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Research Article

DISTINCTIVE METHODS AND STRATEGIES OF CIRCUMCISION WITH THEIR DAY TO DAY PRACTICE AND COMPLICATIONS

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Abstract:

Background: Circumcision is the most widely recognized careful intercession performed in non-medicinal settings. It is the most widely recognized yet dismissed technique in our nation. Stylists, quacks and other non-qualified people perform circumcision by their own techniques without legitimate sanitization and without knowing the outcomes.

Objectives: The objectives of our examination were to decide distinctive techniques for circumcision and the result of these strategies.

Patients & Methods: This was an observational examination directed at Jinnah Hospital, Lahore from October 2017 to July 2018. A sum of 600 cases was incorporated into this investigation and data was recorded on a pre-structured performa. Chaperons/guardians having the best learning with respect to the circumcision of the tyke were met. Related facilities were reached to decide the strategies for circumcision and sanitization systems, where discovered important.

Results: Out of 600 cases 157 (26.17%) were circumcised in the first month of life (mean age: 10 ± 3.5 days), 92 (15.33%) in first year (mean age: 7 ± 2.4 months) and 351 (58.5%) between one to twelve years old (mean age: 6 ± 2.33 years). As to individual who performed circumcision 110 (18.33%) cases were circumcised by the stylists, 139 (23.17%) by quacks, 210 (35%) by General Practitioners (GP) and 141 (23.5%) by specialists (General and Pediatric Surgeons). With respect to strategies for circumcision, bone shaper strategy was the commonest, 307 (51.17%), while, just 60 (10%) cases were circumcised by the plastibell system. Complexities were more with stylist strategy and less with plastibell system. Under circumcision (too fewer prepuces is expelled) is the commonest intricacy with hair stylist technique. Out of 110, the 11 kids (10%) were under circumcised. In bone shaper strategy, out of 307 cases, 15 (4.87%) were under circumcised. No case was under circumcised with plastibell or open technique. With hairdresser strategy, 06 cases (5.45%) got tainted. They counselled specialists and were relieved with anti-toxins. Three (0.977%) cases were contaminated with bone shaper strategy. Draining happened in 10 patients after bone shaper technique and sewing was finished. There was no seeping with plastibell or open technique.

Conclusion: Our examination demonstrated that a major extent (41%) of male kids is as yet getting circumcised by incompetent (quacks and barbers) administrators and commonest technique for circumcision was bone shaper strategy. There is a desperate need to instruct the general population in regards to age, techniques for circumcision and their conceivable inconveniences.

Keywords: Circumcision, Plastibell method, Bone cutter method.

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INTRODUCTION:

Circumcision is the most widely recognized careful mediation performed in non-medicinal settings inside the network and is performed on a huge number of male kids around the world [1]. Neonatal circumcision keeps on being a questionable issue, despite the fact that it has been appeared to preventively affect urinary tract diseases in newborn children and penile malignancy that may grow sometime down the road [2]. Circumcision (Latin Circumcido, to cut around) is an elective surgery in which the skin covering the finish of the penis (prepuce or fore skin) is extracted. In spite of discussions, neonatal circumcision is a standout amongst the most normally performed elective methodology in the United States [3].

Despite the fact that there is a wide variety in the rate of circumcision all through the world, it has been assessed that one out of six guys on the planet is circumcised [4]. Circumcision has been exhibited as an image of the restorative state, as a mangling

method, as a religious custom and as prophylaxis against an assortment of sicknesses [5, 6]. Like other Islamic nations, circumcision is the commonest elective technique in Pakistan, despite the fact that there is a wide variety in age at the season of circumcision [7]. Systematic survey of male circumcision and ulcerative Sexuality Transmitted Infections (STI) firmly shows that circumcised men are at lower danger of chancroid and syphilis and there is less relationship with herpes simplex infection type-2 [8].

There are numerous techniques for circumcision in various pieces of the world like Gomco clasp, Plastibell, Mogen clip and open strategy. Hairdressers have their own distinctive techniques for circumcision in which no anaesthesia is given. Typically, the child is held by the senior individual of the family and the carefully assembled instrument is utilized to hold the prepuce. The prepuce is cut with shaving blade with no sanitization.

