

Introduction to Infant Circumcision

Infant Circumcision is available for infant boys, within the first 14 days of life. The procedure takes about 15 minutes using the Plastibell method. Dr. Erian and a nurse will be with your baby at all times. Parents are also welcome to be present during the procedure although this is optional and not required.

Procedure:

Two kinds of local anesthetic will be applied , Emla topical cream to numb the skin before injecting the xylocaine ,which is the same freezing the dentists use, at the base of the penis to cause a nerve block to reduce the pain during, and for about 60 minutes after the procedure.

Preparation

- A 30 minute appointment is required for the procedure.
- Do not feed baby Two (2) hours prior to the appointment.
- Give baby 1/2 ml (40 mg) of Infant Tylenol (80mg/ml strength) One hour prior to the appointment.
- Arrive 15 min. early to receive further information, to pay the fee (\$ 265.0 as it is NOT covered by AHS) and for preparation time.
- Bring 2 clean disposable diapers and a receiving blanket, as well as a bottle and soother for after procedure.
- The nurse will take the height, weight and head circumference and Dr. Erian will perform complete physical examination for your baby before the procedure.
- Dr. Erian will explain the plastibell technique to you before the procedure, will answer all your questions and will discuss the after care.

Immediately after

- We will have a quiet room in the clinic for you to feed your baby, you must start feeding him immediately after either breast or formula.
- You must stay in the office with your baby for 30 minutes following the procedure as Dr. Erian will check him for bleeding every 15 min.
- He may require more frequent burping immediately after the procedure as air is swallowed when crying which causes baby to be gassier.

Following the circumcision

- Expect your son to be a little irritable for the first 48 hours after circumcision.
- He may need to nurse more frequently.
- Swaddle him in a blanket if possible as this will keep his legs from kicking and moving his penis and keep him more comfortable.
- If you feel he is uncomfortable, you may give Infant Tylenol every 4-6 hours for the first few days. (Do NOT use Advil or Motrin as they are derived from aspirin which thins the blood and increases the chances of bleeding.)
- Blood spotting on the diaper is expected. Moderate swelling and redness of the head of the penis is expected. If you notice a continuous ooze of blood, or severe redness around the shaft of the penis, please call the office. It is not unusual to have a bruise at the base of the penis where the local anesthesia was injected. This will go away.
- Bathe baby as usual BUT don't wipe the penis.
- At diaper changes, you can clean the penis with soap and water by dripping water from a sponge. (Do not use alcohol, baby wipes or hydrogen peroxide.) . You can apply Vaseline in PLO (traditional thick Vaseline in the jars) however it is not a routine practice with the Plastibell technique.
- We encourage the use of disposable diapers as they will keep wetness away from the area.
- The bell will fall off within the first week. If it remains in place after the 7th day, please call the office so that we can evaluate your child and possibly remove the ring. If necessary you may need to schedule a postoperative visit with Dr. Erian 10-14 days after circumcision.
- You can text Dr. Erian at any time if you have any question or concerns, it will be easier if you can take a picture from the sides of the penis and attach it to the message.

Benefits of Infant Circumcisions

Scientific research has found several advantages to infant circumcision. These include, but are not limited to:

- Less urinary tract infections, especially in the first year of life (12 times less)
- Less local infection of the foreskin (posthitis) or the head of the penis (balanitis) (50% less)
- Reduction in the risk of sexually transmitted infections including HIV (60% less), Herpes (31% less), Syphilis, and Human Papilloma Virus (33% less) – the cause of genital warts in anyone and cervical cancer in women

- Reduction in sexually transmitted infections in female partners of circumcised men (Bacterial Vaginosis decreased 40%, Trichomonis decreased 48%)
- Eliminates Phimosis, an often painful inability of the foreskin to pull back over the penis
- Easier hygiene
- Virtually eliminates risk of cancer of the penis
- Some studies suggest less sexual dysfunction later in life
- Avoidance of need to circumcise later in life when risks are higher (10 times), costs are higher and pain is higher (some estimate between 6% and 10% of boys will require circumcision in their lifetime due to medical reasons)

Risks of Infant Circumcision

As with all surgical procedures, circumcisions do involve some risk. Two main complications that may arise include infection and bleeding. With proper care and supervision, this risk should be minimized.

RISK OF BLEEDING – most often there is little to no bleeding.

Sometimes, (1 time in 100), a small amount of bleeding can happen and it can be stopped with gently applied pressure by the doctor or by yourself. More rarely, (1 time in 4000), there can be excessive bleeding that will require stitches. In very rare circumstances, (1 times in 20,000), a blood transfusion may be required.

RISK OF INFECTION – most often there is no infection after this procedure.

Rarely, (1 time in 1000), there can be an infection that requires the application of topical antibiotics to the penis for several days. More rarely, (1 time in 4000), the baby may be required to have antibiotics given either by mouth or intravenously.

SUBOPTIMAL COSMETIC OUTCOME – most often the circumcision is a cosmetic success.

Occasionally, either too much or too little skin is removed. Rarely, this can require a second surgery for a better outcome.

TRAUMA TO THE PENIS – most often there is no trauma to the penis.

Rarely, the penis itself can be damaged by the procedure, requiring urgent surgical consultation at the hospital. Damage can be done to the urethra (the hole where urine comes out), the glans (the head of the penis), or the shaft of the penis.

DEATH – in very rare cases, death has been caused by circumcision, usually due to undiagnosed medical or bleeding problems in the baby. Between 1954 and 1989, fifty million circumcisions were performed in the USA. Three deaths were reported due to circumcision. Two babies had bleeding disorders and one was a premature infant weighing only 1.9 kg. Surgical complications can, of course, also be a cause for damage resulting in death

Reasons some infants may need to avoid circumcision

- There is a family history of bleeding disorder
- The baby is premature (under 37 weeks at birth)
- There is a congenital abnormality of the penis (the anatomy of the penis is not normal ex. hypospadias – post-urethral opening instead of the tip)
- There is a medical disorder in the newborn (ex. hypothyroid, heart disease, infectious disease)

Consent to Elective Circumcision with the Plastibell under Local Anesthetic

Done by Dr. Ragaee Erian MD,LMCC , CCFP

Date of the procedure:

Patient label

- ✓ I hereby provide my consent to Dr. Erian to perform an infant circumcision using the Plastibell technique with local anesthetic on my child.
- ✓ I understand that circumcision is considered an elective surgery. I also understand that despite the potential medical benefits for circumcision, the Canadian Pediatric Society does not recommend routine circumcision of newborn boys.
- ✓ My child's family physician or other health care provider has explained to me the potential risks and benefits of newborn circumcision. I have also read and reviewed the attached Risks and Benefits.
- ✓ Dr. Erian has also explained to me the plastibell technique ,risks of circumcision, including bleeding, infection, and errors in skin removal (too much or too little removed). I understand that rarely, more serious complications, such as injury to the penis, or death, may occur.
- ✓ I understand that no guarantee can be made as to the final cosmetic outcome of the circumcision.
- ✓ I have had the opportunity to ask Dr. Erian any questions I had prior to the procedure, and he has answered them all.

Date: _____

Parent Name: _____

Witness: _____

Parent Signature: _____

Witness Signature: _____

In the case of a single signature, I am the sole guardian of the child, OR I have obtained the approval of any other parent or guardian of the child, and as such, I am providing this consent on my own.