BLOODLESS CIRCUMCISION

Curtis in the London Practitioner describes a new method of circumcision in which hemorrhage is reduced to nothing. The common errors in circumcision result from trimming the prepuce down to, and including the frenum resulting in frenal hemorrhage, or in the effort to avoid this, leaving too much tissue at the frenum.

As to the amount of prepuce to be left after circumcision a margin of not more than 1-6 of an inch of mucous membrane should be retained for sutturing to the skin. The writer describes his method of bloodless circumcision as follows:

Technique.—On either side of the median dorsal line, the prepuce is seized between two pairs of

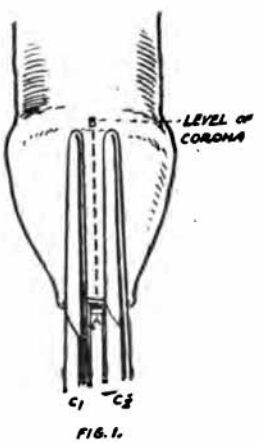


FIG. 1.

Spencer-Wells' forceps (Fig. 1, C1, C2), the points of which are pushed right up to the level of the corona glandis. Possibly, in an adult, large Wells' forceps, or more than one pair of the smaller clips, may be required on each side to reach thus far.

The median line (A, B) of the prepuce between the clamps, as one may henceforth term them, is slit up to the corona, with scissors, taking care, of course, to avoid wounding the glans, or urethra, which may easily be done if, as is not infrequently the case, there is marked phimosis, and, in adults especially, more or less firm and extensive adhesions from balanoposthitis, from retained and inspissated smegma, or other infective sources of irritation.

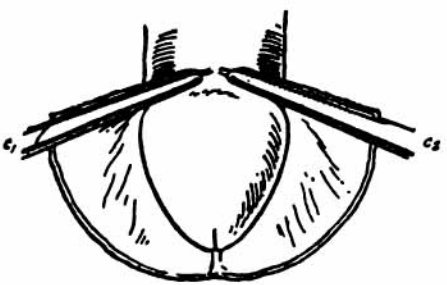


FIG. 2.

The result of the slit thus made is to divide the prepuce into two lateral flaps (Fig. 2) each of which is first carefully separated right up to the groove behind the corona, all round, so as to evacuate inspissated smegma, and then clamped, from below upwards, at a distance of about 1-6th inch from its attachment in the circum-coronal region.

The clamp, in the case of each flap, is applied with the point directed upwards and inwards, i. e., towards the median dorsal line, the angle of union of the blades being made to lie at a point about 1-6th inch distant from the fraenum. More than one clamp is generally necessary (Fif. 3, C4, C5; and C6, and C7); and, to secure bloodlessness, it is essential to apply the second, or higher, clamp, so that

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there is no interval of prepuce left unclamped between the first and second (or more) clamps, from which oozing could subsequently occur.

The Haemostatic Suture.—Having ready a catgut suture, threaded at both ends with short straight needles, the selected lateral flap is stitched in the following way:—

Beginning near the free lower edge, at a distance of about 1-8th inch from this edge, and at the same distance from the fraenum, one of the needles is made to perforate the flap just proximal to the clamp, from mucous membrane to to skin, and the catgut pulled nearly halfway through, so that the mid-point of the suture will lie over the free lower margin of the flap, close to the fraenum. The second needle is then passed in the opposite direction, from skin to mucous membrane, through the same stitch-hole, and the ends of the suture are drawn taut, much as is done in stitching a boot.

This manoeuvre is repeated to the other end of the flap, i. e., passing the needles in opposite directions from mucous membrane to skin, and vice versa, the two needles always passing through one and the same aperture, until the upper cut edge, near the median dorsal line, is reached. The needles being removed, the ends of the suture are drawn comfortably taut and tied (Fig. 3, S1). They are clamped, and the other lateral flap is similarly stitched (S2). The ends of this second suture being drawn taut and tied, are then tied to one or both ends of the first suture, preventing retraction of the sutured margins

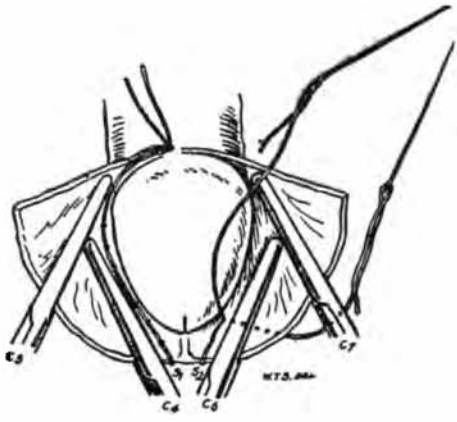


FIG. 3.

of the flaps, and obliterating a small v-shaped notch between the flaps on the dorsum, thus obviating any oozing which might occur from such a gap.

The clamps are then removed from the flaps, and the redundancy trimmed off all round, just distal to the suture line, completing the operation, which can be performed much more rapidly than described in detail. If carried out exactly as advised, the writer considers, from experience, that the haemorrhage should be nil, or, if any, will be so entirely negligible that this method will be found rightly to deserve the description of "Bloodless Circumcision.'

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