Figure – I: Instruments for barber method of circumcision



After circumcision remaining prepuce is decreased back over the glans and hand-crafted treatments or material fiery debris is connected for hemostasis with no dressing. Bone shaper technique is the basic method. In this technique, bone shaper is connected cautiously yet firmly on the prepuce in the wake of safeguarding glans. The targets of our investigation were; to decide diverse strategies for circumcision and results of these techniques in focal Pakistan.

PATIENTS AND METHODS:

This was an observational examination directed at Jinnah Hospital, Lahore from October 2017 to July 2018. All circumcised male kids as long as twelve

years old introducing in Pediatric Surgery out patients division was incorporated into the examination. A complete Performa was utilized to gather information, including age at circumcision, a technique for circumcision, circumcision is done by hairdressers, quacks or specialists and intricacies of various strategies. In all cases, it was required that the specialist, who was chosen for related data, was effectively engaged with the circumcision procedure and realized every one of the insights about circumcision. Typically, this was the dad, granddad or mother. Kids who were not circumcised, experiencing draining clutters or were over 12 years old were excluded in the investigation. Essentially,

the kids whose chaperons did not have information with respect to previously mentioned subtleties were prohibited from the examination. In those cases, where the technique for circumcision was not known by the specialists, we did our best to gather every one of the subtleties by speaking with the quacks, hair stylists and furthermore by visiting diverse centres and specialists. Toward the end, the orderlies were asked with respect to entanglements after circumcision like strange dying, disease, glans damage and under circumcision (too fewer prepuces is cut).

RESULTS:

An aggregate of 600 cases were incorporated into study, out of them 157 (26.17%) youngsters were circumcised in neonatal age (mean age: 10 ± 3.5 days), 92 (15.33%) from first month to year (mean age: 7 ± 2.4 months) and 351 (58.50%) between one to twelve years old (mean age: 6 ± 2.33 years). 110 (18.33%) youngsters were circumcised by hairdressers, 139 (23.17%) by quacks, 210 (35%) by general specialists, 141 (23.5%) by Surgeons (General and Pediatric specialist).

Table – I: Age Distribution

Age	Number
0-1 Month	157
1 Month – 1 Year	92
1-12 Years	351

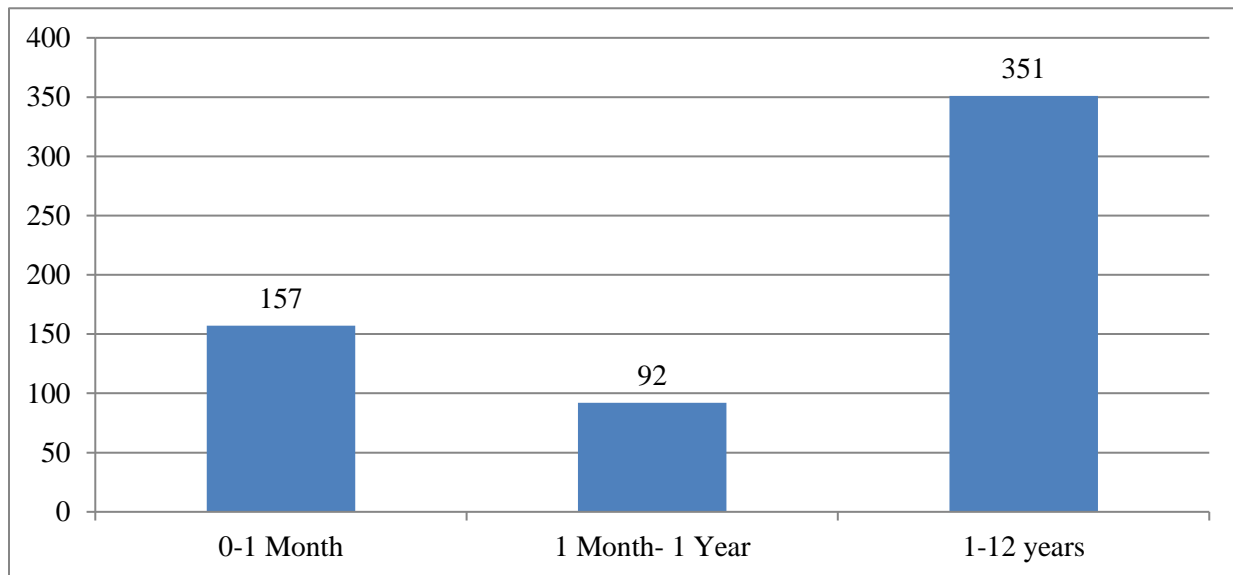
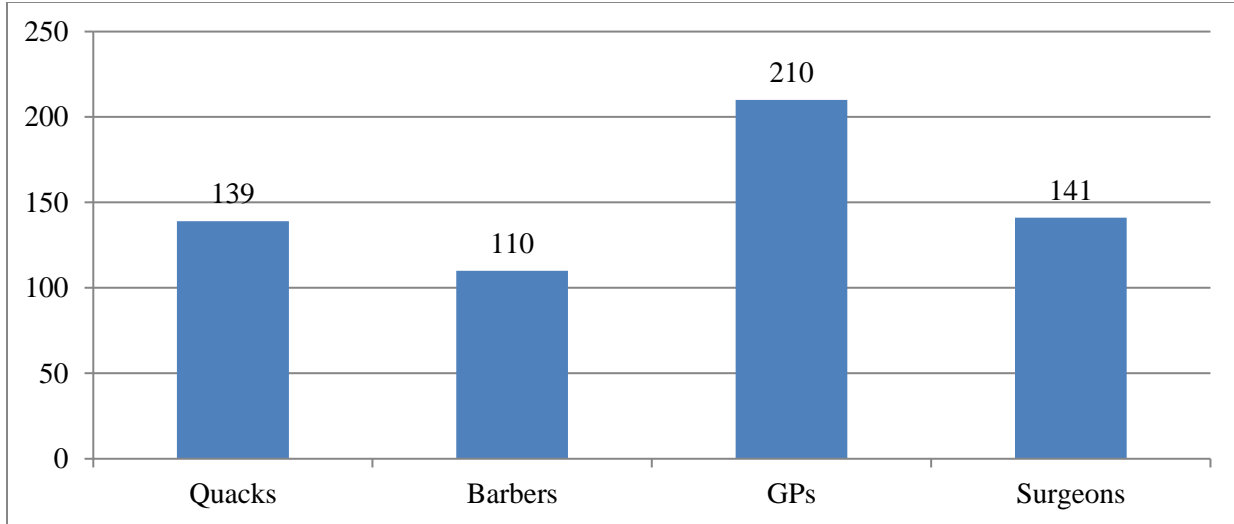


