

What about later complications?

Meatitis: After circumcision, the urinary meatus no longer has its protective foreskin covering and may become irritated or infected, leading to meatitis (ulcers around the meatus). As the ulcers heal, scar tissue forms, constricting the meatus and causing a condition known as meatal stenosis.

Meatal stenosis: Constriction of the meatus impedes and sometimes blocks the flow of urine. Urine backed up into the bladder can cause painful urination and obstructive renal disease. Urine retained in the bladder is a breeding ground for bacteria and can lead to infection. If you notice anything irregular about your baby's urine flow, the doctor should be notified. Surgery may be required to enlarge the urinary opening. (Meatal stenosis occurs almost exclusively among babies who have been circumcised.)

Preputial stenosis: The circumcision scar sometimes forms as a tight, constricted, inelastic ring that traps the glans behind it. It may require corrective surgery.

Buried penis: After circumcision, the penis may become entrapped by scar tissue and retract into the pubic fat and fascia. This condition may correct itself naturally but sometimes requires surgery.

Is there anything else I should know?

Increasing numbers of males who were circumcised as babies are coming forward to report long-term circumcision-related complications.

Discomfort: Some circumcised males find the constant abrasion of their exposed glans extremely uncomfortable.

Painful erections: Males have erections throughout life, even before they are born. A male's foreskin provides the skin necessary for comfortable erections. So much penile skin is cut off of some males that their erections are painful.

Scarring: Circumcision scars vary from male to male. Some are more noticeable than others. Many circumcised males feel self-conscious about the scar on their penis.

Desensitization: Anatomical research shows that the foreskin is erogenous tissue. Cutting the foreskin off desensitizes the penis. Circumcision also causes the surface of the externalized glans to dry out, thicken and toughen, causing even more desensitization. Many circumcised males have a hard time dealing with the realization that their penis has been permanently desensitized.

Sense of loss: Many circumcised males regret and resent that part of their penis was cut off.

"Little has been written for parents about the risks and complications of circumcision. This pamphlet will give parents much-needed information about what to look for and when to seek help if their son has been circumcised."

Doctors Opposing Circumcision (D.O.C.)

"Mothers are often surprised when they first see their baby's circumcision wound. This pamphlet will help prepare them for what to expect."

Nurses for the Rights of the Child (NRC)

More information can be found on the Internet at: <http://www.nocirc.org/> and <http://www.cirp.org/CIRP/>.

NOCIRC pamphlets: 50¢ each or \$25/100 (same or mixed) plus \$3 S/H. Five different pamphlets: \$2 and business-size SASE with 55¢ postage.

The **NOCIRC Resource Guide** lists the pamphlets, books, articles, newsletters and videos available from NOCIRC, and other resources as well. Included as one of the five pamphlets above or free for SASE.

National Organization of Circumcision Information Resource Centers

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The information in this pamphlet is not meant to replace the care and advice of your pediatrician.

Answers To Your Questions About Your Young Son's Circumcised Penis

from the

**National Organization
of Circumcision Information
Resource Centers**

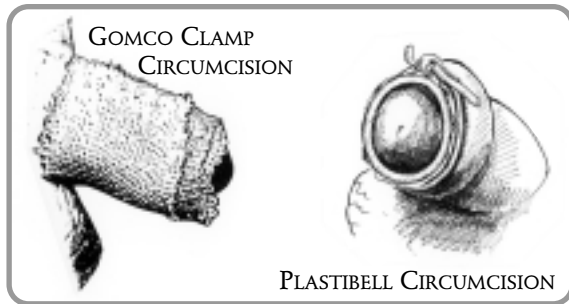
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What is circumcision?

Circumcision is the cutting off of the fold of skin that normally covers the glans of the penis. This double layer of skin, the prepuce, is commonly known as the foreskin.

