

Reddoch
CLINICS

No-Scalpel No-Needle Vasectomy
Pollock Technique™ Circumcision

*Providing
our patients
with the
highest
standard
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patient
care*



Infant Circumcision



PEDIATRICS

Circumcision Policy Statement

TASK FORCE ON CIRCUMCISION

PEDIATRICS Volume 130, Number 3, September 2012

abstract

Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy's 1999 recommendations in this area. **Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it.** Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The American College of Obstetricians and Gynecologists has endorsed this statement. *Pediatrics* 2012;130:585–586

POLICY STATEMENT

Systematic evaluation of English-language peer-reviewed literature from 1995 through 2010 indicates that **preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.**

The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare. Male circumcision performed during the newborn period has considerably lower complication rates than when performed later in life.

Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns. **It is important that clinicians routinely inform parents of the health benefits and risks of male newborn circumcision in an unbiased and accurate manner.**

Parents ultimately should decide whether circumcision is in the best interests of their male child. They will need to weigh medical information in the context of their own religious, ethical, and cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families.

The American College of Obstetricians and Gynecologists has endorsed this statement.



TASK FORCE ON CIRCUMCISION

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No-Scalpel No-Needle Vasectomy
Pollock Technique™ Circumcision

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For Emergencies Only

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Our goal at Reddoch Clinics
is to uphold the highest
standard of patient care.

In keeping with this philosophy
and to ensure that parents are
properly informed before their
child is circumcised, we have
prepared this manual which is
critical for you to review.

You may also visit our website at
www.circumcisionontario.com

PARENT GUIDE TO CIRCUMCISION

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Introduction

Why do doctors recommend Reddoch Clinics for patients choosing circumcision?

We offer:

- **Experience.** The Pollock Technique™ has safely been performed on over 35,000 patients over the last 20 years. Dr. Reddoch has used this technique to safely perform thousands of circumcisions in eastern Ontario.
- **Expertise.** Our procedure takes only 30 - 60 seconds - much faster than in most hospitals.
- **4-step pain-control protocol.** Pain is minimized through Tylenol, a sugar pacifier (to reduce pain perception), topical freezing cream and local anesthetic injection. Many babies sleep through the procedure; most babies experience little or no pain at all.

ABOUT DR. REDDOCH

Dr. Reddoch is a well known and respected emergency department physician and educator in eastern Ontario for over 20 years. Dr. Reddoch underwent extensive training with Dr. Neil Pollock, a foremost authority on circumcision and developer of The Pollock Technique™, offering his patients the safest, most advanced method of circumcision available today. In 2011, Dr. Reddoch was the first physician to introduce Dr. Pollock's techniques to Ontario.

What is circumcision?

Circumcision is a simple procedure in which the foreskin that sheathes the head of the penis is removed. It is regarded as one of the safest routine procedures today, with over one million performed in North America each year.

Dr. Reddoch uses the newer Mogen technique, which is preferred for its quickness and safety. In conjunction with this technique Dr. Reddoch also applies the most extensive pain control methods available to ensure that your son feels little or no pain at all.

While the ideal age for a circumcision is between 5 and 12 days of age, Dr. Reddoch performs circumcisions on infants of all ages as well as older children, teens, and adults.

Some parents choose not to circumcise their sons because they are concerned that it may cause pain or complications, or they wonder whether their child will wish that he hadn't been circumcised at a later time. However, research shows that there are considerable medical benefits to circumcision:

- It reduces the risk of urinary tract infection and penile infection (balanoposthitis).
- It eliminates the need to do one later in life (up to 6% of boys will require a circumcision, when it is a more difficult, riskier and painful procedure).
- It reduces the risk of acquiring sexually transmitted diseases including herpes, venereal warts (HpV), and HIV.
- It reduces the risk of penile cancer (and cervical cancer in partners).
- Circumcised men have less risk of sexual dysfunction later in life.

