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My Doctor Knows Dr Shona Alison Edmonds

CIRCUMCISION has been practised for centuries in various cultures around the world.

Circumcision is the removal of the foreskin (prepuce) of the penile shaft.

The foreskin, as its name implies, is the skin covering the head or glans of the penis, and develops in advance of the penis in-utero.

Its function is believed to be as a protective covering for the developing penis, as well as to keep the sensitive glans moist.

Apart from religious and cultural practices, the perceived health benefits of penile hygiene and the reduction of incidence of sexually-transmitted diseases and penile cancer is another reason for the request of circumcision among newborns and children in both developed and developing societies in the world.

Conditions

True medical reasons for circumcision include the following:

- > Pathological phimosis: A tight opening of the foreskin which is caused by scarring from either repeated minor infections to the foreskin, or attempts at retracting the foreskin causing tears to it.
- > Paraphimosis: A condition whereby the foreskin has been retracted and is trapped behind the glans. This constricts the glans and the foreskin, causing pain and swelling.
- > Recurrent balanoposthitis: An infection of the foreskin and glans, usually due to a pathological phimosis.

PARENTS' GUIDE TO CIRCUMCISION

> Balanitis xerotica obliterans: A rare skin condition of the foreskin, which may predispose to penile cancer in adulthood. It has been shown to affect boys as young as two years old.

> Urinary tract infections

There are conditions in which circumcision cannot or should not be performed.

Such conditions include a congenital problem known a hypospadias, whereby the boy is born with an abnormality with the position of the opening of the urethra, which may or not include an associated defect with his foreskin and curvature of the penile shaft.

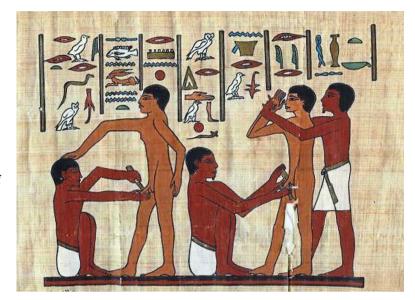
In this situation, the foreskin is used in the repair of the hypospadic urethra, hence it would be detrimental if a circumcision was performed prior to the repair.

Other less common conditions include blood clotting abnormalities, such as haemophilia.

Methods

Circumcision should be ideally performed by a trained medical practioner well-versed with managing the care of the child and his wound during and after the procedure.

In a newborn or infant, and an older child who is cooperative, this procedure may be done by injecting local anaesthetic (penile block) just above and around the penile shaft to cause numbness.



Circumcision is said to be the world's oldest surgical procedure, predating recorded history.

In most children aged under 10, a short general anaesthesia would be the best option to minimise both patient and parental anxiety and fear, and enable a safe surgical outcome.

Circumcision may be performed in a variety of ways. One technique employs the use of specialised devices such as a metallic or plastic clamp, which is expected to spontaneously drop off between five and 14 days if a local anaesthetic is used in a clinic or nursery setting.

Otherwise, if general anaesthetic

is given, most surgeons would opt to use the standard dorsal slit with free-hand foreskin removal technique.

A less common technique is the use of YAG laser to remove the foreskin.

The aforementioned methods have their benefits and risks, which ought to be discussed with your child's surgeon.

Complications

Most early complications (imme-

diately after surgery) are minor and easily treatable – pain, swelling and bleeding.

Delayed or late complications that may arise are inadequate skin removal, wound infection, urethra meatus ulcers or stenosis (opening of the urethra becomes smaller due to recurrent inflammation).

Serious complications such as penile amputation or excessive bleeding resulting in death, urethral fistulae and sexual dysfunction in adulthood have been documented, but such complications are extremely rare and are more commonly associated with procedures performed by non-medical trained persons.

Summary

Circumcision in little boys and infants is a safe procedure if performed by a trained medical personel in a clean setting using a sterile technique.

There are medical indications for circumcision and this ought to be discussed with your child's paediatrician or paediatric surgeon to determine its necessity and benefits, as a more informed collective decision may be made with the partnership of parents/care-givers with the child's medical provider.

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