Neonatal circumcision: A simple technique to stop post-plastibell circumcision bleeding.

Sir,

Neonatal circumcision, an ancient surgical procedure is the most frequently performed operation worldwide. The technique as well as the instruments of circumcision have evolved over the years. Although shortening the procedure time was a factor for such advancement, the main aims were: protection of the glans penis, control of hemorrhage and prevention of infection. The most commonly used devices for circumcision nowadays are the Gomco Clamp, the Mogen Clamp and Plastibell. Although circumcision is a relatively simple procedure it is not without complications. The exact incidence of complications from circumcision is unknown. This is attributed to lack of reporting. One of the distressing complications of circumcision is bleeding, which can occur at various steps during the procedure. Mostly this is due to tearing of the frenulum vessels during their stretch. Bleeding in most cases of circumcision is minor and can be controlled by pressure on the wound. This, however, is not the case when bleeding occurs from tearing of the frenulum vessels following circumcision using the Plastibell device as the bleeding point is not accessible to pressure because of the plastibell ring. When this occurs it is distressing to both the physician and parents and in many cases necessitates removal of the Plastibell ring and converting circumcision to an open method to control bleeding. We perform about 800 neonatal circumcisions every year using the Plastibell device. Bleeding from the frenulum vessels is not a rarely encountered complication. We encountered bleeding in 4-5% of those cases. In some of them and in order to achieve control of bleeding we resorted to Plastibell ring removal and openly control the bleeding. To overcome this complication and at the same time keep the Plastibell ring in place, we adapted a simple technique of inserting with the aid of a forceps (Figure 1) a piece of Surgicel (oxidized cellulose) between the Plastibell ring and ventral part of the gland of the penis (Figure 2). This simple technique proved to be effective in controlling bleeding and since we have adopted such an approach none of our patients required removal of the Plastibell ring. We did not encounter any problems from the presence of Surgicel, which usually falls off in 4-6 days with the plastibell ring. None of our patients developed infection. Such a technique is recommended to stop post-circumcision bleeding using the Plastibell device.

Figure 1 - A piece of Surgicel being inserted with a forceps between the plastibell ring and the ventral part of the glans.

Figure 2 - A piece of Surgicel already in place between the Plastibell ring and ventral aspect of the glans penis.

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