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 medical, religious, cultural or social reasons, is indeed 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. Its popularity is growing as its rôle in reducing the risk of HIV/AIDS and other STIs becomes more widely known. It follows, therefore, that the risks are very small or this operation would have died out long ago. Indeed many studies have shown that the potential advantages outweigh the risks by over 100 to 1 (for more detailed information, from an international consortium of eminent practicing doctors and research academics, 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 to go out or not!). We will therefore consider only those problems which are known to occur from time to time.

It should be noted that complications can usually 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 at the consultation 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 and who works in proper sterile conditions.

Anaesthetic risk

Whilst modern general anaesthetics are basically very safe, they do carry up to 10 times 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 for circumcisions only in extreme cases. General

anaesthetic must not be used on infants under 1 year old for circumcision alone as the risk is far too great.

A local anaesthetic, injected around the base of the penis, should be the preferred method for all ages as its risk is negligable. A mild sedative can accompany the local anaesthetic to calm the patient and limit movement if required, instead of using a general anaesthetic.

Swelling and bruising

An inevitable amount of swelling will occur after any circumcision and is a result of the local anaesthetic administration, the handling the penis necessarily undergoes and the natural healing process.

More swelling is usually noticeable in the area of the former inner layer of foreskin – which is thin, delicate mucosa rather than regular skin. A 'low' cut (i.e. close behind the glans) will reduce the swelling significantly by removing most of this layer.

Removal of the sutures (stitches) as soon as possible after they have done their job (12-14 days) helps reduce swelling as they are treated by the body as 'foreign objects'.

Excessive bleeding

Some degree of bleeding accompanies all circumcisions except those performed with a laser or using an 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, so parents must monitor their baby son closely for the first few days after his circumcision.

Unless essential, circumcision should normally be avoided when there is a history of haemophilia in the family; but can often 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.

Infection

This is extremely rare outside of 'tribal initiations'. Often redness, swelling or tenderness are mistaken for infection when it is in fact normal inflammation after any surgical procedure.

Provided the wound is cared for properly by the patient or his parents there is very little risk of infection. When it does occur the patient must see a doctor as

soon as possible. Prescribed antibiotics usually clear it up very rapidly (although full healing may be slightly delayed whilst the infection exists).

Ensure that you closely follow any post-op care instructions given by your surgeon. Additional guidance can be found in the medically approved booklets at *http://www.circinfo.com/post-op_care/care.php*

Pain

Circumcision should be a painless procedure, which is indeed so in the vast majority of cases. However due to natural anatomical variations and individual pain thresholds, a tiny minority of patients may be perceived as being in pain during the procedure. If this is the case the doctor can usually simply administer more anaesthetic.

Once the local anesthetic has worn off, slight discomfort should be expected in the first 12-24 hours. This can be brought under control with 'over the counter' painkillers such as Paracetamol (acetaminophen) or Ibuprofen (both of which can be taken at the same time – whilst adhering to the instructions with each regarding frequency, etc). Some doctors may prescribe a stronger medication, such as one based on codeine, but this is rarely needed. Aspirin (acetylsalicylic acid) based medications MUST NOT be used as these thin the blood and can lead to excessive bleeding.

Cosmetic appearance

Although the doctor will make every effort to ensure a satisfactory cosmetic appearance, occasionally the result may not give the desired result. The following situations are the most common causes of complaint about the cosmetic result.

Removal of too much foreskin

This is extremely rare. It very occasionally occurs in adult circumcisions, but is slightly more likely to occur if an infant circumcision is done freehand.

Sometimes the real problem is a retained tight frenulum which maintains the skin in too much tension – removal of the frenulum, which should 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 may remain covered or there is a bunch of foreskin in the coronal sulcus (the 'groove' behind the glans). The problem can be avoided by greater care on the part of the surgeon, but the excess can always be removed at a later date; however, as the child grows this will often resolve itself and a second procedure may not be required.

It should be recognised that an adult who's penis grows considerably in length on erection needs some spare foreskin to allow for this lengthening. When flaccid the spare skin will remain bunched behind the glans and it may appear that the circumcision is incomplete.

Buried penis

This is the term applied when the penile length is small and buried within the fatty area surrounding it (a problem usually confined to some babies and young boys). During erections it comes out and the shaft is clearly seen. However when the flaccid states resumes, it once again shrinks within the surrounding fatty area giving the wrinkled appearance of foreskin.

Occasionally a circumcision can take place when the area to be circumcised is small or, when on the day of presentation a small amount of erection is present, thus giving the impression that it is bigger than it usually is compared with its normal soft flaccid state. This appearance can also develop a few weeks to months after the procedure if the child develops a large amount of fat around the pubic area.

In such circumstances, should a circumcision be performed, concerns are often raised that the procedure has not been undertaken correctly. This is not the case. With time, as the area grows and develops in size, coupled with a reduction in the associated surrounding fatty area this normally self-resolves.

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 which have not already dissolved should always be removed after 12-14 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 performed by non-occlusion methods, where the infantile adhesions (synechia)

originally linking the glans and inner foreskin have had to be forcibly broken down, leaving the glans a little raw and able to contact the foreskin remnant.

Parents need to be advised to gently push back the foreskin remnant at every bath and diaper change and to 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.

Any skin bridges which do occur can be readily removed under local anaesthetic once the circumcision itself has fully healed – although it is, of course, much better to ensure the condition is avoided altogether by parents taking the aforementioned precautions.

Retained frenulum

The frenulum should normally be removed in any circumcision but this is not always possible, especially if an occlusion device is used (as is common for the circumcision of infants or pre-pubescent boys).

The frenulum is not particularly attractive and may cause problems during erection if it is too short and tight. It can, however, always be removed later, if necessary, in another minor procedure.

Conclusion

As we have seen, there are indeed a few possible complications of circumcision but these are rare, occuring overall only in about 1 in 1000 circumcisions which have been done by fully qualified operators in sterile conditions.

When complications do occur they are usually very minor and can readily be treated with no long-term adverse result.

Suggested reading

You may find it useful to download and read the following medically approved booklets/leaflets in advance of the circumcision:

General information on the benefits of circumcision at
http://www.circinfo.net

Preparation for a circumcision (infant, child, teen or adult) at
http://www.circinfo.com/preparation/prep.php

Post-op care of a circumcision (infant, child, teen or adult) at
http://www.circinfo.com/post-op_care/care.php