Day of circumcision

BEFORE YOU ARRIVE:

- Plan to be at the clinic for up to 75 minutes.
- Feed your son just before you leave your home so he will be comfortable at the clinic.
- Arrive 15 minutes before your appointment time and bring two receiving blankets and several extra diapers. Late arrivals will be scheduled for another day.
- At your appointment, give your son Infant Tylenol or Tempra (please see website for exact dose or ask at the clinic). Do not give him Infant Advil or Motrin, because it may affect bleeding.

AT THE CLINIC:

- We first apply a topical anesthetic ointment to your son's penis to numb the skin.
- Next, Dr. Reddoch will give a dorsal penile ring block – an injection through a tiny needle – into the area that has already been numbed by the topical cream.
- After 7-10 minutes, the penis will be frozen. Your son receives a sugar pacifier to suck, and Dr. Reddoch performs the circumcision.

Mogen Technique

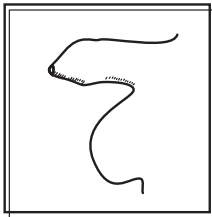


FIGURE 1.

Profile of uncircumcised penis with foreskin covering the glans (head of the penis).

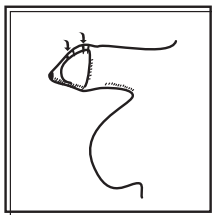


FIGURE 2.

Penis drawn as if foreskin is transparent so that you can see the foreskin in relation to the glans. Notice the adhesions between the inner side of the foreskin and the glans. These are present at birth in almost all babies and must be released before the actual circumcision.

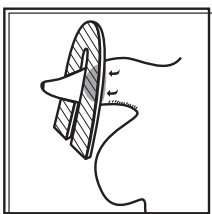


FIGURE 3.

The foreskin is stretched forward and through the central slit of the Mogen. The glans is safely behind the Mogen, with the cut made along the front surface of the Mogen.



FIGURE 4.

Penis following circumcision. The cut edge of the skin retracts to just behind the back rim of the glans. This is the site of healing.

How to care for your son post-circumcision

CHECKLIST FOR THE FIRST 24 HOURS

- Leave everything in place for 24 hours, if possible. Ideally, both the gauze strip that is wrapped around the penis and the 3x3 inch Vaseline-gauze dressing over the penis will remain in place for a full day. The top dressing will become soaked with urine, but the Vaseline will protect the area.
- Replace the 3x3 gauze dressing only if necessary. If it accidentally falls off, or if stool gets into it, you can replace it with a fresh Vaseline gauze (we'll give you some extra gauze). There is no need to re-wrap the gauze strip if it slides off.
- Check the diaper for bleeding.** Check **every hour** for the rest of the day **and at least twice overnight** for any signs of active bleeding. It is normal for the gauze to be pink or orange as urine mixes with some blood, but it should not be soaked with fresh, red blood. If it is, then you need to remove the dressing and look for any active bleeding. If you think there is active bleeding, apply pressure for 5 minutes as we showed you. Repeat for a second 5 minutes if necessary. Once the bleeding has stopped, apply a fresh Vaseline gauze dressing.

If bleeding persists, call Dr. Reddoch on his cell phone (613-362-2837).

- Acetaminophen drops (Tylenol or Temptra) may be repeated for any discomfort, but none is usually necessary. The dose for your son's weight is: ml every 4 hours, if needed.
- After 24 hours remove everything and leave it off - both the top gauze dressing and the wrap-around strip. If they are not easily removed, moisten the gauze with Vaseline and lukewarm water for 10 minutes or so and try again pulling somewhat harder. If it still won't come off or you're uncomfortable pulling harder, please call the office at 613-933-9997 or contact Dr. Reddoch by text or email for advice (see also FAQs on page 6 of this manual. Remember to treat any bleeding with pressure as we showed you.

At this stage the head of the penis will be a deep red colour and there will be a yellow, slimy discharge (plasma) on the surface - don't worry, this is not infection.

