



Preparation for Infant or Childhood Circumcision

A General Guide for Parents



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Preparation for Infant or Childhood Circumcision

A General Guide for Parents

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in conjunction with The Circumcision Helpdesk™**

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Inter-Circ: The International Circumcision Forum



is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to debate topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:

<https://groups.io/g/inter-circ>

Disclaimer

Whilst every effort has been made to ensure the accuracy and applicability of the information contained within this booklet, it is intended as a general guide only and not as a source of complete or totally indisputable information. The authors stress that if you are in doubt about how to prepare for your son's circumcision you should immediately seek the advice of your medical practitioner or surgeon. This guide is not intended as a substitute for the advice of a doctor and nothing herein is to be construed as 'medical advice'.

If your doctor or hospital has given you specific instructions regarding preparation you should follow those whenever they conflict with the advice in this booklet.

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Introduction

The circumcision of your son can be an emotionally traumatic time for you as parents, and for him if he is not an infant. Any surgical procedure carries with it anxieties, concerns and potential risks. These should be discussed with your surgeon at a consultation prior to the operation. This booklet aims to allay your anxieties, address your concerns and explain in simple terms what to do to prepare for your son's circumcision. We hope you will find it useful.

This booklet is intended as a general guide to the planning and preparations you should make for your son's circumcision. The guidance refers to circumcision of infants and pre-puberty boys only, and not pubescent or post-pubescent teenagers or adults for whom there is a companion booklet.

There are no hard and fast rules regarding how to prepare for a circumcision so the following information is only a guide. This information has been gathered from a variety of sources including some doctors' preparation notes and comments made on the Internet by parents recounting what worked well for them and their sons.

Your son's circumcision may be to meet cultural or religious requirements or from medical necessity, in which case you may need to deviate from the guidance herein.

Getting advice from others who are, or have been, in the same situation is desirable so that you are as well prepared as possible. Discussion on the Inter-Circ Forum can be especially valuable in answering specific questions. There is also a wealth of general information about circumcision available from the Circumcision Helpdesk™ as well as on the Circlist and other web sites (see the recommended links on page 15).

Parental authority and Consent

Parents have a fundamental right and duty to make decisions for their children until they become of an age to understand and make their own decisions. By default that age is the legal age of majority (now 18 in most countries but still 21 in some places). Some jurisdictions have given selected decision making powers to younger children regarded as competent. This may affect your right to insist on, or refuse, circumcision – although this is generally unlikely to apply to pre-pubescent boys.

Amongst the many decisions that parents have to make on behalf of their children are those relating to health, education, religious/moral upbringing and even the type of food that they will eat. They can decide in any way that is not explicitly prohibited by law, but must act in what they see as the best interest of the child.

Circumcision in infancy and childhood for religious, cultural, curative, prophylactic or aesthetic reasons is not prohibited in any country of the world. A few countries have placed some requirements to ensure safe circumcisions but these do not prevent parental choice to have their sons circumcised. Parents everywhere have an automatic right to make this decision on behalf of their young sons.

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This is not the place for a full discussion of the legal situation but in general terms, where parents are, or have been, married (even if now separated or divorced) they have joint responsibility and both must consent before a boy is circumcised. If unmarried, the mother or legal custodial parent/guardian usually has sole discretion. There is some additional material on the legal position in our booklet "Circumcision Consent – An introductory guide" on the Inter-Circ and Circumcision Helpdesk™ web sites as well as some further information on the Circlist web site (at <http://www.circlist.com/circ-law/mainpage.html>).

Circumcision methods

There are 2 major methods of performing circumcision in infancy or pre-puberty.

The *occlusion* method uses a plastic bell or equivalent clamp which remains on the boy's penis for a week or so and works by depriving the foreskin of its blood supply, whereupon it dies, turns black and falls away with the plastic ring or clamp in 7-10 days. Typical devices are the Plastibell™, Circumplast, Smart KLamp™ or Ali's Clamp™.

In the most common *excision* method the foreskin is pulled forward, temporarily clamped in front of the glans, and then cut off with a scalpel. The cut edges are then stitched, or glued, together. Stitches may, however, be unnecessary for an infant. Typical names for this method are Jewish Shield, Mogen™ Clamp or Forceps Guided.

