CIRCUMCISION

At birth, the foreskin is adherent to the glans penis. These adhesions separate spontaneously with time, allowing the foreskin to become retractile. At 1 year of age, about 50% of boys have anon-retractile foreskin. By 4 years this has declined to 10% and by 16 years to just 1%. Ballooning of the normal non-retractile foreskin may occur with micturation. Gentle retraction of the foreskin at bath times helps to maintain hygiene but forcible retraction should never be attempted. The presence of preputial adhesions, when the foreskin remains partially adherent to the glans, is normal and resolves. spontaneously.

Circumcision is one of the earliest recorded operations and

remains an important tradition in some cultures. Routine neonatal

circumcision is performed in some western societies but the

practice has been increasingly criticised. Proponents point out

that circumcision reduces the incidence of urinary tract infection

in infant boys; however, circumcision is not without risk of significant

morbidity. The medical indications for circumcision are:

• *Phimosis*. This term is often wrongly applied to describe a

normal, non-retractile foreskin. True phimosis is seen as a

whitish scarring of the foreskin and is rare before 5 years of age. It is caused by a localised skin disease known as

balanitis xerotica obliterans, which also affects the glans penis

and can cause urethral meatal stenosis.

• *Recurrent balanoposthitis*. A single episode of inflammation of

the foreskin, sometimes with a purulent discharge, is not

uncommon and usually resolves spontaneously; antibiotics are

sometimes needed. Recurrent attacks are unusual but may be

an indication for circumcision.

• *R*ecurrent urinary tract infection. Circumcision is occasionally

justified in boys with an abnormal upper urinary tract and

recurrent urinary infection.

It may also help boys with spina bifida who need to perform clean intermittent urethral

catheterisation.

An emerging and still controversial indication for circumcision is

in the prevention of sexually acquired human immunodeficiency

virus (HIV) infection in communities where this disease is common;

large clinical trials have recently shown that circumcision

reduces the risk of HIV transmission. Circumcision also reduces the risk transmitting human papiloma virus to the spouse which is known to cause cancer of the cervix in spouses and prevent cancer of the glans penis. Circumcision for medical reasons is best performed under general anaesthesia. A long-acting local anaesthetic regional

block can be given to reduce postoperative pain. Circumcision is

not a trivial operation; bleeding and infection are well-recognized

complications and more serious hazards, such as injury to the

glans, may occur if the procedure is not carried out by adequately

trained person.

CONTRAINDICATION TO CIRCUMCISION

-Prematurity – micropenis/ buried penis – anomalies of the penis (chordee/curvature) -Hypospadia - Epispadias - webbed penis - ambiguous genitalia - bleeding disorder

TECHNIQUE USED IN CIRCUMCISION

After prep and localization, the prepuce is held in artery forceps and put on gentle stretch. Circumferential incision is made at the level of the corona of the glans. A slit is made on the dorsal aspect of prepuce to within 1 cm of the corona. The fore skin is everted and another circumferential incision is made (on the inner layer of the prepuce).Excision of remaining tissue is done and haemostasis achieved. The cut edges are apposed and stitched using interrupted or continues suture of absorbable sutures (catgut or vicryl number 2/0 or 3/0).

INCISION AND DRAINAGE

Incision and Drainage is done in management of abscesses (adage “where there is pus, drain”). After prep and draping of incision site, anaesthesia is administered depending on the size of the abscess. Small abscess can be managed under local spray while big abscesses under regional block or sedation (ketamine or pethidine and diazepam). An incision is made with a surgical blade at the most prominent part along creases (for cosmetic purposes). A dressing artery forceps or gloved forefinger is used to break the loculi (pockets of pus). The pus is expressed and collected in a galipot. The wound is irrigated with normal saline and packed with betadine. Cleaning and dressing is done daily until the wound becomes clean and allowed to heal by secondary intention.