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## Complications associated with infant male circumcision

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A one-time survey was circulated to all 2,508 CPSP participants to assess if they recalled seeing complications arising from infant male circumcisions within the past 12 months only. CPSP participants include paediatricians and paediatric subspecialists but do not include paediatric surgeons or surgical subspecialists or general practitioners performing circumcisions. There were 786 responses (response rate = 31%).

The complications reported were typical of those reported in the literature. The vast majority recalled no specific complications of infant male circumcisions. Others reported minor complications, such as local infection, hematoma, minor bleeding, and cosmetic concerns. Major complications included sepsis, severe bleeding requiring transfusion, amputation and infarction. Some respondents reported a single case, while others reported multiple cases. There were no reports of death, permanent disability or HSV infections. Respondents were also asked to identify which complications led to hospitalization. Many respondents left this column blank, but bleeding and infection were the predominant complications leading to hospitalization. In some cases, the respondent assumed causation for a complication, for example, sepsis or meningitis secondary to the circumcision.

The survey also asked respondents who identified complications to indicate the technique of circumcision used and the professional category of the individual who performed the procedure. The technique used for the circumcision was rarely recalled on the survey forms. Plastibell, Gomco and Mogen were all reported by at least one respondent. Plastibel and Gomco were the most commonly used instruments. The practitioner type was recalled by slightly over half of respondents: Circumcision was performed almost equally by paediatricians, general practitioners or surgical specialists (including general surgeon, paediatric surgeon, urologist, and gynaecologist) and one non-medical/cultural provider.

A small number of respondents indicated they referred infants to a surgical specialist for complications of circumcision, usually for bleeding issues or corrective procedures.

This survey is a very preliminary snapshot and has many limitations including, but not limited to: low response rate, incomplete respondent recall; lack of specific verification of any report; multiple individuals possibly recalling the same case; lack of a denominator (number of circumcisions performed and under what circumstances); assumed causation; incomplete data submission. The report of potentially serious complications in this preliminary survey would indicate a need for a more formal surveillance system to capture, verify and quantify these rare complications. Once the complications are identified, steps can be put in place to remedy and prevent these occurrences.

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