Another *excision* method, less commonly used on infants but common with older boys, uses a Gomco™ Clamp. In essence a metal bell is placed over the glans and under the foreskin. A metal plate is passed over the foreskin and the bell, which then fits closely into a chamfered recess in the under side of the plate. The foreskin is pulled through the gap between plate and bell until the desired tightness is obtained. The bell is tightly clamped to the plate and the foreskin cut off using the upper surface of the plate as a guide, before the whole clamp is removed. The cut edges are stitched, or glued, together. Stitches/glue may, however, be unnecessary for an infant. The resulting line of the cut is much closer to the back of the glans than with the preceding methods.

Doctors generally use only one method, so if this is important to you then you will need to ask about it before making an appointment.

Planning an infant circumcision

General

Do not leave the decision to circumcise your new infant son until after he is born. Parents should discuss this operation well in advance of the birth so that the mother doesn't have to worry about it whilst recovering from the birth.

It is preferable not to circumcise the baby until he is at least a week old and well established, having at least regained birth weight. This minor delay also allows any genital abnormality to be properly assessed since some are contra-indications for circumcision, or a reason to delay it until the boy is older.

A premature baby should not be circumcised until he has reached the point at which he would have been born had he gone to full term; and is also doing well.

It is also best if the circumcision can be performed before the boy is 3 months old, and certainly before six months. Most mohelim and many doctors will not do it after 3 months.

Choosing the doctor

If the circumcision is to be done in the hospital before discharge, you may have no choice regarding the doctor doing it; or your Obs/Gyn may do it for your son. Ensure in advance that you know who is to do it.

If being done after discharge, you should choose a circumciser who has considerable experience of performing the operation on infants. In general this will be a doctor, but Jewish Mohelim (who may not be doctors) are generally highly regarded, being very well trained and experienced in infant circumcision. Your local Mohel may be willing to circumcise a non-Jewish baby.

Circumcision in the doctor's office (or a dedicated clinic) a few days after discharge, rather than in the hospital nursery, ensures that it is not performed in a rush by the most junior doctor; but in a manner more conducive to the comfort of the baby. Parents can also more easily be present, which can be calming for the baby. There is also a slightly lower risk of post-operative infection.

Planning circumcision for an older boy

General

There is little doubt that the earlier a boy is circumcised the quicker it heals and he recovers, leaving him with less embarrassment and little or no memory of it. If not done in infancy, there may later be a need to satisfy religious or cultural custom or to deal with a medical problem (which may occur at a time not of your choosing). When the timing is arbitrary, you might particularly like to have it done before he starts school, or just before moving to secondary education. Once he reaches a point where you can have an age related, reassuring, conversation with him, you should use this opportunity to discuss what is to be done for him and why.

Explanation of what is to happen is very important to avoid undue worry and, especially in younger boys, the thought of being emasculated. The boy needs to understand that he is being circumcised to give him a benefit and not as any form of punishment.

Some boys, particularly those approaching their teens, may actually ask parents to get them circumcised. You then need to ensure that the boy fully understands what he is requesting. Once you are sure of this you should arrange the circumcision at the earliest convenient opportunity, keeping your son fully informed if the procedure will not be until several months later (e.g. the next main school holiday). Do not try to put him off as this will only cause resentment and, when he becomes an adult, choose a cheap but unsafe practitioner to get it done.

Choosing the doctor

If your son has a clear and immediate medical need for circumcision (e.g. serious phimosis interfering with urination, or recurrent inflammation under the foreskin) then you should start by approaching your usual doctor who will refer you to a suitable specialist. This is the route that you must generally take if you wish medical insurance to pay for the circumcision.

In the case of a purely elective circumcision for religious, cultural, prophylactic or aesthetic reasons you can start with your usual doctor or go straight to one of the many doctors or clinics offering a circumcision service. Most of these doctors are urologists but some are not (but are still highly experienced). You will usually have to pay the full cost in these cases.

