

Circumcision Information



Congratulations on the birth of your new baby boy! We hope he will bring you years and years of joy and happiness. The following information will help you decide if circumcision is right for your baby.

Because you have had a male child, you will need to decide if you would like to have him circumcised. The decision is up to you, as his mother. In the past, the procedure has been considered routine and most parents haven't given it another thought. We are now recognizing that it is not necessary and, in fact, is considered cosmetic surgery. At the present time, the American College of Pediatrics is not recommending the routine circumcision of male infants. Today, with the exception of American and Jewish people, male infants are not routinely circumcised. In fact, every year less American infants undergo this procedure.

Circumcision involves the removal of the foreskin. The foreskin covers the end of the penis, called the glans. After identifying the foreskin tissue to be removed, a Gomco or Mogan clamp is placed and the skin is removed with a scalpel. There are no sutures used – pressure is applied with the clamp which prevents bleeding. There are not lines identifying the amount of foreskin to be removed. We do our best to remove the appropriate amount but it is better to err on the side of “not quite enough skin” instead of “too much skin”. Removal of “too much” can lead to scarring and curvature of the penis later in life. Removal of “not quite enough” foreskin is usually remedied when the boy reaches adolescence and the shaft of the penis lengthens and the glans grows, i.e. he “grows into” his circumcision. There are some conditions in which it is recommended that the procedure not be performed. If that is the case, we will discuss this with you.

When we perform a circumcision, the baby receives a sugary solution through a syringe before and while the procedure is being performed. This is felt to cause the release of endogenous endorphins (chemicals released internally by the baby that help decrease the sensation of pain). In addition, the baby receives a dose of Tylenol following the procedure. The procedure generally takes only a minute or two to perform. The baby frequently doesn't cry during the procedure and always stops crying afterwards.

After we have completed the procedure, we either place a small amount of A&D ointment to the end of the penis OR a gauze pad soaked in ointment is wrapped around the end of the penis. If just ointment is used, it needs to be reapplied with every or every other diaper change for the next several days. If a gauze strip is used, it is removed after 24 hours and then ointment is applied. It doesn't matter what type of ointment is used - Vaseline, petroleum jelly, A & D ointment, Neosporin, Bacitracin, etc. but apply it liberally so the end of the penis does not stick to the diaper.

The end of the penis will look red and swollen for several days. Continue applying the ointment until the end of the penis is healed. Occasionally, the edges of the remaining skin can work its way up the glans. Please make a point of pushing the skin edge down over the glans – so it looks somewhat like a mushroom cap. After 3 or 4 days it is not unusual to see some discharge around the end of the penis. Using a cotton ball soaked in warm water, wipe the discharge off. You can't give the baby a bath until the cord stump falls off and the penis is healed.

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