

Dr. Marc Brulotte

B. Sc. Bch, MD, CCFP

Medical Director, OVIC Medical

📍 500 Claridge Drive – Unit 102
Ottawa, ON, K2J 3G5

📞 613-699-OVIC (6842)

📠 613-454-5900

✉ info@ovic.clinic



CIRCUMCISION INFORMATION PACKAGE

- WHAT IS A CIRCUMCISION?
- GOMCO CIRCUMCISION TECHNIQUE
- STEP BY STEP: HOW TO PREPARE FOR YOUR BABY'S CIRCUMCISION
- HOW TO CARE FOR YOUR CIRCUMCISED BABY
- FAQ

Dear Parent,

Having your child circumcised is a minor procedure that is performed routinely by family physicians and specialists at hospitals or private clinics. While the practice is standard, we understand that there are questions and concerns that many parents have after electing for this procedure to be performed.

In an effort to answer all your questions and provide you with peace of mind we have compiled a short handout on the procedure and how to prepare for the circumcision as well as after-care instructions, warning signs, and frequently asked questions.

We hope that the information you find within will be valuable in determining the progression of your child's recovery and alleviate any fears or concerns that may arise after the procedure.

If for whatever reason, you require further assessment or have ongoing questions and concerns, we ask that you please contact Dr. Brulotte at 613-699-OVIC (6842) or email us at info@ovic.clinic.

Thank you,



Dr. Marc Brulotte

WHAT IS A CIRCUMCISION?

A circumcision is a simple elective, surgical procedure that involves the removal of the prepuce (foreskin) of the penis. The procedure is centuries old and continues to be performed for a variety of religious, cultural, and medical reasons. It is best performed in the first few weeks after birth and is regarded as one of the safest routine procedures today, with over one million performed in North America each year.

Should I circumcise my son?

Dr. Brulotte is pleased to offer access to a circumcision procedure to parents who choose to circumcise their son. His position on circumcision is the same as the Canadian Pediatric Society, as well as the American Academy of Pediatrics.

THE CANADIAN PAEDIATRIC SOCIETY STATES:

'When parents are making a decision about circumcision, they should be advised of the present state of medical knowledge about its benefits and harms. Their decision may ultimately be based on personal, religious, or cultural factors.'

THE AMERICAN ACADEMY OF PEDIATRICS STATES:

'After a comprehensive review of the scientific evidence, the American Academy of Pediatrics found the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision.'

Pain Relief

Dr. Brulotte has implemented 4 steps to minimize discomfort during a circumcision. With these, the vast majority of newborns under 3 weeks remain asleep or sucking on a pacifier during the circumcision procedure.

THESE 4 STEPS INCLUDE:

1. Administration of acetaminophen (Tylenol) 20 minutes prior to the circumcision.
2. Application of topical freezing cream (EMLA) 15 minutes prior to the circumcision.
3. Dr. Brulotte will perform a penile ring block (local freezing using xylocaine) during the circumcision.
4. Administration of sucrose (TootSweet) during the circumcision.

GOMCO CIRCUMCISION TECHNIQUE

Dr. Brulotte performs the infant circumcision using the Gomco technique, which is the most widely used method and is a much quicker procedure than the plastibell technique.

Circumcisions performed using the Gomco technique are quick and effective. Unlike other techniques, the Gomco technique has the advantage of fully visualizing and protecting the glans of the penis during the circumcision. It is also easier to determine the adequate quantity of foreskin to take off. As it is very safe and effective at applying symmetric circumferential pressure, it results in minimal bleeding.

What are the benefits?

Reduction in urinary tract infection

Although uncommon in males, it reduces the risk of urinary tract infection (UTI) since it eliminates the preputial space that provides a warm moist environment for pathogens and bodily secretions.

In a systematic review of 12 studies including data on over 400,000 males primarily under 1 year of age, circumcision reduced the risk of UTI by almost 90 percent.

Reduction in penile inflammation and retractile disorders

In the uncircumcised male, balanitis (inflammation of the head of the penis) and posthitis (inflammation of the foreskin) usually occur together. A circumcision prevents this type of penile infection (balanoposthitis) as there is no foreskin. Please note, balanitis is still possible, but the rate is reduced. A circumcision also prevents phimosis and paraphimosis, both of which are conditions where the foreskin of the penis cannot be properly retracted.

