

Reddoch
CLINICS

No-Scalpel No-Needle Vasectomy
Pollock Technique™ Circumcision

*Providing
our patients
with the
highest
standard
of
patient
care*



Circumcision

Older Infants • Children

CIRCUMCISION

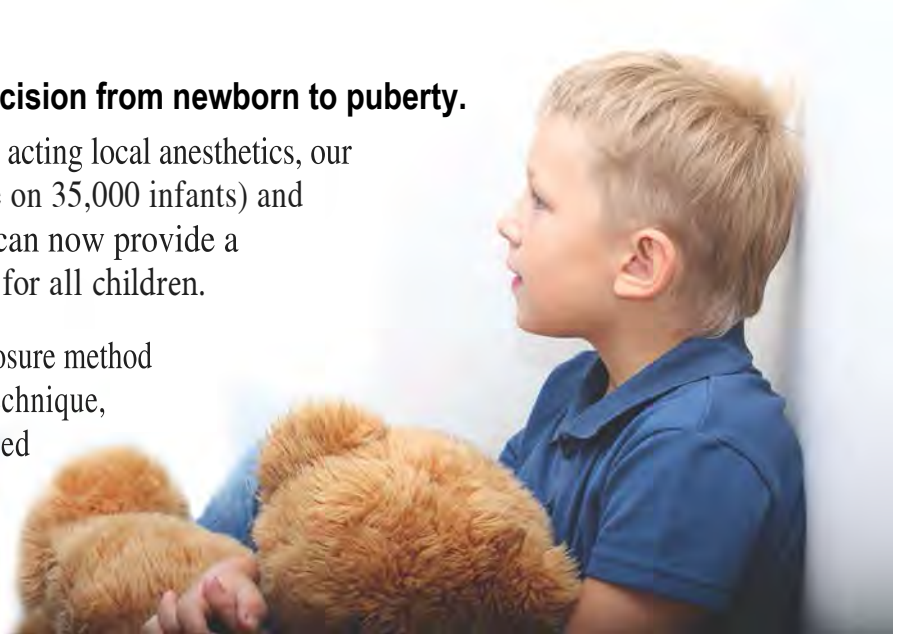
OLDER INFANTS • CHILDREN

- ★ *Local Anesthetic*
- ★ *Quick Technique*
- ★ *New 90-Second Skin Glue Closure Method*

Dr Reddoch now provides circumcision from newborn to puberty.

With the combination of short and long acting local anesthetics, our quick surgical technique (proven safe on 35,000 infants) and 2-octyl cyanoacrylate skin glue, we can now provide a comfortable circumcision procedure for all children.

With the introduction of our skin glue closure method to replace the standard suture closure technique, we have been able to obtain an improved cosmetic outcome without the typical suture track marks in the mucosa and skin. In addition, glue closure is 10 times as quick.



Prior to the procedure all patients receive a detailed explanation of potential complications and their management as well as a review of the aftercare instructions. Post-operative assessment is provided by Dr. Reddoch at no charge as a courtesy to the families. Every family is called by our office after surgery to ensure the patient is comfortable and doing well. For ease of reference please note www.circumcisionontario.com outlining the circumcision process at our clinics from start to finish.

Two Offices in Ontario

Tel: 613-933-9997
Fax: 1-866-323-3944

Suite 108 - 820 McConnell Avenue, Cornwall
Unit 1 - 2430 Bank Street, Ottawa

Our Mission

"To uphold the highest international standards of male health care in contraceptive therapy and circumcision, while treating our patients with compassion, dignity and respect."

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Pollock Technique™ Circumcision



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Pollock Technique™ Circumcision

Dr. Bob Reddoch
MD, CCFP(EM), FCFP
Family and Emergency Medicine
practicing in circumcision

108 - 820 McConnell Avenue
Cornwall, ON K6H 4M4

Unit 1 - 2430 Bank Street
Ottawa, ON K1V 0T7

TEL: 613-933-9997
FAX: 1-866-343-3944

drbob@reddochclinics.com
www.reddochclinics.com
www.circumcisionontario.com

For Emergencies Only
Dr. Reddoch's Cell number
613-362-2837

Our goal at Reddoch Clinics
is to uphold the highest
standard of patient care.