To find a suitable doctor or clinic you can simply look in Yellow Pages (or an equivalent classified directory) for adverts mentioning circumcision. You should ensure that the chosen circumciser has considerable experience of performing the operation on boys of your son's age, preferably one who is recommended by other parents. Asking on the Inter-Circ Forum can also elicit suitable names.

Another source of doctors and clinics is the listing maintained by The Circumcision Helpdesk™. When making any enquiry of them, ensure that you state your location (Town, State/County and Country); stating that it is for an infant or child and giving their age so that the most relevant ones can be recommended to you.

Should your son be needing a revision circumcision to correct or improve on a previous operation then it is especially important that you use a doctor well versed in revision circumcisions as these require much more skill, experience and attention to the wishes of the patient, or his parents, than the original operation. Enquiring of The Circumcision Helpdesk™ can be particularly helpful here.

Timing

When planning the circumcision you should, if at all possible, consider the timing of it to avoid potential problems.

Whilst there is no absolute need to take time off school after circumcision, your son may find it very hard to concentrate on his work for the first few days and it may be desirable for him to take a week off.

You should not schedule a circumcision within a month or two before or after your son has major examinations so that he can better concentrate without distraction and thus do well. Remember also that during exams he cannot get up and walk around to relieve any pressure on his penis.

He must not participate in fast-moving, high impact or contact sports such as football, soccer, rugby, basketball, boxing or wrestling, nor in running, cycling, horse riding or swimming until his circumcision has fully healed (which may take up to 8 weeks), so you should take this into consideration if participating in sport is important to him.

Anaesthesia

Be sure to discuss anaesthesia with your chosen circumciser, preferably before making an appointment, so that you know what type of anaesthetic is proposed.

There is no justification for circumcising a baby without any anaesthetic or analgesic. Although a baby does not anticipate pain, nor react to it in the same way as an older child or adult, he does feel any pain. A suitable local anaesthetic or analgesic should always be used.

Except for essential, urgent, invasive procedures, a general anaesthetic must not be used for infants under 6 months (and should be avoided if possible for older children) because it poses very significant risks. However, if it should happen that a boy needs some other procedure that requires the use of a general anaesthetic then serious consideration should be given to having him circumcised at the same time to avoid a possible later procedure and more anaesthetic.

Although a general anaesthetic can be used for older boys, it carries risks many times those of the surgery itself and should be avoided if possible, but one may be necessary to allow the doctor to safely operate on an uncooperative or very nervous child, but a sedative is usually preferable to a general anaesthetic.

Those Jewish Mohelim who are not also doctors cannot use most anaesthetics but their method of circumcision is very quick and causes minimal discomfort to the baby, so anaesthetics are not required although a topical anaesthetic cream or an analgesic is commonly used.

Locally applied anaesthetic creams (such as EMLA™ or LMX4) can provide minor relief (especially to cover the prick of the needle needed to give an injected local); they are, however, very slow to take effect and are not deep acting, so are insufficient for general use as the primary anaesthetic.

If possible ask the doctor for a sedative that you can give your son in advance of going to the surgery so that he is relaxed and can then be circumcised under local anaesthetic. Clearly, the older a boy is the easier it is for him to understand what is required and to co-operate by lying still.

Cost

Elective circumcision is often not covered by any health insurance, so if it is not immediately and medically essential you will have to pay all the costs yourself. Doctors, clinics and hospitals are free to set their own fees, especially for elective procedures. The cost of a circumcision will therefore vary widely from doctor to doctor. Costs are also vastly increased when a general anaesthetic or heavy sedation is used and/or an overnight hospital stay is required.

Charges are often age related; it usually costs far less to circumcise an infant than an older boy; and revisions will be significantly more expensive.

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Before making any appointment you should ascertain what the total costs will be. You also need to find out if payment can be made using a credit/debit card or if only cash will be accepted, since this will affect you on the day.

Travel

If you live a significant distance away, some doctors may ask you to remain fairly local to the surgery in case of any problems occurring in the 24 hours following the procedure. This would enable you to return easily for corrective action if needed.

Your travel planning also needs to take into account your son's fitness to travel after the circumcision operation. This will depend on the type of anaesthetic to be used.