Reduction of HIV and other sexually transmitted infections

It reduces the risk of getting some sexually transmitted diseases including Human Papilloma Virus (HPV), Herpes (HSV-2) and AIDS (HIV).

Please note that the HPV vaccine (Gardasil) plays a much larger role in the preventions of HPV related disease and is now part of Ontario's vaccination program.

Easier hygiene

Good genital hygiene (washing the entire penis, including the glans, with soap and water while bathing) is important for all males and is generally easier in the absence of a foreskin. Uncircumcised boys should be taught the importance of washing beneath the foreskin on a regular basis when the foreskin is fully retractable. Good hygiene may prevent many problems associated with the foreskin but can be difficult to maintain in uncircumcised boys. Studies of middle-class boys concluded that penile hygiene is usually not well-maintained.

Avoids having a circumcision at an older age

It eliminates the need to do it later in life, when up to 6% of boys will require a circumcision because of various problems. When it is done later in life, it is a more painful, difficult, and riskier procedure where recovery time is also much longer.

Possible Risks

Procedure related complications are rare; various studies have estimated the rate at 0.2%.

SOME OF THE POSSIBLE COMPLICATIONS INCLUDE:

- Bleeding, which is usually mild and controlled with local pressure.
- Infection, which is rare and usually mild and treated by local antibiotics.
- Adhesions (skin bridges), which are easily released by simple retraction.
- Trauma to the head of the penis.

STEP-BY-STEP: HOW TO PREPARE FOR YOUR BABY'S CIRCUMCISION

DAY OF CIRCUMCISION: BEFORE YOU ARRIVE

- Plan to be at the clinic for up to 60 minutes; this includes pre-operative counselling, the procedure itself, and the post-operative hands-on teaching.
- It is recommended to feed your son just before you leave your home so he will be comfortable during his visit at the clinic. You will also have time to feed him at the clinic.
- PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT
 - Infant Tylenol or Tempra
 - A thin receiving blanket
 - Diapers and unscented Vaseline
 - A soother or pacifier if your son uses one

AT THE CLINIC: STEP-BY-STEP

- Arrive 20 minutes prior to your scheduled appointment time.
- At this point, we will give your son the appropriate dose of Infant Tylenol or Tempra.
- We will then apply a topical anesthetic (freezing cream) called EMLA.
- You will then meet with Dr. Brulotte where he will answer all of your questions and address any concerns you may have. You are welcome (but not obligated) to be present for the circumcision.
- Next, Dr. Brulotte will perform a penile ring block. This involves an injection of a freezing solution (xylocaine 2%) through a tiny needle into the area that has already been numbed by the topical cream.
- After a few minutes, the penis will be frozen, and Dr. Brulotte will perform the circumcision. Throughout the circumcision, which will be done within a few minutes, your son will receive sucrose (a sugar solution), to further alleviate any discomfort.
- 10 minutes after the circumcision, you will be shown how to properly care for your son's circumcised penis. To make sure you are fully comfortable with the aftercare, we will do the first diaper change with you and show you how much Vaseline to apply.
- If needed, your baby can be given a second dose of acetaminophen (4 hours from the original dose) once the local anesthetic has worn off. Based on your son's weight, Dr. Brulotte will determine how much medication to administer.

HOW TO CARE FOR YOUR CIRCUMCISED BABY

After the circumcision, the best ways that you can help comfort your baby is by swaddling him, holding him, and nursing him often. Please note that your son may be more sleepy than usual (due to the medication) and may also feed less.

The most important aspect of the healing process is to APPLY LOTS OF VASELINE!

Apply a generous amount of Vaseline on the provided gauze and apply it to the penis to form a 'pipi-tipi'. Change this 'pipi-tipi' with every diaper change for the first 7 days.

