



Comparing post-operative complications rate, in Dissection and Guillotine Circumcision techniques

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Manuscript details:

Received: 14.08.2019
Revised: 07.09.2019
Accepted: 15.09.2019
Published: 30.09.2019

Editor: Dr. Arvind Chavhan

Cite this article as:

Ramy Aly (2019) Comparing post-operative complications rate, in Dissection and Guillotine Circumcision techniques, *Int. J. of Life Science*, Volume 7(3): 491-494.

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Available online on
<http://www.ijlsci.in>
ISSN: 2320-964X (Online)
ISSN: 2320-7817 (Print)

ABSTRACT

In this study, I did a comparison between 2 recognized techniques for male circumcision, regarding post-operative complications rate, follow up was immediate postoperative, 1 week and 4 months post operatively, this was done in one centre, 200 candidates for the study, 50% had circumcision done using guillotine technique, and the other 50% had circumcision done using dissection techniques, post-operative complications rate shows more bleeding and infection in case of dissection technique, but higher rate of incomplete circumcision in case of guillotine technique.

Key words: Guillotine Techniques, Circumcision, STD, Male.

INTRODUCTION

Circumcision is one of the oldest procedures performed; it was performed by the old Egyptians, also mentioned in the Old Testament, and traditionally performed in African, Arabic, and Islamic cultures. (World Health Organization, Department of Reproductive Health)

But medical indications for circumcision are also recognized and include: Phimosis, para-phimosis, and Balanitis. (Carlos, 2018), (Philip, 2019).

However; evidence shows association between circumcision, and decreased risk of STD transmission, like Syphilis, transmission decreases by 2-8 folds in circumcised male, and HIV transmission is decreased by 50% if active male is circumcised. (Carlos, 2018)

Complications of Male circumcision include but not limited to: Bleeding, infection, Incomplete circumcision, partial or complete amputation of glans (Aaron, 2011)

In **Maldives**, circumcision is a commonly performed procedure; due to religious believes, almost all male inhabitants of Maldives are circumcised. Rate of complications is always low, with mild complications which can be easily managed medically being more

common than other major complications, in our study we will highlight the commonest complications of male circumcision, comparing two of the most commonly used techniques for performing it, and comparing both techniques regarding post-operative complications, demonstrating how guillotine technique got higher rates of incomplete circumcision post-operatively, while dissection technique carried more risk of post-operative bleeding and infection.

MATERIALS AND METHODS

Single centre study, with 200 candidates, 100 consecutive candidates for each pathway.

Post-operative follow-up at: immediate post-operative, one-week post-operative, and 4 months post-operative.

Exclusion criteria: extremes of age, ambiguous genitalia, hypospadias, re-circumcision, presence of any skin lesions or other co-morbidities.

During the year 2016, a circumcision camp was arranged, during which 200 male children got circumcised in November 2016.

100 of which were circumcised using Guillotine technique, while the other 100 were circumcised using dissection technique.

The children aged between three months and nine years.

Follow up was done as above, any complication noted either immediately post operatively, or on any of the follow up days, was documented, and the following was noticed:

Table 1: Please notice; only considerable, dressing soaking bleeding was accounted for, while limited post-operative bleeding was not mentioned.

| | Guillotine technique | Dissection technique |
|-------------------------|----------------------|----------------------|
| Bleeding * | 0 | 2 |
| Infection | 0 | 1 |
| Incomplete circumcision | 2 | 0 |
| Other complications | 0 | 0 |