General anaesthetic or heavy sedation

If your son is to have a general anaesthetic or heavy sedation then he will be required to stay at the hospital for several hours to allow it to wear off to the extent that he is safe to leave. However, there will still be a very significant amount of anaesthetic or sedative in his system for at least 6 hours (and up to 24 hours), so he may feel somewhat disoriented; his speech may be slurred and his judgement will definitely be significantly impaired.

It is safe to drive your son home, to use public transport or to fly short-haul (2 hours maximum) with your son at this time, but you should wait for at least 24 hours before flying medium or long-haul.

Local anaesthetic (with or without light sedation)

Provided he has a rest (up to an hour if he has been sedated) plus some food and drink, it is safe for him to travel by car or public transport and to fly to any destination shortly after the operation (although he may not be able to move about enough on a long-haul flight).

Choosing an outcome

The penis of an infant or young boy is too small for the doctor to be able to accurately distinguish between 'high' or 'low' placement of the scar line, or even a 'tight' or 'loose' circumcision. You should, however, be satisfied that he will remove enough skin to ensure that the glans is permanently bared. It is also desirable that he removes the frenulum to prevent any possible future problem of frenulum breve.

If the glans is not completely bared there is a risk of the foreskin adhering to the glans as it heals, thus forming unsightly and possibly painful 'skin bridges'. Placement and tightness can be more easily chosen when a boy has grown with the onset of puberty.

It is not possible to be absolute about the results from different methods, but in general terms: the Plastibell™ or equivalent will provide a 'low' but slightly 'loose' circumcision; the Gomco™ Clamp will provide a 'low' circumcision with a range of possible tightness from 'loose' to 'tight'; the Jewish Shield, Mogen™ Clamp or Forceps Guided method will provide a 'high' but 'loose' circumcision.

When the boy becomes an adult he (and his partners) will most appreciate it if his circumcision has been cut 'low' and 'tight' with the frenulum removed completely.

Making the appointment

Having taken the preceding factors into consideration, you are now ready to make the appointment.

Some doctors' lists fill up months ahead. If timing is important to you, e.g. to fit in with your son's school holidays, then be sure to make your initial contact with the doctor well in advance. You can always fix a date for several months ahead, even if the doctor can offer earlier dates.

If making an appointment for two boys to be circumcised on the same day, always have the younger one done first as he may get nervous in the waiting room and upset if his older brother shows signs of pain or is disoriented by a general anaesthetic or sedation (if used). Ensure that you will have another adult (who is well known to the boys) to wait with the second boy so that he will not be waiting alone if you are with the first during his procedure.

Consultation

The doctor will require you (and your son) to have a preliminary consultation. This can be some time before the date of the circumcision but is most commonly immediately before the operation, especially for infants.

At this consultation the doctor will ensure that you know what is involved and will collect some of your son's medical details (he may also examine the boy's genitals) to eliminate obvious contra-indications. At the end you will be asked to sign an informed consent form which the doctor must have before he can operate on your son. If both parents are not present then you will need to have a letter from the other parent giving their consent (check in advance that this will be acceptable).

Be sure to tell the doctor if your son is allergic to any anaesthetic, sedative or antibiotic; if he suffers from diabetes, epilepsy or panic attacks; has a heart condition; is on any prescribed medication; is currently unwell; or if he has recently had any other medical treatment including immunisations or surgery. **It is also desirable to mention these when making the initial booking as they may be contra-indications or affect the timing.**

For an older boy, this is also the time to discuss with the doctor any particular outcome that you require, e.g. a 'tight' or 'loose' circumcision, 'high' or 'low' placement of the scar line, removal or retention of the frenulum. Remember that the terms 'high' and 'low' may not be familiar to the doctor, or they may consider them the opposite way from you! You may need to be specific and indicate exactly where you want the scar line placed. (See also the section on page 8 regarding choosing an outcome, and the Glossary of terms on page 14.)

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Ask any other questions you may have about the proposed circumcision. It is a good idea to write down in advance anything you wish to ask about, and what you want by way of tightness and positioning, so you don't forget anything when with the doctor. Also make a note of anything the doctor tells you so you don't forget.