At birth, a baby's foreskin and glans are attached to each other, very much the way the eyelids of a newborn kitten are sealed closed. The foreskin and glans may not fully separate from each other until after puberty. Before a baby's foreskin is cut off, it must be forcibly separated from the glans with a metal probe. The entire glans of the baby's penis and the site of the incision are then raw, open wounds. You should, therefore, watch your baby carefully the first few days for possible complications.



Illustrations by Shaun Mather

What post-operative complications should I watch for?

Bleeding: After your baby is circumcised, bleeding should stop. If your baby's penis keeps bleeding, the doctor should be notified immediately.

Infection: Infections can be in the wound, the tissue around the wound, the membrane just under the skin, and/or the blood stream. Increasing redness, swelling, oozing and fever are all signs of infection. Infections can quickly invade a newborn baby's body. If you see any sign of infection, the doctor should be notified immediately.

Urinary retention: If your baby goes longer than 18 hours without urinating after being circumcised, the doctor should be notified immediately.

Hypospadias and/or urethral fistula: If your baby's urinary opening (meatus) is not at the tip of his glans, or if urine comes out of any other opening in his penis, the doctor should be notified immediately.

Dislodged Plastibell circumcision device: If there is a plastic ring with a string tied around its rim on your baby's penis, it should drop off in five to eight days. If it does not drop off within eight days, or if it slips from his glans onto his shaft, or if you notice any swelling, the doctor should be notified immediately.

Complications from anesthetics: The penile dorsal nerve block requires injections at the base of the penis. Needles puncturing tissue in this area can cause bruising and can damage the dorsal penile nerve. Accidental puncture of the dorsal artery or vein can lead to hematoma or gangrene. If your baby has extensive bruising or swelling around the injection sites, the doctor should be notified.

Topical anesthetics, such as EMLA cream, do not prevent circumcision pain. Furthermore, they carry the risk of methemoglobinemia (when hemoglobin cannot carry oxygen) and are not approved for use on children under one month old. If your baby's color turns bluish or grayish, or if he becomes lethargic, the doctor should be notified immediately.

Pain: After your baby is circumcised – with or without an anesthetic – he will be in pain. Urine and feces in the wound add to his discomfort and distress. Some doctors prescribe post-operative pain medication, but it is not always effective and is never 100% effective. You can comfort your baby by holding him, nursing him frequently, sleeping with him, and being especially careful when changing his diapers.

Will circumcision change the way my baby eats or sleeps?

Feeding: Some babies feed readily right after they are circumcised. Many do not. These babies need more time to recover (usually one or two days).

Sleep patterns: Many parents worry because their baby sleeps an unusually long time right after being circumcised. Having part of his penis cut off is a painful, stressful and exhausting experience for a newborn baby. Sleeping helps your baby recover.

How should I care for his circumcision wound?

Dressing changes: If your baby was circumcised with a Plastibell device, the plastic ring should be in place but there should be no dressing on his penis. If your baby was circumcised with a Gomco Clamp, his penis will be bandaged with a gauze dressing to keep the open wound on his remaining skin and the open wound on his glans from sticking to each other and to his diaper. Some doctors recommend gently replacing this dressing when it is soiled. Others recommend removing it after an hour or two. Some doctors recommend applying Vaseline to the wound with every diaper change to keep the wound from sticking to the diaper.

The yellowish crust on your baby's glans forms from the fluids that are part of the healing process. It will fall off by itself as the glans heals.

Bathing: After your baby has a bowel movement, the circumcision area should be gently rinsed with warm running water. It is best to wait until the wound has healed (seven to ten days) before touching it or using a wash cloth or "baby-wipes."

Preventing adhesions: Adhesions form when new tissue grows between two structures that are normally separate. The raw surfaces of the glans and the remaining penile skin can fuse together. This can be prevented by pulling the penile shaft skin behind the line of incision gently away from the glans once a day after the initial healing of the wound (seven to ten days). This should be done until your baby is at least one year old to ensure that the deeper layers of the wound heal without fusing to adjacent tissue.