Table – II: Circumcision by different operators

Quacks	139
Barbers	110
GPs	210
Surgeons	141

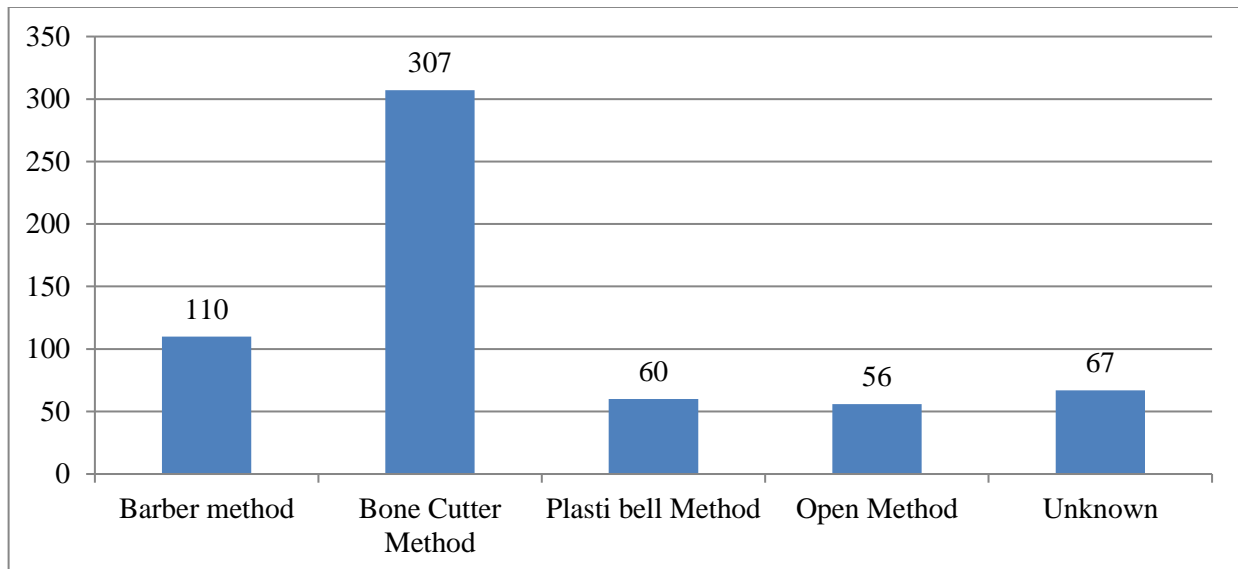


Concerning strategies for circumcision 307 (51.17%) cases were circumcised by bone shaper strategy. Plastibell was utilized in 60 (10%) cases and in 67 (11.17%) cases technique for circumcision was not

