



INFORM

"Should we circumcise our baby boy?"

Circumcision: permanent surgical removal of the prepuce (foreskin), a fold of tissue that covers the glans (head) of the penis.

Elective circumcisions are **NOT** recommended as routine neonatal intervention in Canada

Canadian Pediatric Society (CPS): due to **close balance of medical risk-to-benefit ratio**, the informed decision of circumcision should be **made by parents after weighing individual risks and benefits** to their son in context of their familial, religious, and cultural beliefs.

Phimosis (non-retractile foreskin) = inability of the prepuce to retract back over the glans

Physiologic phimosis: foreskin present at birth is **normally non-retractile!**

Congenital adhesions between glans and prepuce will **loosen by puberty** in majority of cases, allowing for eventual retraction.

Pathologic phimosis: **problematic** scarring of prepuce that develops later in life due to infection and inflammation.

> **First line treatment: topical steroid cream** (0.05 – 0.1% betamethasone) BID with gentle traction. Successful in 80% of cases

> If unsuccessful, should consider **medically necessary** circumcision.



History and Physical Exam

- Impaired urinary stream? (weak, dribbling, spraying)
- Recurrent UTIs?
- Unable to visualize urethral meatus?
- Blanched patches? (Indicative of lichen sclerosis)

Contraindications:

Congenital penile abnormalities such as

- Hypospadias
- Dorsal hood deformities
- Chordee
- Micropenis
- Webbed penis
- Buried penis
- Large hydrocele or hernia

Refer to pediatric urology

Delay in unstable or premature infants

Relative contraindications: bleeding disorders

DISCUSS

Benefits:

- ✓ Prevents **paraphimosis** (painful retraction of the foreskin that cannot be returned to normal position)
- ✓ Reduced risk of **balanitis** (inflammation of the glans)
- ✓ Lower rate of **pathologic phimosis** (NNT* = 67)
- ✓ Reduced rate of **UTIs** in 1st year of life (NNT = 125 in normal infant boys; NNT = 5 in high risk groups such as recurrent UTI or underlying urinary tract anomaly)
- ✓ Reduced rate of **HSV** infection (NNT = 16)
- ✓ Reduced rate of **HPV** infection (NNT = 5) and reduced risk of cervical cancer in female partners (NNT = 120)
- ✓ **No** negative impact on sexual function or satisfaction in males or their partners.

*NNT = number needed to treat

Risks:

Surgical Risks:

- ✗ Minor: local infection, minor bleeding
- ✗ Severe: sepsis, major hemorrhage, permanent anatomical damage to glans or urethra
- ✗ Late: meatal stenosis, penile adhesions, buried penis
- ✗ Unsatisfactory cosmetic appearance
- ✗ Anesthetic risks if requiring general anesthesia

Complication rates:

- ✗ 1.5% in neonates and infants
- ✗ 6% in childhood, adolescence, and adulthood

Ethical concerns of child being unable to consent



DECIDE

- Guide parents in **informed decision making** by educating about all known risks and benefits
- If unsure, offer online resources and schedule for follow up
- **Be mindful** that this procedure has important religious, cultural, and ethnic significance, and acknowledge these values in the decision making process

[caringforkids.cps.ca "circumcision"](http://caringforkids.cps.ca/circumcision)

"Okay, let's go ahead"

Refer parents to a medical professional (pediatrician, pediatric urologist, family doctor) who is **trained and well practiced** in the procedure to **significantly decrease complication rates**.

- Various procedure methods such as freehand technique or device-assisted have similar outcomes.
- Generally recommended to undergo procedure during infancy (< 2 weeks of age) using only local anesthesia. If done at older age the procedure is associated with higher complication rates and requires general anesthesia.

"No, not for us"

- **No special care needed** for uncircumcised penis. Routine bathing and hygiene practices are sufficient.
- **Do not forcibly retract the foreskin** as this may cause scarring, leading to adhesions.
- Only 4% of newborn males will have a completely retractable foreskin at birth; **50%** by 6 years old; and **95%** by 17 years old.
- As the male ages, growth of the penis and physiologic erections will loosen adhesions, allowing for retraction.
- If the foreskin has been retracted, **always replace back** over the glans to prevent paraphimosis.