This is your last chance to opt out, or choose a different doctor, if you are not entirely happy to proceed.

Preparation on the day of the circumcision

Hygiene (baby)

You should bath a baby as normal in the morning. Wash around his genitals but do not attempt to retract his foreskin unless it is already quite loose.

At the surgery, immediately before the time of the operation you should change the baby's nappy/diaper for a clean one (if soiled) and wipe his genitals and buttocks as clean as possible. Have another clean nappy/diaper ready for use after the circumcision.

Hygiene (older boys)

You should ensure that, on the morning of the operation, your son takes a good bath or shower and pays particular attention to his genitals. He should retract his foreskin as far as he can and clean well under it with soap and warm water.

Immediately before the time of the operation he should be encouraged to empty his bowels and bladder (retracting his foreskin as far as possible to urinate). He must wash his hands thoroughly afterwards.

Food

A baby should have his normal feeds up to one hour before circumcision. He should be slightly hungry so as to feed immediately afterwards.

For an older boy, unless he is to have a general anaesthetic or heavy sedation, ensure that he eats a light meal before setting out. Having surgery on an empty stomach can cause fainting. Take some chocolate and a sweet drink (like Coke®) to replenish his sugar levels immediately after the operation.

Do not wait too long after the surgery before giving your baby a feed, or an older son a meal, even if only a light snack.

Drugs, medicines and supplements

Unless the doctor or hospital has told you otherwise, any prescribed medication should be taken as usual. Your son should not take any other drugs or supplements for at least 24 hours prior to the operation unless suggested to you by the doctor.

However, some doctors recommend taking Vitamin C, 500mg, 3 times a day for a week before the surgery. Your son can always safely do this even if your particular surgeon has not suggested it.

Take any prescribed medications, or a copy of the prescription, with you to show the doctor so that they are immediately aware of what your son is taking. Confirm when he last took a dose of each.

What should I take with me?

Your doctor may ask you to bring certain items. The following is a guide to what else it may be desirable to have with you when you go for the surgery.

- Written consent from the absent parent if only one accompanies the child.
- Details of any current medications, current or recent illnesses and ongoing conditions, surgery or immunisations (take the medications themselves if possible; otherwise a copy of the prescription).
- Social Security or Health Insurance details if the operation might be covered by any form of insurance.
- Your reminder notes of questions etc. for discussion with the doctor. Also a notebook to record anything you are told by the doctor.
- For a baby: At least three spare nappies/diapers and suitable cleaning wipes.
- For an older boy: A clean pair of underwear, preferably snugly fitting briefs (not ordinary boxers) so as to give support to his bandaged penis after the circumcision.
- Age appropriate pain relief such as Infant Calpol® for babies. For older boys, acetaminophen (Paracetamol) and/or Ibuprofen tablets to be taken immediately after the surgery (if the doctor hasn't given or prescribed him something stronger) so as to forestall pain when the local anaesthetic wears off. Do not use any Aspirin (acetylsalicylic acid) based product as it can lead to excessive bleeding.
- For babies: If not being breast fed, their bottle and usual formula (the surgery should have bottle warming facilities, but check in advance).
- For older boys: A bar of chocolate and a bottle of drink such as Coke® to replenish sugar levels immediately after the procedure and prevent 'surgical shock'.
- Details of how to reach the surgery and any public transport timings, car parking locations, etc., and small change for parking meters, so you don't arrive late!
- Appropriate means of payment, if not already paid in advance. (See note on the use of credit/debit cards in the Cost section on page 7.)
- If desired for an older boy, a book, game console, mobile phone (set to silent) or small tablet to use for distraction during the surgery. Note that it must be comfortable to hold in his hands for at least half an hour whilst lying on his back, as it may not be easy for it to be taken from him whilst the doctor is working in sterile conditions.

What about post-operative care?

Booklet of advice

A companion booklet on Post-Operative Care can be obtained from the Inter-Circ or Circumcision Helpdesk web sites at

[https://groups.io/g/inter-circ/files/Parent's Guide to Infant or Child Post-Op Care](https://groups.io/g/inter-circ/files/Parent's+Guide+to+Infant+or+Child+Post-Op+Care) or http://www.circinfo.com/post-op_care/care.php

Many boys, especially those over 9, may be sufficiently capable and wish to assist in their own after-care. You may like to discuss this with your son in advance. There is a special booklet (A Boy's Guide to His Own Care for a New Circumcision) available from the web sites for boys who will do at least some of their own care.

