

What you should know about Circumcision

Most urologists will only perform circumcision for medical reasons. Approximately 30,000 circumcisions performed annually each year in England. The highest rate of circumcision in the Western world is in the United States (~65%).

Please note that Mr Boustead does not perform circumcision in newborn babies. Due to anaesthetics restrictions, I only operate on children older than 2 years unless it's a lifesaving emergency.

Background

Circumcision of males involves removal of the fold of skin which covers the glans penis. Historically it was performed 15,000 years ago in Egypt and may have developed independently amongst different cultures. In the last 20 years, circumcision, especially in newborns and children, has become more controversial and more scrutinized because of the potential risks to the child's well-being, and ethical issues relating to consent. The American Academy of Paediatrics now advocates appropriate counseling and informed choice before circumcision is undertaken.

For more information go this excellent review at: <http://en.wikipedia.org/wiki/Circumcision>

Medical indications for circumcision

Most common reason given for circumcision is to fulfill a cultural norm. Medical reasons for circumcision include:

- Phimosis.

This is when the bottom end of the foreskin cannot be retracted over the glans penis. In preschool children it is not unusual for there to be thin adhesions to the glans. This physiological tightness is quite normal. By 3 years about 10% of boys are unable to retract the foreskin, but by adolescence 99% of boys achieve retraction. Severe phimosis is quite rare in young children and can be demonstrated by bulging of the foreskin during micturition. It should be remembered that circumcision is not the only option and preputioplasty can also be performed (this preserves the prepuce).

Acquired phimosis occurs because of:

- Poor hygiene
- Chronic inflammation under the foreskin.(balanitis)
- Repetitive forceful retraction of foreskin.
- A chronic skin disorder called lichen sclerosis or BXO

Phimosis does not obstruct the flow of urine but it can lead to infections, paraphimosis and interference with normal sexual activity.

- Paraphimosis is the inability to pull the foreskin from the retracted state back over the foreskin. It is a urological emergency which can lead to gangrene of the foreskin if left untreated.
- Recurrent balanitis.
- Balanitis xerotica obliterans or lichen sclerosis. Almost 50% of men having circumcisions for medical reasons will have this skin disorder. Characteristically there are pale white patches where the skin is very thin and red scaly patches in other areas. The foreskin may tear with erection or retraction causing further scarring. In mild cases steroid creams may allow disease control and conservative treatment. However circumcision is an excellent form of control with more severe cases. Removing the moist environment under the foreskin lets the skin over the glans thicken and in 90% of cases this is all that is required. 10% of men may still need some mild steroid cream. Rarely skin grafting (resurfacing) is required if severe scarring has occurred. Strictures (narrowing areas) in the urethral opening or of the urethral tube occur occasionally which also need treatment.

Circumcision has other suggested benefits and indications:

- Recurrent urinary tract infection (UTI) Circumcision is associated with a significantly reduced risk of UTI. The benefit of circumcision only outweighs the risk in boys who have either had recurrent UTI's, or are at high risk of UTI.
- Prevention of penile cancer. This rarely occurs in circumcised men but in countries where there is a high level of personal hygiene the condition is also rare. Human papilloma virus (HPV) types 16,18, 31 and 33 are responsible for the great majority of cervical, vulval, vaginal, anal and penile cancers. Circumcision is claimed to reduce the risk of HPV and HIV infection in men.
- Reduction in the risk of sexually transmitted disease (particularly ulcerative diseases like syphilis). This is as yet unproven.

Finding out the facts?

If you have a tight or problematic foreskin, you should see an expert to be examined, and find out:

- What's causing the problem?
- Are there non surgical alternatives?

- Discuss treatment alternatives such as widening procedures and circumcision.

What does a circumcision involve?

The operation is almost always done as daysurgery. General or spinal anaesthesia is the best. The operation takes about 30 minutes. Stitches are placed to fix the foreskin in position and to stop the bleeding. A penile block is placed for post-op pain control. Painkillers are given afterwards (paracetamol or ibuprofen). Full recovery requires 4-6 weeks of complete sexual abstinence with loose fitting briefs and instructions to shower and gently wash around the incision site. The stitches will dissolve and fall out after 14-21 days.

The foreskin is sent for pathology examination and review is usually about 6 weeks after your operation.

What complications can occur?

Minor complications include: (5% risk)

- Bleeding
- Local infection
- Meatal stenosis (narrowing of the urethral opening on the penis)
- Secondary phimosis
- Adhesions or skin bridge joining penile shaft and glans.

More severe complications include: (risk extremely rare in expert hands)

- Blood stream infection (Septicaemia)
- Injury of the glans
- Removal of too much foreskin
- Urethral injury and fistula.

Who do I contact if I have a problem?

Call Mr Boustead's secretary in office hours on 01462 456788

Out of hours you should call Pinehill Hospital on 01462 422822 and I can arrange an urgent review.