- Continue with the Vaseline. After the gauze is removed, lubricate the penis and the inside of the diaper with Vaseline to reduce friction and prevent sticking. Apply Vaseline with every diaper change until the tissues have dried up - usually about a week.
- It is normal for your baby to be a little irritable for the first 24 hours. Keep him snugly swaddled - the less he kicks his legs, the more comfortable he will be.
- Nurse in a quiet environment. A baby who cries for more than a few minutes may be suffering from air swallowed during the procedure and will need to be burped.
- Try to keep pressure off the baby's penis for the first 1-2 days. Keep this in mind when carrying him, when burping, or when in a car seat.

1-2 DAYS

- Give your baby sponge baths only for the first 2 days. You can immerse him in water to bathe after that.
- Use no chemicals for 2 days. It is best to avoid chemical baby wipes, powders, or lotions around the penis for 1-2 days as they may cause irritation.

"TURTLE HEADS" 1-7 DAYS

- In some boys, the glans tends to poke inward (like a turtle's head) when they pull up their legs or tighten their abdominal muscles. You will see examples of this in your email tutorial. If we notice this type of anatomy in your son, Dr. Reddoch will have a special discussion with you as you may need to retract the shaft skin regularly to keep it from sticking to the glans.

HEALING IS USUALLY RAPID AND OCCURS IN SEVERAL STAGES

- **24 hours:** The cut edge seals and bleeding ceases over the course of a day.
- **1-2 days:** The glans (head of the penis) may be dark red - this is its normal colour. There may be an off-white, yellowish, or patchy film of plasma (same fluid as in a blister) over the penis. This plasma may form a type of scab, especially on the underside of the penis. This is part of normal healing and is not an infection. The cut foreskin will appear red and swollen behind the glans. There may be a bruise on the underside of the penis.
- **3-7 days:** The plasma dries up as the tissues heal. The swollen foreskin behind the glans may look like a blister, but this is normal and will gradually subside. Parents may notice the healing foreskin sticking to the glans - they should contact the office if this happens.
- **1-2 weeks:** The swollen foreskin starts to subside and flatten out behind the glans. The plasma 'scab' on the underside will start to fade.
- **2-4 weeks:** The swelling continues to subside. Sometimes a localised blister-like swelling may persist in one area, but it should subside as well.
- **1 month:** The colour of the glans can be anything from pink to red to purple. This is because the glans is a mucous membrane. Once exposed to the outside, this membrane will slowly toughen (keratinize) and take on a normal, healed appearance.
- **General appearance:**

A common concern for parents after a circumcision is the appearance of their son's penis. Please remember that penises come in all shapes and sizes. While most penises look 'normal' within days of the procedure, some do not take on a completely 'normal' appearance until after the penis starts to grow. Further, although the penis may appear smaller after circumcision, it isn't - this is due to the relaxation of skin surrounding the penis which, prior to the circumcision, holds the penis more erect.

What to watch for

Active bleeding. To stop active bleeding:

Grasp the gauze-covered penis between your thumb and two fingers and apply pressure to the penis for no less than 3 - 5 minutes. Use the same pressure you would use to stop a cut on a finger from bleeding.

Inspect the area for continued bleeding. Repeat the pressure if necessary.

Once the bleeding has stopped, replace a fresh Vaseline gauze and re-check in 15 minutes.

If you have applied pressure twice, and the penis is still bleeding, call Dr. Reddoch on his cell phone at 613.362.2837.

Sticking bandage. Your son's penis is wrapped in a gauze bandage strip after the circumcision. This strip may fall off on its own within the first 24 hours; if it doesn't, you will need to remove it. **However, it is common for the bandage to get stuck on the penis - no need to panic.**

Apply Vaseline liberally over the area.

Close the diaper and allow the bandage to soften for 10-15 minutes.

Firmly peel away the strip.

If the strip won't come off, you will just need to pull harder and be prepared for the penis to bleed a few drops. This is normal. You may need to put pressure on the oozing area for a few minutes. (See above: "To stop active bleeding").

If the strip still won't come off or if you're uncomfortable pulling harder, call our office for advice at 613.933.9997 or email or text Dr. Reddoch.