Suggested purchases

If you don't have them already, it is a good idea to obtain in advance the materials you will need for your son's care after the operation. For items already in your medicine cupboard, check any with 'use by' dates to see that they have not expired.

Based on the advice in the Post-Op Care booklet, you may wish to ensure that you have:

- Several clean nappies/diapers, or for older boys pairs of close-fitting briefs.
- New bandages and gauze pads.
- Micropore tape.
- Paracetamol and/or Ibuprofen pain relief (or suitable age appropriate liquid pain relief for infants).
- Epsom Salts.

Explaining circumcision to your son

If your son is circumcised as a baby or toddler he will have little or no memory of the event. It is important to take an early opportunity, commensurate with his age and understanding, to point out why his penis may look different from some other boys – before they do. This comparison usually occurs soon after starting school when boys compare penises at the urinals.

If your son is old enough to be able to discuss circumcision with him in advance, you should do so in order to reduce his fear of what is to happen. After his circumcision he is bound to have some questions, particularly about the difference in appearance from some of his friends.

Whenever you have this dialogue, it is important that you be positive to help him feel good about his changed body image and counter any teasing he may get from misinformed friends. Encourage him to joke and laugh with them, and not to be upset by it.

It greatly helps if his father or other members of the family have been circumcised because boys look up to their dads, uncles and older brothers as role models.

Otherwise, if your son is being circumcised, after infancy, for medical reasons, point out that there are many health and hygiene benefits to being circumcised. Explain that for Jewish and Muslim boys, and in many places, like Africa and the Philippines, it is admired as a mark of coming-of-age and manhood.

Failure to properly explain circumcision and its benefits to your son will lead to him obtaining erroneous information from his peers or, worse still, reading and believing the utter nonsense promulgated on the Internet and social media by the anti-circumcision fanatics, many of whom have a hidden anti-Semitic agenda.

The Circumcision Helpdesk™ has a leaflet (All About Being Circumcised) which may be useful in explaining things to a 7-10 year old. (This is also available in French.)

A booklet on the Health Benefits of Circumcision can also be obtained from the Inter-Circ and Helpdesk web sites.

My question has not been answered

Although every effort has been made to ensure that this booklet is as comprehensive as possible on all of the major pre-operative issues, it is inevitable that it will fail to answer every question or concern that you or your son may have.

We always recommend asking your medical practitioner or surgeon for advice if you are in any doubt. If you have not found a suitable answer to your question within this booklet then you should contact your doctor for information as far ahead of the scheduled operation as possible.

For further help and support, you can always ask questions at:

Inter-Circ: The International Circumcision Forum, which can be found at:

<https://groups.io/g/inter-circ>

The membership can help advise you on the basis of their own knowledge and experience of having their son circumcised. The forum is not, however, a substitute for medical advice from your own medical practitioner.

The other publications of the Circumcision Helpdesk™ may also be of assistance.

We would welcome suggestions for any improvement to this guide. Please submit them via the Inter-Circ Forum, or by e-mail to info@circumcisionhelpdesk.org

Recording progress

It useful to record instructions or other information you may be given by the doctor or hospital; and keep a diary of the event and the progress of recovery. A permanent note of the date of the boy's circumcision should be made in the records you ought to be keeping of all his vaccinations, illnesses and surgeries.

If your son is not circumcised by, or through, his regular doctor then he should be informed that the boy is now circumcised so that he can enter the details in the

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boy's master health records. The surgeon may give you a form letter to pass on to your regular doctor for this purpose.

Glossary of terms

A number of terms relevant to the penis and circumcision may not be familiar to you, whilst a couple of terms which are commonly used in discussions on the Internet are not medical terms and may therefore also be unfamiliar to the doctor. The following non-exhaustive list may be of assistance, as may the drawings of circumcised and uncircumcised penises of young boys on pages 16 & 17.

