

NEWBORN CIRCUMCISION

Circumcision is an elective procedure, meaning that it does not need to be done for health reasons. The following information is presented to help you make an informed decision about whether to have your son circumcised. Newborn circumcision is common in the United States. It is unusual in many parts of the world, including Europe, Canada, and South America. The American Academy of Pediatrics released an updated Circumcision Policy Statement in 2012 stating "the preventative healthy benefits of elective circumcision of male newborns outweigh the risks of the procedure."

WHAT IS A CIRCUMCISION? Circumcision is the surgical removal of the foreskin (fold of the skin covering the end of the penis). The operation is usually done in early infancy (before age of two months) and most commonly, in the first few days after birth.

ARGUMENTS IN FAVOR OF CIRCUMCISION:

- **Cleanliness** - Perhaps the major perceived benefit of circumcising is that it makes cleaning the penis easier. Rarely, a child who is not circumcised will develop an inflammation, or infection, under the foreskin. Most boys and males that are not circumcised do not have problems. They can gently retract the loose foreskin for cleaning. Many penile problems can be avoided in the uncircumcised child if the parents are educated in the care of the uncircumcised penis, and young boys can easily be taught correct hygiene.
- **Possible decreased incidence of urinary infection** - Infections of the urinary tract (the kidneys, tube from the kidneys to the bladder, and the tube from the bladder to end of penis) appear to be less in circumcised male infants. Whether all boys should be circumcised to prevent urinary tract infection in a small number of boys remains unsolved.
- **Prevention of a tight ring (phimosis)** - Sometimes when the ring opening in the foreskin is pulled back it will become tight around the end of the penis. This can cause swelling and discomfort and may require surgical correction. Circumcision prevents this form occurring. The problem is rare and usually preventable without circumcision.
- **Prevention of cancer of the penis** - Cancer of the penis is an extremely rare condition that is less common in men that are circumcised. At the present time, it is usually only found in elderly men. There is evidence that proper hygiene in uncircumcised males will prevent cancer of the penis.
- **Prevention of cervical cancer in female partners** - Recent studies in the United States and Great Britain have shown no significant relationship between the circumcision status of the male and the incidence of cervical cancer in the female partner.
- **Prevention of sexually transmitted disease** - Men who are not circumcised may be at an increased risk of developing a sexually transmitted infection if their partner has an infection. It is believed that the use of male condoms would reduce the extra risk.
- **Custom** - Male circumcision is a common American custom. Some parents choose to have their sons circumcised for cultural, religious or social reasons. Approximately 60% of newborn American males are currently being circumcised.

ARGUMENTS AGAINST CIRCUMCISION:

- **Discomfort** - Common sense, observation, and studies indicate that circumcision is painful. Restraining the infant to avoid movement can be distressing. Anesthesia may or may not be used for the procedure. At Children's Urology we use anesthesia in the form of local and/or topical anesthesia and Sweet-Ease for calming.
- **Risk and potential complications** - Circumcision is an operation and complication rates reported to be 0.2%-5%. The potential complications include but are not limited to bleeding, infection surgical trauma to the penis, adhesion or scar tissue formation, functional defect (such as meatal stenosis, a narrowing of the distal urethral opening), and cosmetic concerns, such as too little tissue removed. Sometimes surgical correction of these complications is required. Rare deaths have occurred.
- **Expense** - There is a cost to doing a circumcision. This includes a charge made by the hospital or office for use of its circumcision room, equipment, and nursing care, plus a charge from the person performing the procedure. Additional expenses may be incurred if surgical correction of a complication is needed. Some health insurance plans cover circumcision and others do not.

ANESTHESIA, OR PAIN RELIEF: Some studies indicate that use of local anesthetic reduces the pain response (cry pattern, irritability, sleeping) during the circumcision and the first few hours after. There may be some risks to local anesthesia, such as reaction to the medicine. If an injectable anesthetic is used, a small hematoma (blood collection) can occur. Not all providers routinely use anesthesia.

TECHNIQUES: There are several different techniques for performing circumcision. All of them give similar results.

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Disclosure and Consent Medical and Surgical Procedures

There are advantages and risks with circumcisions. There is disagreement over the magnitude of these beneficial effects. The American Academy of Pediatrics Task Force found the evidence of low incidence, high-morbidity problems not sufficiently compelling to recommend circumcision as a routine procedure for all newborn males. However, this Task Force did recommend making all parents aware of the potential benefits of circumcision and leaving it to the family to decide whether circumcision is in the best interest of their child.

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and recommended surgical, medical or diagnostic procedure to use so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.*

- I (we) voluntarily request Dr. Leslie McQuiston/ Jillian Moser PA-C as my physician, and such associates, technical assistants and other health care providers as they deem necessary, treat my condition which has been explained to me as: **CONGENITAL PHIMOSIS**.
- I (we) understand that the following surgical, medical and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: **NEONATAL CIRCUMCISION**.
- I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorized my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.
- I (we) **DO** **DO NOT** consent to the use of blood and blood products as deemed necessary.
- I (we) **DO** **DO NOT** consent to the use of "Sweet Ease" ("Sweet Ease" is a form of sugar water used to help soothe and calm your child). There is an additional expense to provide this.
- I (we) understand that no warranty or guarantee has been made to you me (us) as to the result or cure.
- Just as there may be risks and hazards in continuing my present condition without treatment, there also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedure planned for me. I (we) realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realized that the following risks and hazards may occur in connection with this particular procedure:
BLEEDING, INFECTION, AND NEED TO REDO CIRCUMCISION DUE TO POOR HEALING OR OTHER PROBLEMS.
- I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection of pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).
- I (we) understand that certain complications might result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards, which may result from the use of general anesthetics, range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.
- I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) had sufficient information to give this informed consent.
- I (we) certify this form has been fully explained to me (us), that I (we) have read it or had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE:

SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____ **TIME:** _____

WITNESS SIGNATURE: _____

WITNESS NAME: _____ **DATE:** _____ **TIME:** _____

WITNESS ADDRESS: _____

This Form Is Designed to Comply with Requirements promulgated by the Texas Medical Disclosure Panel