

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

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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. TO DATE, NONE HAVE BEEN ESTABLISHED.

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.

Three clamps are widely used for newborn circumcision: the straight Mogen clamp and the bell-shaped Gomco and Plastibell clamps. Each has its own limitations and advantages. They are listed on the next page.

GOMCO CLAMP WITH DFLA offers the best chance for a uniform circumcision with a minimum amount of retained inner foreskin. The clamp was developed in 1934 and set new standards for both safety and cosmetics. However, although widely used, it has developed a reputation for taking too much foreskin on occasion. This occurs if the bell chosen is too large and/or if the circumciser does not assure that the bell is properly placed before clamping. Conversely, if the bell is too small, too much foreskin must be left.

With Dorsal Foreskin Local Anesthesia (DFLA) lidocaine is injected between the inner and outer layers of the distal foreskin. This separates the layers and allows the circumciser to selectively reclamp the inner layer only. Pulling up on this layer automatically seats the base of the Gomco at the level of the coronal sulcus. EVEN IF ONE USES A GOMCO WITHOUT DFLA, HEMOSTATS MUST ALWAYS BE REPOSITIONED TO INCLUDE THE INNER LAYER.

## MOGEN CLAMP

- Quickest to use with only one working part, one size fits all
- More potential for bleeding than Plastibell
- Several cases of partial to complete amputation of glans
- Without dorsal slit it is a blind procedure, therefore
  - possible to circumcise with hypospadias
  - or pull on outer foreskin only, leaving too much inner layer
- Usually leaves V-shaped notches or “dog ears”
- Incomplete freeing of inner skin to glans before circumcision
  - may lead to asymmetric result
  - may cause glans to be pulled into clamp
- Leaves more foreskin with larger penis, up to 1cm or more, because larger glans is more difficult to compress.

## PLASTIBELL CLAMP

- Inexpensive, disposable plastic clamp with individual sizing
- Takes longer to perform than Mogen
- Easy to teach
- Potentially least chance for severe bleeding
- Dorsal slit allows for inspection and complete separation of glans from inner foreskin
- String tied plastic clamp stays on until it falls off (3-7 days)
  - may act as a foreign body and cause infection
- Can migrate down penile shaft and necrose distal skin
- Leaves the most amount of foreskin due to design
- With wrong size always leaves even more foreskin
- Design assures that smaller penis will be left with most foreskin
  - minimum of 5mm inner layer left, almost always more

## GOMCO CLAMP

- Four working parts with individual sizing
- Requires about the same time as Plastibell or longer
- Probably most difficult to learn
- More potential for bleeding than Plastibell
- Dorsal slit (same advantages as Plastibell)
- Improperly sized - can remove too much or too little foreskin
- Properly sized – can leave as little as 1.5 mm inner layer