#### CARE OF YOUR NEWBORN BOY'S CIRCUMCISION

#### Pain control:

As we discussed during the procedure, we utilized the natural endorphin release consequent to sucking to comfort him 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. Sit with him, hold him, and cuddle him. Try not to take on a lot else on the day of the procedure.

I have provided you a syringe of topical Lidocaine jelly to apply to the head of penis as the local anesthesia injection wears. The quantity I provide should be adequate for the first and second day, after which pain ceases to be a problem.

As a last resort, you can use infant Tylenol (Acetaminophen) at a dose of 10-15 mg/kg. I don't recommend repeated doses, as Tylenol can be toxic to the developing liver, especially if he's been jaundiced. Try to avoid using it.

## Care of the surgical site:

At every diaper change, compress with your fingers at the base of the penis as I demonstrated at the completion of the procedure. The goal is to reveal the glans ridge and groove beneath it, although you might not see it due to the tissue glue I applied to secure the wound closure. I still want you to do this maneuver even though it might not appear to be achieving exposure for the first 7 – 10 days.

Cover everything with coconut oil at every diaper change. I don't recommend Vaseline or Petroleum jelly based ointments. Aquaphor is OK, but no better than coconut oil. (For the first day or two you might put Lidocaine jelly on the head if you think he needs it.

Bathing should begin on the day of the procedure. They soothe him and periodically cleanse the site. If you think his skin is too dry, turn to a soft wet cloth as a moist compress. The wetter, the better. Blot dry and reply coconut oil.

Healing to the point that it looks "normal" can take several weeks. Please do not pick away scabs or the tissue glue before they are shed naturally.

### **Bleeding concerns:**

The first few diapers may be blood-stained. I expect bloody staining from the raw newly-exposed glans surface. This blood when mixed with urine in the diaper may appear alarming but does not represent significant blood loss.

I want to hear from you if you see repeated accumulation of large blood clots, as the 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 <a href="mailto:boyd@drwinslow44.com">boyd@drwinslow44.com</a>.

Minor blood spotting may persist for a week or so. Not a problem.

### Adhesions and their prevention:

Remember that the natural state at birth is fusion of the inner aspect of the foreskin to the head of the penis. To prevent adhesions from reforming, it is absolutely critical that you perform the maneuver I showed you to expose the head and apply coconut oil liberally at every diaper change.

A note here on penile engulfment. Because baby boys grow and accumulate subcutaneous fat while the penis, no longer stimulated by hormones from mother's placenta, becomes smaller, there will be a tendency for the penis to become engulfed by the surrounding fat pad. If you don't compress this surrounding skin and expose the penis for application of coconut oil, your son will almost surely develop recurrent adhesions.

Your son will remain vulnerable to formation of adhesions as long as he lives in a diaper – a harsh, inflammation-provoking environment especially in our humid, hot summers. Please keep up the exposure and application of salve until he toilet trains.

# Follow-up:

In order to ascertain that he is progressing normally, I will request some healing images at about a week to 10 days after the procedure. I will send an

email with specific instructions. Please do not send images as an SMS phone message, as these are not HIPAA-compliant. My email platform is more secure.

Newborn circumcision with local anesthesia does not cause fever or breathing problems. These would be matters that you should bring to the attention of your pediatrician, not to me. Despite my compassion for the well-being of your baby, remember that I am not a pediatrician – just a urologist.