

# Pediatric Urology Associates, Ltd.

## & Pediatric Enuresis Center of Arizona

Robert B. Bailey, MD  
Luis R. Argueso, MD  
Michael L. Ritchey, MD  
Michael T. Nguyen, MD  
Zachary V. Zuniga, MD

Marilyn L. Tigges, PA-C  
Kelly M. Parker, PA-C  
Karen R. Dunivant, CPNP  
Diana L. Braskett, CPNP

### **CIRCUMCISION/CIRCUMCISION REVISION**

Circumcision is one of the oldest operations performed. Sometimes it is done because of a specific problem with the foreskin (**prepuce**) and other times it is performed routinely. Routine circumcision was once advocated for all newborn males, but this is now performed in about 65% of newborns. Most boys will do fine later in life if their foreskins are not removed. Some may eventually need circumcision because of narrowing at the tip (phimosis), infections (posthitis or balanitis), or irritation. The foreskin may be a source for urinary tract infections, and circumcision may be a good idea in boys with any underlying kidney abnormality.

In very young babies circumcision is performed in the hospital or clinic with local anesthesia and a clamp. Although it is a commonly performed procedure, it is technically difficult. It is not uncommon for there to be some redundant penile skin after newborn circumcision. As the child grows, this will become less noticeable. Adhesions of the foreskin to the glans, or head of the penis, are also very common. If there is significant scarring, these can develop into skin bridges. Simple adhesions will usually resolve over time, but the skin bridges will require surgical correction.

Other complications of circumcision include bleeding, infection, skin separation, narrowing of the urinary opening (meatal stenosis), concealed penis, and urethral fistula. Every circumcision may not look exactly like the "ideal circumcision" in the mind of the family members. The main purpose of circumcision is to remove the preputial ring to permit exposure of the glans penis. This is more of a functional purpose than a cosmetic purpose, and although we try to get a cosmetic result in line with familial expectations this is not always the case.

When a circumcision needs to be revised, we generally wait until the child is 6 months of age to minimize anesthetic risks. This is also the age that we will perform a first time circumcision if it was not able to be completed in the newborn. The procedure is done under general anesthesia in the outpatient surgery center or hospital. Any adhesions or other abnormalities are corrected and the excess redundant foreskin is removed. The skin is closed with small absorbable sutures.

We suggest antibiotic ointment, i.e. Bacitracin, or Vaseline be applied to the glans with every diaper change after circumcision, for at least a few months to try to protect the newly-exposed meatus from diaper irritation. We like to see the patients 2-4 weeks after circumcision. This is important to determine that appropriate healing has occurred.