

## 21 Case histories and experiences of circumcision

### Neil and Mark, Robert, Ian and Steven have the 'Kindest Cut'

I arrived at the surgery about a minute after the two 15-year-old boys, Neil and Mark, and their teacher Mike. After introductions we all settled into our rooms, the two boys sharing one room while Mike and I had one each. Over a welcome cup of tea we chatted freely, with some badinage, about the operations to be performed later, and the boys' need for them. After tea I set up and checked the photographic equipment whilst the boys watched TV and Mike helped prepare the evening meal.

When all was ready the boys were told that they were to be examined. Neil was the first to be called up to the small surgery, where the doctor told him to drop his trousers and underpants, which he did without any sign of embarrassment. The doctor examined his penis, noting that the foreskin was not over-long. The foreskin was easily retracted to expose a glans which was clean but scarred with a large white patch. BXO (balanitis xerotica obscurans) had been suspected but, since the foreskin was dry and unaffected, this diagnosis of a fungal infection could not be confirmed. It was, however, the result of some form of infection. The meatus was examined and found to be very small, which would explain why he had to strain a little to pass water. Neil's testicles were both descended and were developing. He had not reached puberty but soon would: a few hairs were starting to grow at the base of his penis. Neil was then asked to lie on the couch for the penis to be photographed, with the foreskin both forward and retracted to show the scarred glans and small meatus. After this had been done, the doctor tested the fit of two sizes of Gomco Clamp bell. During this procedure Neil erected, but was not embarrassed by it and made no attempt to hide it. His penis was small and the smallest bell would have fitted it when flaccid but the next size was required when erect (or when swollen with local anaesthetic).

Mark came in next and again dropped his trousers readily. He had reached puberty and was quite well developed. His foreskin was very long, covering the glans completely and still leaving plenty beyond. "It's like an elephant's trunk" was the doctor's comment, to which Mark heartily agreed. Mark's meatus was a good size and his testicles well developed. Photographs of his penis were taken with the foreskin forwards and retracted. Mark was known to suffer from enuresis and he was told that after his circumcision a catheter would be inserted into his bladder to drain it, so that he could have a couple of dry nights to aid healing.

During dinner which followed, the boys were given plenty of wine to relax them. Neil, we discovered, was a human vacuum cleaner, eager to eat anything put before him and still come back for more. Mark was a little more discriminating. After dinner the instruments were sterilised in an autoclave like a pressure cooker. In the lounge the discussion was about the sex lives of the boys and their school friends. The doctor asked how often the boys wanked. Neil admitted to doing so quite often, while Mark proudly declared that he did so every day. None of this discussion was accompanied by rude sniggers or any indication that the subject was in any way 'dirty' or 'secret'.

The doctor showed the boys his microscope and asked if they had ever seen sperm under one. None of us had done so. He suggested to Mark that if he wanted to, he could have a quiet wank whilst Neil was being circumcised and his semen could be looked at under the microscope. This was eagerly accepted. Soon all was ready and Neil was asked to go and use the toilet and strip from the waist down. Assisted/encouraged by Mike, he stripped in his room and came along to the surgery wearing only his vest and shirt.

Neil was of medium height and build, neither fat nor skinny. His light brown hair was cut in crew-cut style and his left ear had been pierced. He told me later that this had been done the previous summer and that he would have a stud in it next year. It was clear that the image he wished to project was that of a little tough guy. His father had little time for the family and did not know that his son was being circumcised – all the arrangements were made through his mother. Neil had taken himself off to his own doctor because of the pain in his glans caused by the infection. His doctor had simply given him some ointment which did not work. Eventually the doctor had referred him to a local surgeon who would only perform a dorsal slit, which would leave flaps of foreskin hanging around the penis. Neil asked his sex-education teacher, Mike, for advice and turned down this appointment. Mike suggested that Neil be circumcised properly by the doctor and this was about to be done.

Neil got onto the couch and watched with great interest as 'Marcaine' anaesthetic was injected all around the base of his penis, which swelled up considerably with the liquid injected into it. Additional photos were taken of his scarred glans whilst the anaesthetic was given time to work. Neil proved to be unusually difficult to anaesthetise and a second dose of 'Marcaine' had to be given. When the foreskin was sufficiently numb, more anaesthetic was injected into the shaft immediately behind the coronal groove. The doctor swabbed

the whole penis and then made a scratch in the skin just behind the line of the corona to act as a cutting guide.

The dorsal surface of the foreskin was crushed with locking forceps from the tip up to near the scratch. A cut with scissors was made up to that line to separate the two sides of the top of the foreskin. The bell portion of the Gomco Clamp was inserted through this slit and over the glans. This provided protection for the glans and frenum and also clamped the inner surface of the foreskin. The main plate of the clamp was slipped over the bell and the foreskin pulled through the hole in it until the previously marked cutting line was clearly visible. The clamping bar was fitted and screwed down, thus pulling the bell tightly against the main plate and compressing the foreskin between the two. A scalpel was then run right round, using the plate of the clamp as a cutting guide. Once the cut had been made all around, the clamp was loosened and removed complete with the severed foreskin.

