

Circumcision Procedure:

(Procedure is done at South Health Maternity & Wellness)

The PlastiBell technique:

After separation with a probe, the plastic bell is placed under the foreskin and over the head of the penis. A piece of suture is tied directly around the foreskin, which cuts off the blood supply to the foreskin.

The plastic ring usually falls off by 5 – 7 days, and 7 – 14 days for older children.

Pros:

- × Less pain after surgery
- × Less chance of bleeding after surgery

Cons:

- × Skin may slip under the tie
- × Ring may retract & push against glans (tip of the penis)

What is Circumcision?

- This is a common procedure in which the foreskin (the skin covering the top of the penis) is removed with surgery. It exposes the head of the penis.
- Circumcision is not medically required, but studies show that it lowers certain health risks. In fact, according to the American Academy of Pediatrics (AAP), the benefits of the procedure outweigh the risks. Most parents make the decision about circumcision based on cultural, religious, or personal reasons. (Such as whether other male family members have been circumcised).
- **Benefits Include:** Reduced risk of urinary tract infection in first year of life, and some consider it is easier to keep the penis clean (although boys can be taught how to properly clean the foreskin after it becomes retractable). Later in life studies show that men that are circumcised may be at lower risk of contracting STDs/HIV.
- **Risks and Complications:** Usually there are no complications or risks - but rarely complications that may occur are:
 - Infection or bleeding at the site.
 - Incomplete removal of foreskin - sometimes too much skin may be left behind - if excess skin appears uneven then a corrective procedure later in life may be needed then.
 - Damage to the penis has only been reported in rare cases as precautions taken almost always prevent this.
- **Pain control is provided with the following:**
 - Topical injected anesthetic

Please review the following:

Any family history of bleeding disorder:

Yes No

Any family history or known deformity / concern / told to follow up on your child's kidneys, penis, or urinary tract?

Yes No

Name of Child: _____

Name of Parent

Signature

Date