

Care of Your Newborn Boy's Circumcision

1. Control of pain.
 - a. As we discussed during the procedure, we utilized the natural endorphin release caused by sucking as the first step for pain control during the procedure. This method should be continued at home. Keep him at the breast or at his bottle or pacifier in a calm environment. Try not to take on a lot else on the day of the procedure. Sit with him, hold him, and cuddle him. Pain is a problem only on the first day.
 - b. If he is especially restless as his local anesthesia wears off in a few hours, you may turn to Acetaminophen (10-15 mg/kg). I don't recommend repeated doses, as Acetaminophen (Tylenol, for example) is potentially harmful to the developing liver. Newborns should not be given Ibuprofen (Motrin, for example), aspirin, or narcotics.
2. Care of the site.
 - a. Do not manipulate the skin for the first day to avoid disrupting the delicate circumcision line and the fragile skin of the glans (head) of the penis. Just apply a lubricating salve to the tip, like A&D ointment (the brownish one, not the white one,) Aquaphor, or Coconut Oil.
 - b. After a day you may begin pressing down the skin at the base of the penis to visualize the head of the penis. It will be red and raw looking, and there will be encrusted material along the circumcision line. Don't pick it! Just keep applying the lubricating salve of choice at each diaper change.
 - c. Healing takes several weeks, so expose and apply the ointment gently. If he's sensitive, remember that he can bathe in warm water the day after the procedure to clean him without touching. Blot dry gently and reapply the salve.
3. Bleeding concerns.
 - a. The first few diapers may appear bloody. I expect some blood staining from the newly exposed raw skin at the head of the penis. This blood, when mixed with urine in the diaper, may appear alarming but does not represent significant blood loss.
 - b. I want to hear from you if you see repeated accumulation of large clots, as the circumcision clamp can fail to achieve secure sealing of the circumcision line resulting in bleeding. In this circumstance, I would instruct you to take good close-up photos, well-illuminated, to send me as an email attachment to boyd@drwinslow44.com.
 - c. Minor blood spotting may persist for a week or so. Not a problem.
4. Adhesions and their prevention.
 - a. Remember that the natural state at birth is that the inner aspect of the foreskin is attached to the head of the penis. It is absolutely crucial that you apply lubricant to this site to prevent adhesions from reforming.
 - b. Because baby boys grow and accumulate fat beneath the skin while the penis, no longer stimulated by all the hormones present in the newborn period, becomes relatively smaller, there will be a tendency for the penis to become engulfed by the surrounding skin. If you don't compress this surrounding skin and expose the penis for ointment application as I

demonstrated for you during the procedure, your boy will almost surely develop recurrent adhesions. Please remember what I show you and carry out these steps at diaper changes.

- c. Your boy will remain vulnerable to adhesions as long as he requires a diaper. (That's a very harsh environment in his diaper, especially with our hot, humid summers.) Every diaper rash gives adhesions an opportunity to recur. And so I must reiterate that you retract and apply your lubricating slave of choice throughout the diaper phase of his life.
5. Follow up: I want to see evidence about a week after the procedure to be sure he is progressing well. I am glad to see him in person if he is having difficulties, but if recovery is going smoothly, I still want to see pictures revealing the operative site. (You will receive a reminder email with instructions.)