Male Infant Circumcision

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Simulation Objectives

By the end of this unit, the learner should be able to do the following:

• Describe normal penis anatomy
• Demonstrate knowledge of indications and contraindications of procedure
• Demonstrate how to use Mogen® clamp and perform a circumcision with it
• Demonstrate how to use Gomco® clamp and perform a circumcision with it
• Describe possible complications
Simulation Model Setup

• Simulation setup: Twenty minutes
• Cut a small hole in the back and front of the doll
• Take the fish bait, place a small balloon over the tip and cut a small hole at the end
• Pass the fish bait from the back to front of the doll and use the paper clamp to fix the bait in place setting in place the penis
Cost Breakdown

• Two dolls, available at amazon.com $29.00
• Fish bait, available at Dick’s Sporting Goods, $10.00
• Small balloons, available at Party City, $1.99
Materials List

- Disposable chucks
- Betadine (not used on dolls)
- Sterile gloves
- Two small straight hemostats
- One small curved hemostat
- Flexible blunt probe
- Gomco®-type clamp 1.3 cm
- Mogen® clamp
- Number 10 disposable scalpel blade
- Paper clamp
Infant Penile Model

Figure 1. Dolls with simulated penis

Figure 2. Creating simulated penis
Mogen® Model

Figure 3. Equipment for Mogen® Circumcision
Figure 4. Equipment for Gomco® Circumcision
Preevaluation for Circumcision

Informed consent

• Risks and benefits

• Consider local anesthesia injection versus topical cream

• Epinephrine is an absolute contraindication due to possible necrosis

• Possible complications
Indications

• Infant male circumcision is an elective procedure [1,2].
• There are clear medical benefits to infant male circumcision [1,2].
• The religious beliefs of the parents must be respected when considering circumcision [1,2].
• Phimosis is the most common diagnostic code used in conjunction with circumcision [3].
• WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have recommended that male circumcision efforts be scaled up as an effective intervention for the prevention of heterosexually acquired HIV infection [4].
Contraindications

• Anatomical contraindications: hypospadias, Chordee, epispadiasis, penile torsion, buried penis, webbed penis, micro penis, urethral hypoplasia and ambiguous genitalia [2,5].

• Medical contraindications: prematurity, age younger than 18 hours, known bleeding diathesis in the patient or the patient’s family history, any current illness or medical condition that requires monitoring, disorders of the skin or connective tissue that would impair normal healing [2,5].
Ethical Issues

• Parents and physicians each have an ethical duty to the child to secure its best interest and wellbeing [6].

• There are disagreements about what is the best interest or how the potential medical benefits and the potential medical harms of circumcision should be weigh against each other. The situation is further complicated by social, cultural, religious and familial benefits and harms that need to be considered [7].

• It is reasonable to take medical and non-medical benefits and harms into consideration when making a decision about circumcision [8].
Mogen® Clamp Circumcision Steps

1. See Video 1 (Mogen® video) at website
2. Grasp the foreskin at 9:00 and 3:00 with the straight hemostats no more than 0.5 cm
3. Use the curved hemostat to free the foreskin from the glans releasing any adhesions down to the corona of the glans, taking care to avoid the urethral opening
4. Slide the Mogen® clamp directly under the hemostats either transversely or vertically
5. Slightly close the clamp while pulling excess foreskin through
6. Lock the Mogen® clamp
7. Excise the foreskin with the scalpel
8. Release the clamp, lifting up after it is opened
9. Pull down on the remaining foreskin, releasing the glans through the incision
10. Assess the glans for any remaining adhesions
11. Release any adhesions with the flexible blunt probe
Gomco® Clamp Circumcision Steps

1. See Video 2: Gomco® video
2. Place sterile drape
3. Grasp the foreskin at 10:00 and 2:00 with the straight hemostats no more than 0.5 cm
4. Use the curved hemostat to free the foreskin from the glans releasing any adhesions down to the corona of the glans, taking care to avoid the urethral opening
5. Use a straight clamp or needle driver to crush the skin and mucosa at 12:00.
6. Use a straight hemostat or a needle driver to crush the skin and mucosa at 12:00.
7. Wait 5 minutes, then remove the instrument
8. Cut down the middle of the crush injury, blunt side of the scissors in
9. Pull the foreskin down over the glans and check the corona for adhesions
10. Remove any remaining adhesions with the blunt probe
11. Place the bell over the glans and use the hemostat to hold the foreskin in place over the bell
12. Remove the other two hemostats
Gomco® Clamp Circumcision Steps (Continued)

13. The stem is inserted through the hole in the base plate of the Gomco® clamp
14. Reach through the hole and grasp the foreskin above the other clamp
15. Remove the lower hemostat
16. Pull the remaining foreskin equally through the hole ensuring the apex of the incision is fully through the hole
17. Attach the rocker arms of the clamp to the stem of the bell and place the bell arms in the yoke
18. Tighten the screw, crushing the foreskin
19. Clamp for 5 minutes
20. Using the scalpel, excise the foreskin removing all above the bell and clamp plate
21. Release the nut and free the bell from the rocker arm
22. Slide the bell through the hole
23. Release the bell from the foreskin
   Make sure the glans and corona are fully exposed
24. Check for adhesions or bleeding [9]
Complications

• Early complications tend to be minor and quite treatable [10], and include the following:
  o Bleeding
  o Pain
  o Inadequate skin removal
  o Surgical site infection

• Late complications include the following [10]:
  o Inadequate skin removal resulting in redundant foreskin
  o Epidermal inclusion cysts
  o Suture sinus tracts
  o Chordee
  o Penile adhesions
  o Phimosis
  o Buried penis
  o Urethrocutaneous fistulae
  o Meatitis
  o Meatal stenosis
References

1 American College of obstetricians and gynecologists, Clinical Guidance & Publications, Patient Education Pamphlets, Newborn Male Circumcision. Number AP039, May 2017


5 Steadman B, Ellsworth P. To circ or not to circ: indications, risks, and alternatives to circumcision in the pediatric population with phimosis. Urol Nurs 2006;26:181-194