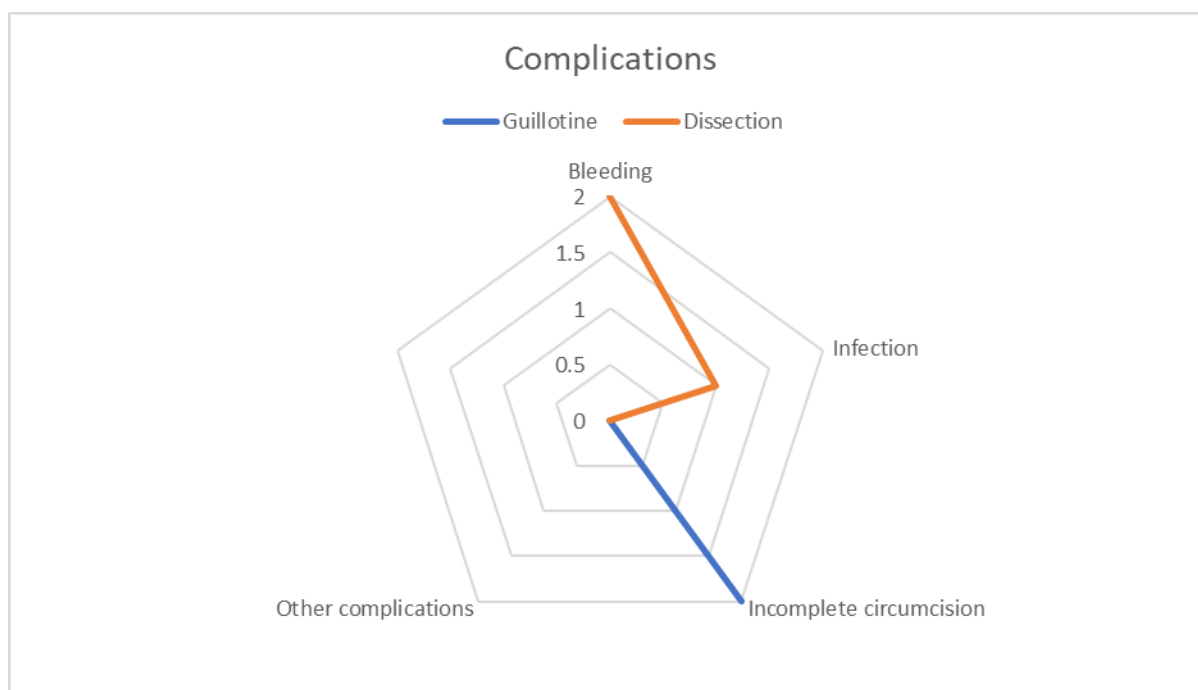


Fig. 1: Complication rate in both Guillotine and Dissection technique.