The next step was to find, clamp and stitch each of the bleeding points in the two cut surfaces. A slow-dissolving gut was used to ensure that these did not come undone too soon. Next the two cut edges were pulled together and tacked with 4 or 5 slow-dissolving stitches. Finally the whole circumference was stitched with a running stitch using a more soluble gut. Whilst the bleeding points were being stitched the anaesthetic began to wear off and Neil eventually said it was hurting. It was clear that he had been in pain for some while but he took that very bravely. The doctor therefore gave an extra dose of anaesthetic into the base of the penis before continuing with the stitching. A sizeable dose of 'Marcaine' was also injected in the area of the frenum, ready for the meatotomy.

After the circumcision had been completed, the meatus was enlarged by making a small extension cut at the top and bottom. A stitch was placed each side to stop bleeding and ensure that the cut edges did not grow together again. All the time the doctor was working on him Neil took an alert interest in what was going on. He was not put off by the sight of blood, nor the pain when the anaesthetic started to wear off. He even managed a smile when we said that, because of the poor action of the anaesthetic, he was causing so many problems that the doctor would not circumcise him again. Once the meatotomy was finished, all that remained was to clean up his penis and bandage it. First a strip of antibiotic gauze was wrapped around. This was followed by three strips of plain gauze. The whole was held in place by sticking plaster.

Neil then got off the table for his legs and bottom to be cleaned and dried. He asked to go to the loo, where he produced a considerable volume of urine in a very strong stream, aided by his newly enlarged meatus. The meatotomy cut stung when he urinated, but this did not worry him. He returned to the surgery and put on his underpants (tight jockey briefs). His penis was guided up against his abdomen and two thick pads of gauze were put between it and the underpants. He returned to his room for his trousers and shoes. The whole operation took nearly an hour and a half because of the difficulties with the anaesthetic. Photographs had been taken at suitable points throughout.

We all returned to the lounge where Mark was watching TV, having had his quiet wank. The boys demolished half a cream sponge whilst we all had a cup of coffee. The doctor was sterilizing the instruments again ready for Mark. Neil rang his mother and gave her the good news that he was now circumcised.

Whilst we were waiting for the instruments to be sterilized, the doctor put some of Mark's semen on a slide and put it under the microscope on high power. Each of us looked at the live sperm swimming vigorously around in the semen. The doctor told Mark that he appeared to be producing fine healthy sperm and that there was nothing wrong with the functioning of his testicles. Half an hour or so later we were back in the surgery with Mark on the table. He was of similar build to Neil, neither fat nor skinny. He had fair curly hair which he allowed to grow to cover his ears. He appeared to be slightly brighter than Neil but was much more nervous about the coming operation. He had realised after sex education lessons at school that he had a problem. His foreskin was too long and tight to allow him to retract it whilst erect. He had asked Mike for advice and was about to be circumcised at his own request.

Mark was altogether a different sort of boy from Neil. He made no attempt to present a tough-guy image and did not want to watch any of the operation, not even the anaesthesia. He did co-operate with testing where he was numb, but not so much as Neil did. Anaesthesia was quite simple with Mark and he was soon ready to be cut. He lay back with his eyes closed and just let the doctor get on. The doctor pulled Mark's foreskin back and injected more anaesthetic into the shaft just behind the glans. He then pulled the foreskin firmly forward over the glans and scratched a line on it with the needle, just behind the corona. The first line was not far enough back for the doctor's liking and he scratched another one about ¼ inch further back.

The actual operation followed the same course as Neil's except that, unusually, as soon as he had been anaesthetised Mark pee'd all over the sterile drape, which had to be changed. A dorsal slit was made, the

bell was placed over the glans and the plate over that. The foreskin was pulled through the hole in the plate until the second scratch mark was clearly visible. The plate was then clamped tight against the bell. The scalpel was run around against the plate, removing about one and a quarter inches of skin. **The clamp was loosened and removed complete with the severed foreskin.** The bleeding points were stitched and then the cut edges were pulled together. Finally the running stitch was put in all around the circumcision. Once the circumcision was finished, cleaned up and bandaged, the doctor injected a special lubricant anaesthetic jelly into Mark's meatus and urethra and then inserted a catheter up into Mark's bladder. The idea was to prevent him wetting himself during the night, and so to keep the wound dry. But Mark objected to having it in place, so the doctor removed it. **He had proved, though, that the urethra was not obstructed and that there was no physical problem causing Mark's enuresis.**

Towards the end of the operation Mark complained of pain from his penis and so was **given morphine tablets.** He was by no means as brave as Neil and continued to moan until the morphine took effect. When he had been cleaned up, Mark went straight to the toilet for a pee before going to bed. Neil, who had also taken his tablets, was dozing in front of the television and was sent to bed. During the night Mark got himself up and went to the toilet. The doctor gave him some Paracetamol because he said he was in pain. In the morning both boys were still sleeping soundly and no attempt was made to wake them. Mark had not wet the bed and **there is hope that the circumcision will give him the confidence to overcome his enuresis.**

When the boys eventually got up for breakfast, they were both careful how they moved about, but while they sat still they were not in pain. Afterwards the doctor produced an illustrated book on venerology and tried with Mike to find Neil's infection. **The boys also looked at the book and noted a number of horrors which they would be spared now that they were circumcised.** I gathered my things together and bade farewell to Mike, the boys and the doctor.