Concealed penis. When the length of the penile shaft is no greater than its diameter, or when there is a good amount of pubic fat, the penis may tend to retract inward. This is normal. If your son fits this profile, you can reduce the chance of a concealed penis by applying a thin layer of Vaseline to the entire glans once a day, until the glans takes on a healed appearance (about 1-2 months).

To expose a glans that has retracted inward, place gentle downward pressure on either side of the base of the penis. Consult with Dr. Reddoch if the head of the penis cannot be fully exposed, or if any connecting skin bridges form between the shaft skin and the head of the penis.

Infection. Although rare, infection can occur. Common signs of infection include:

Pus-like discharge

Local warmth

Foul smell

Fever

Excessive swelling or redness

Rash in the vicinity of the penis

If your son exhibits any of these signs, or if he has not urinated in over 12 hours, call Dr. Reddoch on his cell phone immediately, at 613.362.2837.

Frequently asked questions

How will my baby behave after the circumcision?

It is not unusual for a baby to sleep 6-8 hours after the procedure and to miss a feeding. While some babies are irritable after the procedure, most are back to their normal selves within 48 hours.

Will it hurt my baby when he urinates?

It may sting a little the first 24 hours, but after that it should not be painful.

How do I clean the gauze and penis if there's stool on them?

Try to clean the area the best you can with a wet, soapy cotton ball or soft washcloth followed by a gentle rinse.

When can I start bathing my baby normally?

It is usually fine after the first 2 days. Call the office or send Dr. Reddoch a text or email if you are uncertain.

How long do I apply Vaseline to the penis?

Gently rub a small amount of Vaseline over the incision site and place a thin layer of Vaseline over the entire penis head with each diaper change. Do this until the tissues have dried - usually for about a week.

What happens if the gauze falls off early, before 24 hours?

This is normal. Just put a thin layer of Vaseline on one of the gauze pads given to you at the clinic and place it over the penis for the remainder of the 24 hours.

How do I remove the gauze if it's sticking?

- Apply Vaseline liberally over the bandage.
- Close the diaper and allow the bandage to soften for 10-15 minutes.
- Firmly peel away the bandage. Apply pressure if there is any bleeding.
- Don't panic if it will not come off easily right away. You can keep trying over the course of 24-48 hours by reapplying Vaseline and pulling it a millimeter at a time with each diaper change - it always comes off.

What do I do if I remove the gauze and there's bleeding?

- To stop, grasp the penis between your thumb and two fingers and apply pressure to the penis for no less than 3-5 minutes. Use the same pressure you would use to stop a cut on a finger from bleeding.
- Inspect the area for continued bleeding. Repeat the pressure if necessary.
- If you have applied pressure twice, and the penis is still bleeding, call Dr. Reddoch on his cell number at 613.362.2837.

What do I do if after the gauze falls off or is removed, there is still a bridge of skin attached to the head of the penis?

Please call our office to book an appointment with Dr. Reddoch to examine your baby at 613.933.9997.

What do I do if after the gauze falls off or is removed I can't see the head of the penis?

Please call our office to book an appointment with Dr. Reddoch to examine your baby at 613.933.9997.

What complications are possible from circumcision?

Complications are rare; the frequency varies with the skill and experience of the doctor, and are infrequent in Dr. Reddoch's practice. Complications include:

- Significant post-op bleeding (1 in 400)
- Phimosis or narrowing of the shaft skin opening over the head of the penis (1 in 500)
- Buried or trapped penis in the abdomen (1 in 800)
- Infection requiring antibiotics (1 in 1000)
- Meatal stenosis or narrowing of the urethra (1 in 1000)
- Sub-optimal cosmetic result (1 in 500)
- Trauma to head of the penis (never occurred in this practice)
- More serious complications including death (never occurred in this practice).



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To Book an Infant Circumcision

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For a video demonstration
of Infant Circumcision
please visit

www.circumcisionontario.com

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Our Mission

*"To uphold the highest international standards
of male health care in circumcision,
while treating our patients with
compassion, dignity and respect"*

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