

Circumcision of your newborn boys: Information for parents from Dr. Trenholm

Circumcision of baby boys is an optional surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis.

The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy. However, parents who decide to circumcise their newborn boys often do so for religious, social, cultural, or personal reasons.

The cost of the procedure is \$300 which can be paid by cash, debit or credit.

What patients are eligible to have Dr. Trenholm perform a circumcision?

Dr. Trenholm makes every attempt to comply with every request for a circumcision; however, there are some guidelines that need to be followed. Boys who are to be circumcised must:

- Be 28 days or younger
- Live within an hour of the Huntsville Hospital
- Not have a family history of bleeding disorders
- Not have a family history of allergies to anaesthetics (injectable or inhaled) or a condition called malignant hyperthermia
- Any known personal history of heart malformations

Potential benefits of circumcision

A few studies suggest that boys who have been circumcised may be:

- Less likely to develop cancer of the penis later in life – although this form of cancer is extremely rare.
- Less likely to get HIV and [HPV infections](#).
- Less likely to get a [urinary tract infection](#) during childhood.

Female partners of men who have been circumcised are less likely to get cervical cancer.

Additionally, one of the biggest benefits is that a male won't have to undergo a circumcision later in life for a condition called phimosis (a recurrent infection of the foreskin). Circumcision later in life is a much more complicated and risky procedure with a longer recovery time compared to a circumcision done early in life.

Potential risks of circumcision

Circumcision could be a painful procedure. However, Dr. Trenholm does as much as he can to make the procedure pain-free. Additionally, Dr. Trenholm advises to use Tylenol regularly in the first 24 hours after the procedure, then as required beyond this. Problems resulting from the surgery are usually minor. Although serious complications are very rare (1.5% of all circumcisions), they do occur. These can include:

- **Bleeding:** this is the most common complication seen in the first 24 hours after a circumcision. The risk of bleeding reduces to below 1% if dressing changes are done properly using the right technique, and they are done frequently. Additionally, bleeding can be minimized if a dressing that is stuck to the penis is tended to carefully

- **How to prevent this from occurring:** The easiest way to prevent bleeding is to keep him calm and comforted. This means lots of cuddle time, and keeping his pain controlled with Tylenol. These measures will keep his blood pressure low.
 - Additionally, dressing changes should occur at the recommended intervals (listed below). The first diaper could have some more blood than expected in it, but if you don't see active bleeding, not to worry. The subsequent diapers should have less and less blood.
- **What to do should this occur:** If bleeding occurs, identify where it is bleeding from by having the baby in a warm and well lit area, on a towel and try your best to keep him comforted and calm. Elevate the penis by apply gentle upward pressure on the skin just above where the penis attaches to the body, and pull gently down on the scrotum.
 - Most bleeds come from the underside of the penis. Most bleeds stop on their own within 10 minutes just by letting the air at the area and letting a clot develop. Use some gauze to dab the blood as it comes down onto the scrotum. If it cannot be controlled in this time, please contact Dr. Trenholm through the hospital at 705 789 2311 ext. 0 for further instructions
- **Infection:** this is very rare, but is characterized by redness and swelling that extends down the penis and onto the skin at the base of the penis and scrotum.
 - **How to prevent this from occurring:** Use Polysporin with the dressing changes, and apply Polysporin to the head of the penis after the dressing changes are stopped for up to two weeks
 - **What to do should this occur:** If you are concerned about infection, please contact your family physician as soon as possible. Failing this, please contact Dr. Trenholm
- **Cosmetic asymmetry:** the method that we use to do the procedure is sometimes difficult to determine if the circumcision is perfectly level. Every attempt is made to make sure that this does not occur. However, should it happen, most often the remaining foreskin balances out over time.
 - **What to do should this occur:** If you are concerned about this, please contact your family physician or Dr. Trenholm to have the circumcision reviewed.

How is the circumcision performed?

An hour and a half before the procedure, we ask that you put EMLA (freezing) cream liberally over the penis, the base of the penis, and the scrotum. Then cover the area with a small piece of Saran Wrap so that it doesn't get soaked into the diaper. This is to reduce the pain of the freezing Dr. Trenholm will give at the beginning of the procedure.

Dr. Trenholm performs the procedure in his family practice office using sterile techniques. In order to do an effective circumcision, Dr. Trenholm and his assistant will gently place your son in a procedure apparatus where his legs will be strapped down.

The area will then be cleaned and Dr. Trenholm places injectable freezing, while a member of our office staff gives your son 0.75mL of Tylenol. Ingestion of a sweet liquid has been shown to reduce the perception of pain from injections in babies.

Dr. Trenholm then performs the circumcision using the Gomko method.

The whole procedure takes 20 minutes. We ask that you are back at the office in 15 minutes from the start to ensure that you are there as soon as the circumcision is done to see how to apply the dressing.

Caring for the circumcision after the procedure.

- **Dressing Changes:** You will get a package after the circumcision with gauze and Polysporin. Each package of gauze has two pieces in it. Take only one out, put it flat in your hand, and put a big blob of Polysporin in the middle. Mash it up so that the cream goes through the weave. Then flatten it out in your hand, and put another blob on. Smear it over the surface to make a film. Then put the gauze on top of the glans, fold it over, and pinch the sides so it looks like a pirate hat.
 - **How often:** Change the dressing every hour until you go to bed. Then every two hours overnight until the next morning. After that, change with every diaper change for 5 days. Beyond the 5 days, apply a thin film of Polysporin to the head of the penis with each diaper change if it has been wiped off.
 - [Click here to watch a video with the dressing application technique](#)
 - If you would like extra protection against the healing penis from sticking on the diaper, in the instance that the gauze slips to the side, then feel free to put some petroleum jelly on the front of the diaper.
- **Bathing:** No bathing for the first 4 days, then only sponge bath, wiping away from the penis area until day 14. At this point you can submerge the penis in water
- **Pain Control:** Please give your son 0.75mL of Tylenol every 4 hours for the first 24 hours after the procedure. After this, you can give it to him if he is fussy or hard to console. The pain should subside by day 7.
- **Questions or Concerns?** Please contact Dr. Trenholm at 705-788-3623 or 705-789-2311. Sometimes we get you to send in a photo or a video so that we might avoid you having to come in, which is sometimes a chore to bundle your son up and drive in for something that could be resolved over the phone.

Shopping List

- EMLA Cream: Can be purchased at any pharmacy
- Infant Tylenol: to be brought to the appointment and given during procedure