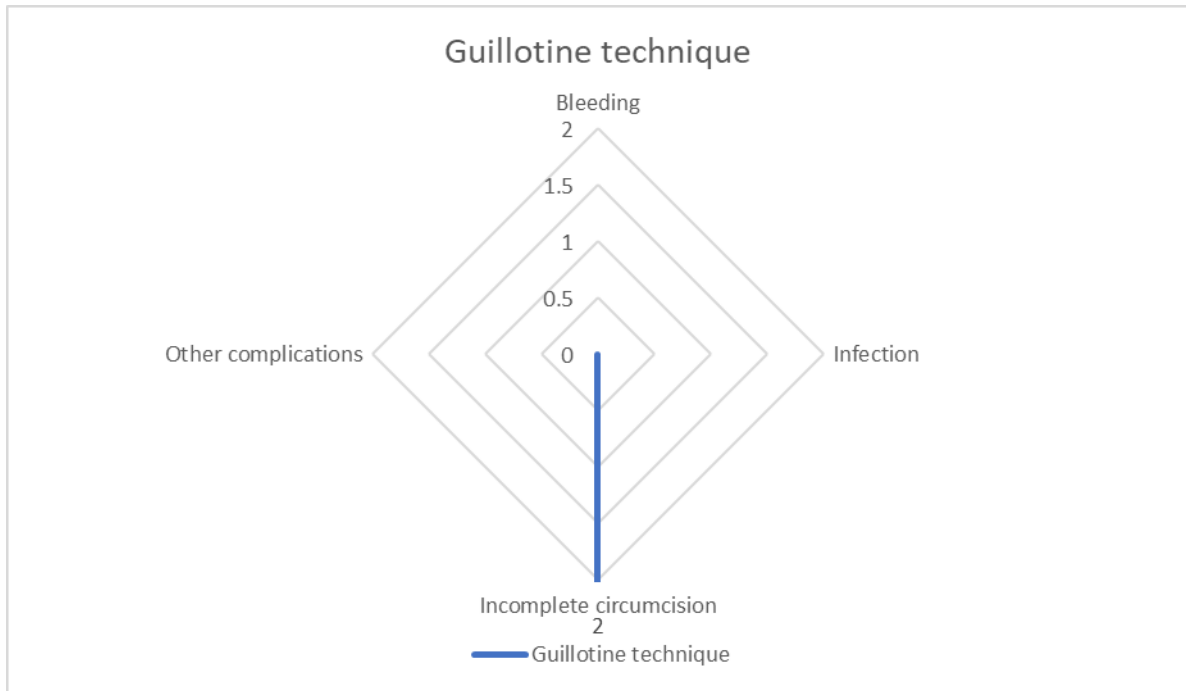


Fig. 2: Complication rate in Guillotine technique.

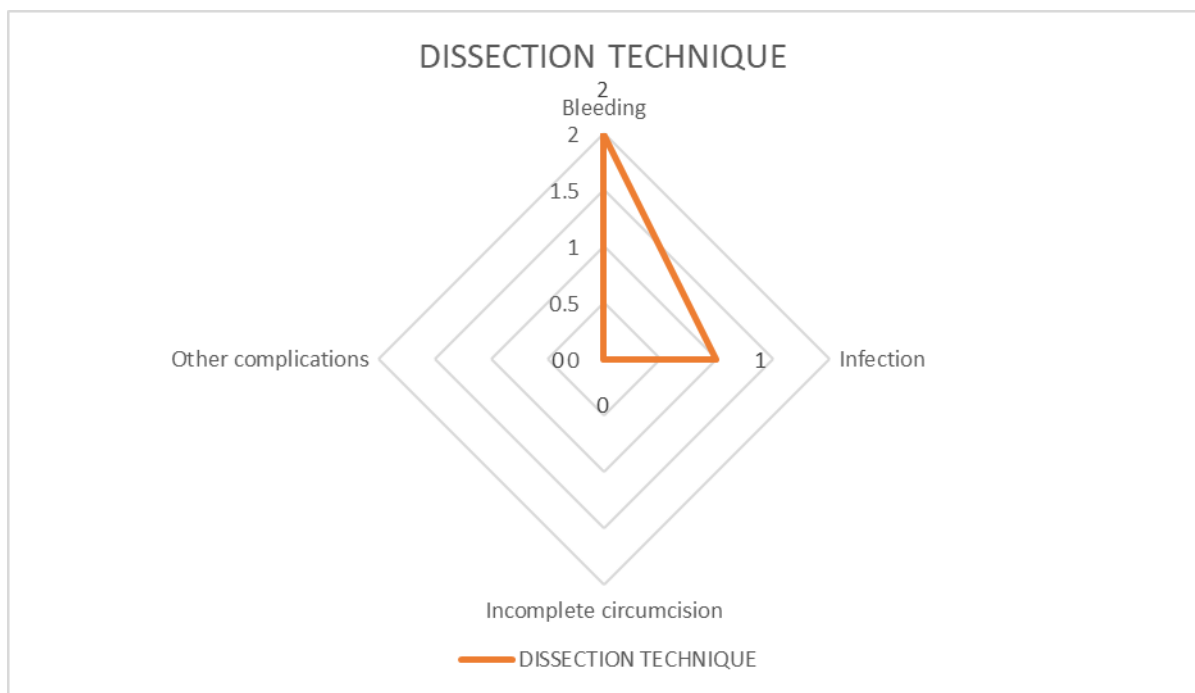


Fig. 3 : Complication rate in Dissection technique.

CONCLUSION:

All post-operative complications managed conservatively, except one post-operative bleeding required shifting to theatre for achieving haemostasis.

Guillotine technique proved to have less post-operative bleeding and surgical site infection, but higher rates of incomplete circumcision than dissection technique

Conflict of interest:

The Authors declare no conflict of interest.

No support from, or financial relationships with any organisation for the submitted work that might have an interest in the submitted work in the previous three years, no other relationships or activities that could appear to have influenced the submitted work.

This is an honest, accurate, and transparent account of the study being reported.

No photos or identifiable patient data are included.
No funding was needed.

Patient/public involvement was indirect but aim and purpose of the study was directed towards and guided by patients.

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