foetus and New Born of the American Academy of Paediatrics (AAP) took a stand against the routine circumcision of newborns. This position was reiterated in 1983 by both the AAP and the American College of Obstetricians and Gynaecologists. The Australian Paediatric Association took a similar view, and in 1971 stated "The Australian Paediatric Association recommends that newborn male infants should not as a routine be circumcised".

As a result of the above many in the medical and nursing profession took a strong stance against circumcision, particularly as the community had also increasingly questioned the rationale and value of the procedure in the newborn. The medical profession focused on the negative arguments and actively discouraged the practice. This has also been the position of our Nursing colleagues, and consequently when parents have asked for advice they have been actively dissuaded from getting a circumcision. There are currently countless organisations and websites, both professional and non-professional, debating both for and against.

At the heart of this controversy is the discussion between the perceived benefits and potential complications of what is a fully elective procedure[2,3].

A turnaround began in 2007 when the American Academy of Paediatrics (AAP) formed a multidisciplinary task force of AAP members to evaluate the recent evidence on male circumcision. The evidence showed that health benefits for newborn male circumcisions outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits include prevention of urinary tract infections (UTI's), penile cancer and sexually transmitted infections (STI's) including HIV.

The Royal Australasian College of Physicians in October 2010 stated that "After reviewing the currently available evidence, the RACP believes that the frequency of diseases modifiable by circumcision, the level of protection offered by circumcision and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand".

In contradistinction, a very strong recommendation for circumcision was published by an eminent group of Australian Academics[4].

Circumcision is now on the incline again in line with new research discovering the benefits of circumcision and currently probably 30% of Australian born are circumcised. A further percentage require circumcision at a later age due to complications of the uncircumcised.

Currently it would be fair to say that **routine** circumcision is not advocated, however there is justifiable evidence to endorse circumcision and its health benefits to those who seek it.

As stated above, the health benefits include the prevention of UTI's in infancy. Among adults in developing countries where prevalence of sexually transmitted disease is high, circumcision reduces the risk of HIV/AIDS, syphilis and chancroid. In developed countries circumcision may decrease the lifetime risk of penile cancer in men and cervical cancer in women.

UTI's – Comparative studies consistently report that circumcised male infants have significantly fewer UTIs than uncircumcised male infants. In a systematic review of 12 studies including data on over 400,000 males primarily under 1 year of age, circumcision reduced the risk of UTI by almost 90 percent (OR 0.13, 95% CI 0.08-0.20)[5]. The American Urological Association endorses this statement (see website reference below).

HIV- Randomised trials were conducted in Africa, a country with a high prevalence of HIV; they reported a reduction in incidence of HIV by 50% in circumcised males[6].

Penile cancer - Circumcised men are at least 10 times less likely to develop penile cancer and virtually all cases of penile cancer occur in men who are not circumcised at birth.

Cervical cancer - evidence suggests that female partners of circumcised men are less likely to develop cancer of the cervix.

Circumcision prevents Phimosis (inability to retract foreskin), Balanitis (inflammation of glans), and Paraphimosis (constriction of the penis by tight foreskin)[7].

When considering circumcising your child there are contraindications and risks to consider:

Contraindications to newborn and infant circumcision:

Prematurity

Sick and unstable infants

Jaundice

Myelomeningocele (a birth defect in which the backbone and spinal canal do not close at birth)

Hypospadias (urethral opening is located on the ventral side of the penis instead of the tip)

Epispadias (urethral opening is on the dorsal surface of the glands)

Chordee (ventral curvature of the penis)

Buried penis

Personal or family history of bleeding disorders

The complication rate in circumcision is believed to be between 1% and 4%. The most common complication is bleeding (occurs 0.8%). The Plastibell used for circumcision has the lowest incidence of bleeding as the suture remains on place for a few days after the procedure.

A less common complication of circumcision is infection. Pain and swelling can also occur.

Other complications include:

Hematoma (swelling caused by a blood clot)

Urinary retention (due to Plastibell obstructing urethral opening)

Retained Plastibell

Abnormal healing (granulomas along the cut edge and keloid formation)

Poor cosmetic result

Insufficient foreskin removed (may lead to phimosis)

Phimosis (inability to retract foreskin)

Concealed penis

Excessive foreskin removed

Adhesion/ skin bridges (area of foreskin is stuck to the glands)

Inclusion cysts (form along the cut edge due to smegma accumulation or from epidermis rolling)

Meatitis (urethral opening becomes red and inflamed. Using Vaseline/petroleum jelly minimises risk)

Meatal Stenosis (narrowing of the urethral opening)

Urethrocutaneous Fistula (fistula develops between the urethra and the skin)

Please note that in over 40 years of performing circumcisions not one of the serious complications have occurred.

So… What then has circumcision to offer?

- Decrease in UTI's: Conservative estimates suggest a 1:100 rate of UTI's in uncircumcised males compared to a rate of 1:1000 in circumcised males.
- Decreased incidence of phimosis, (inability to retract the foreskin) balanitis (inflammation of the glans), and paraphimosis (constriction of penis by tight foreskin). Up to 18% of uncircumcised boys will develop one of these by 8 years of age, whereas all (except balanitis) are unknown in the circumcised. They will then usually need circumcision at this later age.
- Decreased STD's — sexually transmitted diseases
- Decrease in urological problems and infections in older men
- Virtual elimination of penile cancer in later life.
- Decreased incidence in cervical cancer in the partners of circumcised men: being uncircumcised is a risk factor for Human Papilloma virus infection[6]

Additionally, lack of circumcision:

- Is the biggest risk factor for heterosexually-acquired AIDS virus infection in men (8 times higher risk by itself, and even higher when lesions from STD's are added in)
- Carries a higher risk of death in the first year of life (from complications of UTI: kidney failure, meningitis and infection of the bone marrow)
- Higher complication rates for circumcision later in life compared with neonatal circumcision

The Case Against Circumcision

The complication rates of having or not having the procedure have been examined. Reported rates vary widely in the medical literature depending on the type of study carried out. The most common complications are bleeding and local infection[2,3].

Bleeding consists of slight oozing in most cases, requiring only gentle pressure for control. Local infection may be treated with local wound care and/or antibiotics.

All other complications as mentioned above are uncommon or rare.

Those who are against circumcision claim a multitude of wrongful issues are occurring to a child who does not have any say in the removal of his foreskin. But that is like giving children the choice with vaccination. Other claims are that in the future it can disturb sexual function – there is no strong evidence for this.

In summary

Considering that circumcision is the world's oldest procedure, it is surprising that it actually still remains a reasonable option today, although one of the most controversial. Regrettably, some of the medical literature suffers from authors who place the fury of debate above the evidence based research found to support circumcision.

A consensus is forming that circumcision offers protection against UTI, penile cancer, cervical cancer in female partners, genital ulcer disease and HIV. Phimosis may be treated successfully with potent topical steroids and circumcision can be resorted to in cases of treatment failure.

Complications are uncommon or rare and almost always minor.

The decision to perform a circumcision needs to be an informed one. At our practice, we aim to provide you with current and evidence based research as well as the means to access further information should you require it. (refer to recommended websites below)
Our optimised protocols of treatment, and after care, are aimed to ensure the safety and success of this procedure.

Recommended websites:

www.racp.edu.au/circumcisionofmaleinfant

www.circinfo.org/doctors

www.pregnancybirthbaby.org.au

www.acog.org/Patients/FAQs/Newborn-Circumcision

www.auanet.org/about/policy-statements/circumcision.cfm

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