A much more comprehensive Glossary booklet can be obtained via the Inter-Circ and Helpdesk web sites.

Low

This is a non-medical term which refers to placing the circumcision cut close to the back of the glans and further from the body. It inevitably removes most of the inner layer of the foreskin and retains more outer foreskin or shaft skin.

High

This is a non-medical term which refers to placing the circumcision cut closer to the body and further from the back of the glans. It inevitably retains most of the inner layer of the foreskin and removes mainly outer foreskin or shaft skin.

Tight

Refers to a circumcision which is performed to remove sufficient total skin (whether from the inner or outer layer, or shaft) to ensure that there is no free movement when the penis is fully erect, and as little movement as practicable when flaccid.

Loose

Refers to a circumcision which, whilst removing enough foreskin to ensure the glans is uncovered when flaccid, leaves a significant amount of loose and freely moveable skin when erect as well as when flaccid.

Glans

The head (or knob) of the penis which is covered by the foreskin. This, and especially its rim, is the most sexually sensitive part of the entire penis. A properly performed circumcision leaves the glans fully exposed at all times.

Foreskin

This is the double fold of skin which covers the glans. The outer layer is continuous with, and identical to, the shaft skin. At its tip the skin turns inwards and changes texture to thinner mucous membrane. This then changes direction again just behind the glans and becomes continuous with the skin of the glans.

Frenulum (or frenum)

This is a 'cord' (containing a small artery) on the under side of the penis which links the back of the glans to the inner layer of the foreskin. Its sole purpose is to *assist*

the foreskin to re-cover the glans as an erection subsides. After a circumcision it serves no useful purpose as there is no foreskin to re-cover the glans.

The frenulum area can be a source of specific sexual stimulation, but the frenulum only transmits the stimulus to nerves deeper in the penis rather than within itself. Its removal is normal during a circumcision (except when an occlusion device is used) and inevitable with a 'low' cut. Removal does not reduce overall sexual pleasure, but does improve appearance and prevents any future problems with it being too short and tight (a frenulum breve).

Partial circumcision

An incompletely or badly performed circumcision in which some foreskin is left covering part of the glans when flaccid.

Beware of false sites

There are many false web sites and social media areas claiming to provide genuine information on circumcision. However, they are run by anti-circumcision fanatics with little or no knowledge of the true medical facts, who express their own prejudices, especially ones fuelled by anti-Semitism. These sites, which often have deliberately confusing names, regularly give incorrect and even thoroughly dangerous 'advice' and must be avoided.

Some false sites are actually so very dangerous that their 'advice' can seriously set back your son's healing. Please, therefore, use only the sites recommended below, and those they link to, in order to get medically correct information.

Recommended links

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommended as they are based on medically correct information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum

<https://groups.io/g/inter-circ>

The Circumcision Helpdesk™ Web Sites

<http://www.circumcisionhelpdesk.org>

<http://www.circinfo.com>

The Circ-Info Web Site

<http://www.circinfo.net>

The Circumcision Facts Web Site

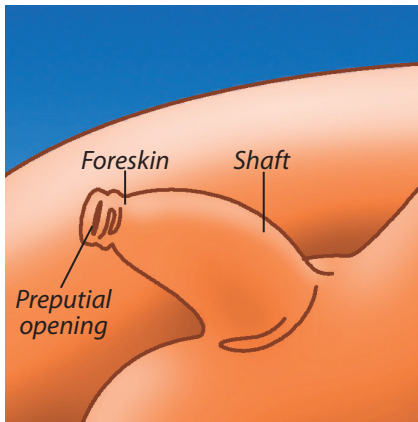
<http://www.circfacts.org>

The Circlist Web Site

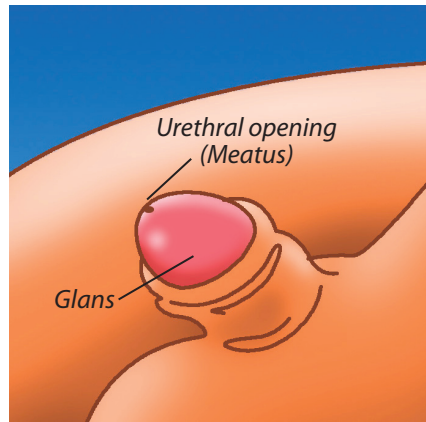
<http://www.circlist.com>

Circumcised and uncircumcised penises

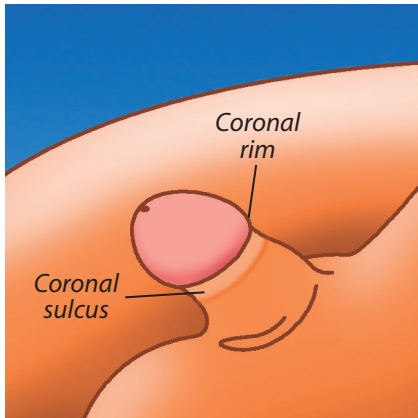
Uncircumcised penis with foreskin in normal position



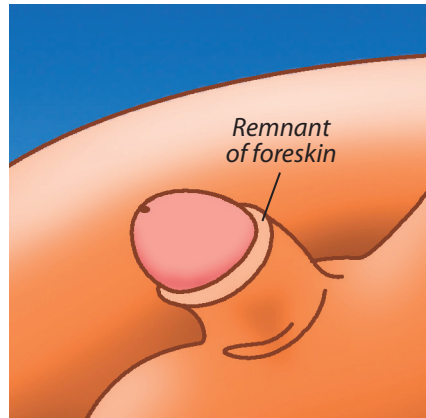
Uncircumcised penis with foreskin retracted



Circumcised penis - tight

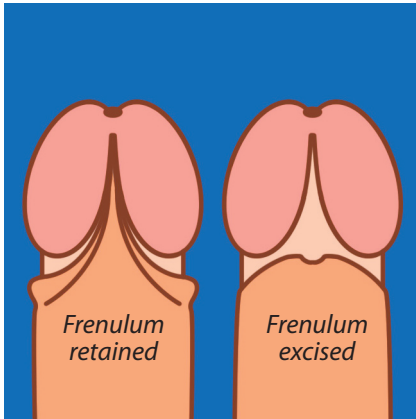


Circumcised penis - loose



The appearance of the circumcision may vary according to the method used, the intentions of the surgeon and parental requests. The aim should be to achieve full glans exposure but, initially, the remains of the foreskin may encroach upon it. When the circumcision is done in infancy or early in childhood, the foreskin remnant will usually fail to grow as the penis develops and full glans exposure should be apparent before or by puberty. For older boys a 'tight' circumcision should be requested to keep the glans clear at all times.

**Ventral (underside) view
to show the Frenulum**



The frenulum is an 'elastic band' type of structure which sits in the groove on the underside of the glans. It tethers the foreskin to it as a means of stabilising the foreskin and assisting the re-covering of the glans as an erection subsides. If the frenulum is too short and tight (a common condition known as frenulum breve) it can cause problems, particularly restricting retraction for daily hygiene and inhibiting sexual activities. For this reason and because the removal of the foreskin renders it redundant, the frenulum is usually (but not always) removed as part of a circumcision.

***Plastibell™* circumcision**



This device is inserted over the glans and under the foreskin. To facilitate this, any adhesions between the two are separated with a blunt probe and the top of the foreskin is cut with scissors along its length, enough for the bell to reach the coronal sulcus (the groove behind the glans).

A mark having been made to determine the amount of foreskin to be removed, the foreskin is pulled up over the bell and surgical thread is tied very tightly around it on the outside of the foreskin, drawing it into a groove in the skirt of the bell.

When done, the handle of the bell is broken off to leave the ring of plastic. Most of the foreskin is then trimmed off with scissors leaving a small margin above the thread. This turns blue/black in about a week or ten days, from loss of blood supply, leaving a sealed and healed wound needing no further attention. The Plastibell™ comes in a range of sizes with a punched card for the doctor to measure the penis and choose the correct one. It works fine for infants and young boys but is often unsuitable for older boys whose foreskin is more developed and too tough for the thread to make a good occlusion; a cut and stitch method will then be used.



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