

**PEDIATRIC UROLOGY  
CIRCUMCISION GUIDANCE**

**Circumcision Basics - Pre-operative**

- ♦ Routine circumcision is currently performed in 65% of newborns in the US.
- ♦ Being circumcised provides little medical benefit when compared to foreskin that becomes retractable, over time, and is kept clean.
- ♦ Circumcision of the “normal” penis carries a risk of infection/bleeding in 1/1000. Nearly all are minor, **but** significant episodes could require emergent treatment, hospitalization, and result in a life-threatening situation. A need for additional procedure(s) to correct minor cosmetic issues occurs in 3/100 performed electively; narrowing of the urinary opening in 1/100 requiring surgical correction, in some cases, may be related to being circumcised.
- ♦ Circumcision is performed under a local nerve block and may be carried out with identical comfort, technique and recovery if performed in the “newborn period” or up to 10 kilograms of body weight.

**Plastibell Circumcision - Technique**

- ♦ Under sterile conditions, the skin of the penis is numbed with injected medication.  
**Bruising may occur at sites.**
- ♦ The skin covering the penis is pulled-back gently to expose the entire head of the penis. **The end of the penis will likely get red, then develop a yellow discharge, and finally scab over, “like a skinned knee.” This is the normal healing process and will progress over the 7-14 days that the Plastibell Ring stays on.**
- ♦ The correct size Plastibell Ring is secured with a string and the excess skin trimmed. **The skin that overlaps the ring will turn dark “like the umbilical cord” before the ring falls off at 7-14 days.**
- ♦ Your child is returned to your arms after application of antibiotic ointment to the end of the penis, to protect this sensitive area from injury. **Application of Vaseline, or A&D**

**Plastibell Circumcision - Post-operative Care**

- ♦ Ointment will protect the area while it heals and is recommended 2-3 times per day for the first 30 days.
- ♦ Keep the area dry, with only “sponge baths” until the ring falls off. **If your child’s penis becomes soiled before the ring separates, simply rinse the area off: pat it dry, and then resume care.**
- ♦ Signs of infection are white/green drainage, and redness extending from the shaft of the penis onto the belly wall. **Immediately bring these signs to your pediatrician’s attention, if noticed.**
- ♦ Tylenol at a dose of \_\_\_\_ mg orally may be given for discomfort every 4-6 hours
- ♦ Call the Pediatric Urology office at (585) 275-3342, or after hours (585) 922-4035 for the Pediatric Urologist on-call, with concerns or questions.
- ♦ Follow-up is with your pediatrician and incorporated into your routine visits in his or her office, unless specified otherwise.

Signature \_\_\_\_\_

Date \_\_\_\_\_