**My visit was extremely interesting and informative and I looked forward to another visit in the next school holidays. On this occasion there were three boys to be circumcised, two of them brothers aged 8 and 10. The doctor had planned to take the younger one first, but their father had already agreed on 'eldest first'.** Robert came upstairs with his father and **stripped from the waist down in the recovery room next to the surgery.** When he came in to the surgery he was a little nervous, but not really worried. His penis was quite small for his age, so the 'Plastibell' technique could still be used with him. The operation would be under general anaesthetic, and his father sat with him while the injection was given in his right forearm. It took effect very quickly and Robert was soon oblivious to his surroundings. **On strictly medical grounds he did not need circumcision, but it was being done for uniformity with his brother** and to prevent possible trouble later on. His foreskin was not very long and was easily retracted for swabbing with antiseptic.

The doctor placed two pairs of forceps on the tip of the foreskin and used them to pull the foreskin forward. Another pair of forceps was used to make a small crush mark on the top of the foreskin just behind the corona, indicating how much foreskin was to be removed. Then **the foreskin was crushed with the forceps** in a line along the top extending from the tip to about three-quarters of the way to the previously-made crush-mark. The doctor cut along this newly-crushed line. A little blood oozed from the cut, at which point **the boy's father decided to leave the room to sit next door until it was all over.**

After this dorsal slit had been cut the foreskin was folded back and a suitable size of 'Plastibell' was inserted over the glans. The foreskin was pulled forward again over the 'bell' until the crush mark was in front of the ridge in the 'bell'. **The foreskin was clamped** to the handle of the 'bell' whilst a ligature was placed around it into the groove of the 'bell'. This was **pulled really tight and knotted.** The **excess foreskin** forward of this was cut off using scissors and the handle was broken off the 'bell', leaving a ring in place around the glans through the opening of which he would be able to urinate while the wound healed. Antiseptic powder was applied to the whole glans and wound area, but no other dressing was used. The operation was over only a few minutes when Robert started to wake up. He was carried into the recovery room and was able to get up after about a quarter of an hour. He dressed again, walked down stairs and sat in the lounge. He was still a little woozy from the anaesthetic and his speech was slightly slurred. This upset Ian, who was waiting his turn.

**Ian became very agitated and tearful. His father coaxed him upstairs with great difficulty, undressed him and got him onto the operating table.** The anaesthetic had to be given quickly since he would not tolerate two pricks in his arm. **He went down fighting and, because he had just been screaming, appeared to stop breathing. This worried his father, but the doctor said it was quite normal,** and he soon started to breathe normally again. Even so, his father kept a careful watch on him throughout the operation.

**Ian's foreskin was long** and tight. He had twice trapped it in his trouser zip and there were scars near the tip which made it very difficult to retract: **it needed to come off.** Once the doctor had slit and retracted it, his

operation followed the same course as Robert's. He needed a little more anaesthetic during the operation, but the syringe had been taped to his arm so this could be done in a moment. Over a cup of coffee afterwards, Robert asked if he could see his foreskin, but it had already been burned. He was interested to hear that he had lost less blood being circumcised than he would have done had he cut his knee in the garden while playing. I found the operations interesting but was a bit disturbed by Ian's distraught state. The doctor said that in future he would always circumcise a younger brother first, irrespective of what his parents wanted.

After lunch we had a five-year-old to do. I expected more problems, but nothing could have been further from the truth. Steven had been well prepared for it, and almost bounced into the surgery, climbed onto a chair and then onto the couch. He knew he was going to have a prick in his arm to make him sleepy and watched as the injection was given. As soon as he was asleep his father joined his wife next door. Steven's foreskin was very long and tight, so that he had difficulty in urinating. The doctor could not retract it until he had first made the dorsal cut, and he also needed to separate the foreskin from the glans with a probe and to clean up the glans before applying the 'bell'. After the operation Steven soon came out of the anaesthetic and immediately went back to a normal sleep for another twenty minutes.

The three boys returned to the doctor's surgery for a check-up after ten days. By this time the plastic rings had all come off, leaving a very neat line between the pink ring of inner skin by the glans and the browner skin covering the penis shaft. Steven's parents are pleased that his urination problem has been cured. Robert and Ian are both very pleased with their circumcised penises, and Robert has shown his off to his school-friends. I hope some of them ask their parents if they can have their penis circumcised too.

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