PROMPT HEALING

- Keep the area clean and dry. Use disposable diapers for the first week; they tend to be less irritating and help keep the area drier and cleaner.
- Gently clean the area around the penis using a warm washcloth. You can use regular wipes for all other areas but the penis. DO NOT use alcohol, powders, or lotion as these may cause irritation.
- Apply generous amounts of Vaseline to avoid the exposed foreskin adhering to the diaper or forming adhesions with the penis glans.
- Apply gentle traction at the base of the penis to minimize the risk of adhesions.
- AVOID unnecessary car travel as car seats can be irritating to a newly circumcised penis.

FIRST FEW DAYS

- It is normal for your baby to be a little irritable for the first 12 to 24 hours. We encourage you to keep him snugly swaddled since the less he kicks his legs, the more comfortable he will be.
- The best sleeping position for your baby is on his back or his side, supported by a blanket roll. Most babies sleep well following the circumcision.
- For the first week, give your baby sponge baths only. Do not submerge the penis under water.
- Avoid changing your son's diaper too frequently as it may be uncomfortable for him. DO change him immediately after a bowel movement or after feeds as per usual.
- With each diaper change, it is normal for the penis to be discoloured and for the gauze/diaper to be lightly stained with blood. **A normal part of the healing process is to see a green-and-yellow-coloured membrane around the penis**, especially on the underside, at the 6 o'clock position.
- If the skin has moved up slightly over the head of the penis, gently apply pressure on the sides of the penis to ensure it heals properly without any adhesions. DO NOT push on the skin for the first 48 hours because it will be swollen from the procedure.

WHAT TO WATCH FOR?

Active Bleeding

As previously mentioned, we will re-examine your son's penis 10-20 minutes after the circumcision. We will show you how to properly change your son's diaper and ensure that there is no active bleeding. Minimal amounts of blood seeping is normal, but active bleeding is not; we will make sure that everything looks normal before your departure.

Although rare, the most common reasons for bleeding to occur once at home are overly aggressive cleanings, not enough Vaseline applications, or too much pressure placed at the base of the penis for retraction.

If bleeding occurs, treat it like a nosebleed and apply mild pressure. Grasp the gauze-covered penis between your thumb and two fingers and apply pressure at the bleed site for 1 to 2 minutes. Then, inspect the area for continued bleeding. Repeat pressure if necessary. Leave the gauze in place, as removing it may lead to renewed bleeding. Make sure to apply Vaseline on the gauze.

If needed, you may call the clinic for over-the-phone advice, or to schedule a reassessment.

You may also contact us via email at info@ovic.clinic

Infection

Although rare, infection can occur. Common signs of infection include:

- Puss-like discharges
- Foul smell
- Local warmth
- Fever

If your son exhibits any of these signs, or if he has not urinated in over 12 hours, call Dr. Brulotte immediately.

Dr. Brulotte has never had a case of infection after a circumcision.

FREQUENTLY ASKED QUESTIONS

What is the ideal age to do a circumcision?

Since newborn babies are less aware and local freezing is more effective, the best time for a circumcision is between 7 to 21 days of age. However, Dr. Brulotte will perform infant circumcisions until the age of 3 months. Beyond this age, your son will need to be assessed prior to circumcision.

Is there a weight minimum or maximum?

There is no weight minimum or maximum, but babies that are older than 3 months will need to be assessed prior to circumcision.

How will my baby behave after the circumcision?

It is not unusual for a baby to be sleepier after the procedure and to miss a feeding. You may give an additional dose of infant Tylenol as needed. While some babies are irritable after the procedure, most are back to their normal selves within 24 hours.

How do I clean the penis if there is stool in the diaper?

To minimize the risk of infection, change your son's diaper immediately after a bowel movement. You may use wipes everywhere other than on the penis itself, where it is best to clean by dabbing with a warm washcloth.

When can I start bathing my baby normally?

You may give your son a regular bath once the circumcision is fully healed, which usually takes around 7 days.

How long should I apply Vaseline to the penis?

For the first week, apply a generous amount of Vaseline on the provided gauze, and apply it to the penis to form a 'pipi-tipi'. Change this 'pipi-tipi' with every diaper change for the first 7 days. Afterwards, apply a thin layer of Vaseline as you normally would to protect against diaper rash.