

Improved Newborn Circumcision Utilizing Dorsal Foreskin Local Anesthesia (DFLA) with Gomco Clamp

Samuel A. Kunin, M.D.: Los Angeles, CA
(Presentation to be made by Dr. Kunin)

Purpose: Newborn circumcision is a unique surgical procedure in that it is often performed by an obstetrician, postoperative care administered by the pediatrician and complications cared for by a urologist. Since urologists treat most circumcision problems it is incumbent upon them to determine standards for circumcision that may avoid or diminish any problems.

Understanding common post circumcision complications and complaints allows for planning a circumcision that will avoid, or at least, minimize these problems. A new technique for local anesthesia, Dorsal Foreskin Local Anesthesia (DFLA) was created to minimize anesthesia problems. Utilizing DFLA with a Gomco clamp, it became apparent that an improved circumcision was possible which would help to diminish common post circumcision problems which include adhesions, buried penis, and removal of too much or too little skin.

Materials and Methods: With Dorsal Foreskin Local Anesthesia (DFLA), Gomco circumcisions were performed. DFLA separates the inner and outer layers of the foreskin, allowing the circumciser to selectively pull the inner layer upwards. This seats the bell exactly at the coronal sulcus and maximizes the amount inner layer removed. Methods and results are described and compared and contrasted with the Mogen and Plastibell circumcision clamps.

Results: With Gomco circumcision, as described, it is possible to leave less than a 3 mm. cuff of inner foreskin and as little as 1.5 mm. Even with a perfect fitting Plastibell clamp at least 5 mm. of inner foreskin will remain. If the clamp is either too large or small, one can add the distance from the proximal glans to the base of the bell to the 5 mm., leaving an even larger cuff of inner foreskin. The amount of inner layer left with a Mogen Clamp varies with the size of the penis, particularly the glans, and how much of the glans can be compressed when the clamp is applied.

Conclusions: An ideal infant circumcision leaves as little inner layer of the foreskin as possible. In doing so there is a reduction in the possibility for post circumcision problems and complications as well as a preferred cosmetic result. Gomco circumcision with DFLA, as described, best achieves this goal.

Although the Gomco Clamp was introduced in 1935, to date no standards as to what constitutes a satisfactory circumcision have been established. Understanding why problems occur and how they can be avoided allows urologists to determine what constitutes an ideal circumcision, and, in doing so, dictates what results must be expected.