clear. 56 (9.33 %) cases were circumcised by open strategy. These were normally more seasoned youngsters in which utilization of plastibell or bone shaper is troublesome.

Table – III: Methods of Circumcision

Barber method	110
Bone Cutter Method	307
Plastic bell Method	60
Open Method	56
Unknown	67



Under circumcision (too fewer prepuces is expelled) is the commonest confusion with hair stylist technique. Out of 110, the 11 kids (10%) were under

circumcised. In bone shaper strategy, out of 307 cases, 15 (5%) were under circumcised. No case was under circumcised with plastibell or open technique.

With the hairdresser strategy, 06 cases (5.45%) got contaminated. They counselled specialists and were restored with anti-infection agents. Three (0.977%) cases were tainted with bone shaper strategy. It was accounted for that draining happened in 10 patients after bone shaper strategy and sewing was finished. There was no revealed seeping with plastibell or open method.

DISCUSSION:

In Western nations, debates exist whether circumcision ought to be performed or not. Circumcision advocates contend that circumcised young men have lower urinary tract contamination, lower frequency of zipper wounds or paraphimosis, a lower rate of explicitly transmitted malady and penile cancer [9 – 11]. Circumcision has a defensive impact on AIDS. In an article remark on the pestilence spread of HIV-1 in Asia, Weniger and Brown brought up that, routinely those nations in which circumcision is drilled (Bangladesh, Indonesia and the Philippines) fast sexual transmission of HIV-1 is less likely [12, 13].

In Pakistan, circumcision is performed because of religious commitments in Muslims albeit social and social components prevail. Learning in regards to circumcision is next to no particularly in individuals originating from country territories. The majority of them pursues their ancestors and gets their youngsters circumcised from the closest accessible administrator without thinking about capability and disinfection. We found that 41% of the circumcision were finished by shakes and hairdressers though, 57% of the circumcision was done by general specialist and specialists. It was seen that individuals originating from provincial regions, particularly Sindh and Baluchistan circumcise their kids at a later age, generally following one year. Our examination has appeared 58% of the circumcisions were done on young men from 1 to 12 years old.

In our examination, 110 (18.33%) youngsters were circumcised by stylists, which demonstrate the absence of learning and obliviousness by chaperons. At the point when these guardians were additionally talked with, they said that simple access, minimal effort and past encounters were the reasons that they went to hair stylists.

Plastibell strategy is getting to be main stream these days in view of the great outcomes and fewer intricacies. An examination was led by Rafiq K in 2000 with respect to circumcision by plastibell technique [14]. He inferred that this strategy is by all accounts an unrivalled method for neonatal

circumcision. It gives great outcomes few and gentle entanglements. This is in consent to our examination in which plastibell a decent restorative outcome has with no draining or disease. Guardians' fulfilment is more with this strategy yet shockingly, just a few children are profited on account of the absence of information and mindfulness.

In another examination led by Iftikhar Ahmad Jan, plastibell is a protected technique for circumcision under one year of age [15]. Older youngsters ought to have circumcision with different strategies. At the point when appropriately done infant circumcision is a snappy and straightforward method with a low intricacy rate. Horribleness and cost of circumcision are much lower for babies than they are for more seasoned children [16]. Similarly, in our examination, an expansive number of youngsters 351 (58.5%) are circumcised following one year of age, while, plastibell technique was utilized in a modest number of kids. Distinctive strategies for circumcision are connected in various pieces of the world. In Saudi Arabia, an examination was led by Amin M, Raja M, Niaz W which inferred that Gomco cinch is a sheltered and successful procedure with similar results [17]. This strategy is once in a while utilized in our piece of the world.

