

## When circumcision is the answer

One question a doctor commonly hears from a parent is: "Does my son need a circumcision?" The answer, however, is not just a simple "yes" or "no".

Throughout the world, circumcision is one of the most common operations performed on males. Often it is carried out for religious, ritual or family reasons in the newborn. However, in older children it is most likely performed for medical reasons.

Such reasons include recurring infection of the glans penis, the sensitive bulbous area at the end of the penis, or the foreskin, and recurrent urinary infections. Severe and prolonged episodes of infection may lead to a condition called balanitis xerotica obliterans, which has been linked to cancer in adults.

By the age of four, the foreskin is completely retractable in 90 per cent of boys. If it is not, it is usually because of two conditions:

1. **Phimosis.** This is a condition where the foreskin opening is too tight and a definite reason for circumcision, especially in severe cases when there is little chance it will resolve naturally. With phimosis, forceful retraction may lead to pain, bleeding and paraphimosis, a condition when the tight foreskin causes acute painful swelling of the tip of the foreskin and the glans penis. Circumcision is also indicated for paraphimosis.
2. **Preputial adhesion** where the foreskin is attached rigidly to the glans penis. Minor preputial adhesion in a young child can be resolved with gentle foreskin exercises; however, when the adhesion is extensive in older children, circumcision is often advised.

The operation itself is carried out under general anesthesia. The objective is to achieve a preputial ring which is large enough to allow complete retraction, while at the same time, leave adequate skin so there is no tension when the penis is flaccid.

One method involves trimming the outer and inner layers of the excess foreskin together, usually by the freehand method, and after controlling bleeding, suturing the edges.

However, the two-layered technique or sleeve resection method, in which the outer and inner layers of the foreskin are trimmed separately, probably gives better cosmetic results and caters much better to anatomical variants including the commonly encountered "buried penis".

In cases of a "buried penis", a relatively simple procedure can be carried out at the same time to correct the condition and improve penile length. Even with this added procedure, circumcision can be done as day surgery, with the child going home in the evening after the operation in the morning.

In the past, the days after a circumcision were quite painful. Dressing the wound, which was protected by an inverted paper cup cut at the base, was difficult while friction as a result of walking and during sleeping caused considerable pain.

A new relatively pain-free method involves applying a dressing directly to protect the exposed raw glans penis. This is changed only once after about five days. The recovery time remains the same at about two weeks during which the child is advised to refrain from vigorous physical activities, swimming, and taking a bath. However, normal daily activities and showering can be resumed almost immediately.

Complications, although rare, can occur. These include bleeding and infection of the wound, the latter of which occurs in 1 per cent of cases.

Other complications include the removal of too much skin and unsightly or asymmetrical wound edges. In some cases the foreskin opening may tighten again, or the urethral opening become narrowed.



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