

## What is it?

Circumcision is the surgical removal of the prepuce. The prepuce is the name for the layer of skin over the head of the penis. It is also commonly called the “foreskin”. It is a normal part of the penis. Its purpose is to protect the head of the penis from the injury (it protects the skin from the effects of urine in the nappy). It also has a significant nerve supply and may contribute to sensation and sexual satisfaction.

## Background

Circumcision has been performed on healthy boys for a very long time, usually for religious and cultural reasons.

Currently, the number of boys undergoing circumcision in Australia and many other countries in the world (UK, Europe, Canada, and Asia) is falling. In Australia, only medically indicated circumcision is performed in public hospitals. Parents seeking circumcision of their sons for religious or cultural reasons need to have it performed in private hospitals or clinics.

## Why?

Circumcision is not advised for healthy boys, as the benefits do not outweigh the risks in children.

Circumcision may be considered when there is an underlying urinary tract or foreskin problem that has not resolved with non-surgical treatment.

Recently proposed benefits, such as the reduction in transmission of sexually transmitted diseases (HIV, HPV), is not an issue until the boy reaches an age where he is likely to be sexually active.

The only absolute medical indications for circumcision are penile cancer (in adults) and Balanitis Xerotica Obliterans (BXO).

BXO is a condition which may affect the foreskin, glans (the head of the penis) and urethra (urinary tube in the penis). It causes scarring of the foreskin and may result in bleeding, infection, or difficulty with urinary stream. It can also cause a retractable foreskin to become not retractable. It is more common with increasing age, and affects up to 0.6% of all boys by the age of 15 years. It is very rare before 8 years old.

Penile cancer is an extremely rare cancer (<1% cancers overall, rarer than male breast cancer). Penile cancer usually occurs in men in their 60's.

## What tests are performed?

There are no routine investigations performed prior to circumcision.

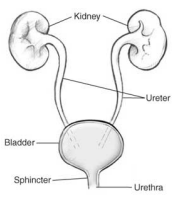
The surgeon will want to ask questions about any medical problems your son has had, any anaesthetic or bleeding problems that your son has or that run in the family. The surgeon will also want to assess your son's foreskin to advise on the best treatment.

## What are the treatment options?

Prior to toilet training, irritation of the foreskin can be treated by regular changing of nappies. Salt baths and airing the penis allow the inflammation to heal.

Common foreskin concerns are addressed in “Prepuce - Pathology and Concerns” page.

At Monash Children's, circumcision is performed under general anaesthesia in the operating theatre. Some community practitioners will perform circumcision under a local anaesthetic using a device that stays on the penis and strangles the skin until it falls off.



# Circumcision

For information about care of the normal foreskin see Prepuce - Care of Normal Foreskin information sheet

## How?

The operation is performed as day surgery under general anaesthesia. The fold of skin is amputated just below the glans (head of penis). Skin edges are joined together with dissolving sutures.

The child wakes up in recovery area and returns to the day procedure ward. He will be able to eat and drink after recovering, and will go home on that day. Regular pain control with paracetamol is needed after the surgery.

## Care after the operation

Vaseline should be applied to the nappy (or a panty liner) to prevent the wound sticking.

Bathing in salt baths is possible on the day after the procedure. Salt baths are advised 2-3 times per day to aid wound healing. Avoid soap

A post-operative review is undertaken at 4-6 weeks after the operation.

## What is the follow-up?

Post-operative follow-up is recommended 4-6 weeks after the operation to assess healing.

## What are the complications?

Like any operation, bleeding and infection are the most common complications to occur. However, they are uncommon in controlled procedures.

Complications specific to circumcision:

*Appearance* – irregular skin removal or healing, resulting in a cosmetically unacceptable result.

*Buried penis* – not enough skin removed, so the remaining foreskin still part covers the penis. This may develop a tight scar, trapping the penis beneath

*Inflammation* – without the protection of the foreskin the meatus (opening for the urine) may become inflamed and ulcerated. This is termed “meatal urethritis”. This may heal with a scar and lead to narrowing of the meatus.

*Meatal stenosis* – scarring occurring at the meatus due to constant friction on the nappy or underpants. This leads to narrowing which may block or distort the flow of urine. Surgery may be needed to deal with this. This is much more common in circumcisions done in babies.

*Scarring* – the surgical cut will heal with a scar which may cause cosmetic concern to the boy

*Desensitization* – loss of the sensitive foreskin decreases the sensation of the penis. The glans skin changes colour and thickens after removal of the protective foreskin. This is the most common complaint from boys and men following circumcision performed as newborns.

*Resentment and anger* – some adult males are resentful and angry about having had a circumcision in childhood, without medical indication.

Further information and resources can be found at [www.Circinfo.org](http://www.Circinfo.org)