Another similar examination was finished by Javid ur Rehman in 2007, between bone shaper strategy and open technique for circumcision, which demonstrated an inconsequential distinction as far as dying, shallow disease and restorative appearance [18]. Both strategies ended up being protected and compelling, aside from the injury to glans (an outstanding confusion) which is progressively regular with bone shaper strategy particularly in the hands of the unpracticed administrator. In another investigation, it was accounted for that the early confusions, for the most part, included dying, which was accounted for in 0.1– 35% and twisted contamination in 0.2– 0.4%. Our examination has uncovered that under circumcision was commonest with the hair stylist technique (10%), with bone shaper strategy (5%) though no case was accounted for with plastibell technique. The disease was accounted for in 5% of cases with stylish method.

CONCLUSION:

Circumcision, especially in babies and kids, is anything but a minor technique that can be performed inside a couple of minutes by an unpracticed specialist. In actuality, circumcision ought to be performed by an accomplished person who can assess the patient preoperatively and distinguish contra-signs to the system, oversee conceivable intricacies

and assess patients post-operatively. Circumcisions by hairdressers and quacks ought to be debilitating as they are not prepared in this regard. Electronic and print media can assume a key job to teach the general population with respect to various strategies for circumcision under severe aseptic measures as indicated by standard convention.

REFERENCES:

1. Maden C, Sherman KJ, Beekman Am, et al: History of circumcision, medical conditions and sexual activity and risk of penile cancer. *J Natl Cancer Inst.* 1993; 85:19-24.
2. Weniger BG, Brown T. The march of AIDS through Asia [editorial]. *N Engl J Med* 1996;335:343-345.
3. Rafiq K, plastibell – a quick technique to decrease the distress of neonatal circumcision. *Ann KEMC Dec* 2000; 6-4:412-3.
4. Jan I A. Circumcision in babies and children with plastibell technique. An easy procedure with minimal complications – the experience of 316 cases. *Pak J Med Sci Sep* 2004; 20(3):175-80.
5. Wiswell TE, Tencer HL, Welch CA, Chamberlain JL. Circumcision in children beyond the neonatal period. *Pediatrics*1993; 92:791-793.
6. Amin M, Raja M, Niaz W. Neonatal circumcisions with Gomco clamps – a hospital-based retrospective of 1000 cases. *J Pak Med Assoc July* 2000; 50(7):224-7.
7. Rehman J, Ghani U, Shahzad K, Sheikh I A. Circumcision –a comparative study. *Pak Armed Forces Med J Dec* 2007; 57(4): 286-8.and genital dermatoses. *Arch Dermatol* 2000, 136:350.
8. Sari N, Buyukunal S, Zulfikar B: Circumcision ceremonies at the Ottoman palaces. *J Pediatric Surg* 1996; 31: 920-924.
9. HA Weiss, SL Thomas, S K Mumbai, RJ Hayes male circumcision and risk of syphilis, chancroid, and herpes; a systematic review and meta-analysis. *sex/ramsm infect.* 2006; 85:101-110.
10. H A Weiss¹, S L Thomas¹, S K Munabi², R J Hayes. Male circumcision and risk of syphilis, chancroid, and genital herpes: a systematic review and meta-analysis. *Sex Transm Infect* 2006; 82:101-110 doi:10.1136/sti.2005.017442
11. Mallon E, Hawkin D, Dineen M, et al. Circumcision and genital dermatoses. *Arch Dermatol* 2000, 136:350.
12. Cook LS, Kautsky LA, Holmes KK: Circumcision and sexually transmitted disease. *Am J Public Health* 1994; 84:197-207.
13. MC Alanis, RS Lucidi. National circumcision: A review of the world's oldest & most controversial operation *Obs. & Gynecological survey*, 2004. Journals lww.com
14. J. Ben Chaim et al. Complications of Circumcision in Israel: A One Year Multicenter Survey, *IMAJ* 2005;7:368–370
15. Circumcision policy statement. American Academy of paediatrics. Task force on circumcision, paediatrics 1999; 103:686.
16. Holman J, Lewis E, Ringular R: Neonatal circumcision techniques. *Am Fam physicians* 1995; 52:511-518.
17. Szasz T: Routine neonatal circumcision: Symbol of the birth of the therapeutic state. *J Med Philos* 1996; 21:137-148.
18. Weiss G, Weiss E: A perspective on Controversies over neonatal circumcision. *Clin Pediatr* 1994; 33:726-730.