In keeping with this philosophy
and to ensure that parents are
properly informed before their
child is circumcised, we have
prepared this manual which is
critical for you to review.

You may also visit our website at
www.circumcisionontario.com

PATIENT GUIDE TO CIRCUMCISION

OLDER INFANTS • CHILDREN

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Introduction

Thousands of doctors across Canada recommend the Pollock Technique™ circumcision for their patients choosing circumcision.

We offer:

- **Experience.** The Pollock Technique™ has safely been performed on over 35,000 patients over the last 20 years. Dr. Reddoch has used this technique to safely perform thousands of circumcisions in eastern Ontario.
- **Expertise.** Our procedure is quick - many times faster than conventional hospital methods.
- **4-step pain-control protocol.** Pain is minimized through Tylenol and Nozinan medication (information enclosed for your review), a topical freezing cream, and local anesthetic injection.

About Dr. Reddoch

Dr. Reddoch is a well known and respected emergency department physician and educator in eastern Ontario for over 25 years. Dr. Reddoch underwent extensive training with Dr. Neil Pollock, a foremost authority on circumcision and developer of The Pollock Technique™, offering his patients the safest, most advanced method of circumcision available today. In 2011, Dr. Reddoch was the first physician to introduce Dr. Pollock's techniques to Ontario.

What is Circumcision?

Circumcision is a simple procedure in which the foreskin that sheathes the head of the penis is removed. It is regarded as one of the safest routine procedures today, with over one million performed in North America each year.

The Pollock Technique™ is known for its quickness and safety. We use the most extensive pain control methods available.

Circumcision in older infants, children, and adults is a more significant procedure than with newborns, but with the experience of Reddoch Clinics, any pain or possible complications are minimized.

Research shows that there are considerable medical benefits to circumcision:

- It reduces the risk of urinary tract infection and penile infection (balanoposthitis).
- If not done in infancy, up to 6% of boys will later require a circumcision for medical reasons.
- It reduces the risk of acquiring sexually transmitted diseases including herpes, venereal warts (HPV), and HIV.
- Circumcision has been shown to reduce the risk of prostate cancer, penile cancer, and cervical cancer.
- Circumcised men have less risk of sexual dysfunction later in life.

Day of circumcision

BEFORE YOU ARRIVE:

- Plan to be at the clinic for about 4 hours. This includes preparation time, surgery, and post-op recovery time to make sure your son is ready to travel home.
- Arrive 15 minutes before your appointment time. Late arrivals will be rescheduled for another day.
- Give your son a good breakfast before leaving home.
Avoid caffeinated products like chocolate, nuttella, pop and any soft drinks. Caffeine decreases the effectiveness of the sedating medication.
- **Things to bring to the clinic to ensure your son's comfort:**
 - Plenty of water and /or fruit juices
 - Some snacks like crackers, etc.
 - Tylenol (liquid Tylenol for older infants and children)
 - Some toys or entertainment for your son's waiting time.
- Your son should wear loose-fitting, comfortable trousers.
- You may give your son Tylenol 1 hour before his surgery, and again 5 hours after his surgery, and continue giving him the same dose every 5 hours for the next 24 hours.

AFTER YOUR ARRIVAL:

- **If desired, your son may be given Nozinan, a sedating medication, to reduce anxiety.**
- Your son must eat food every 1/2 hour after taking Nozinan until the surgery time. If he is not a good eater, we suggest juices, potato chips, goldfish crackers, etc.
- While under medication, keep your son under constant supervision. Do not let him wander around dangerous areas like stairways without being held onto. Be careful and understand that children on Nozinan will be uncoordinated and have a tendency to lose their balance. Some children experience abnormal muscle movements or rigidity. Keep him in your sight the entire time and hold onto him whenever he moves. Your son cannot be left alone and do any activity without being supported.

PLEASE NOTE:

Nozinan should not be given together with any other medication unless first cleared with Dr. Reddoch. Nozinan should not be given if there is a history of irregular heart rhythm in any member of your family. Please discuss any medical problems or conditions your son may have with Dr. Reddoch before surgery.

- **Before the surgery, we will give you specific information about your son's procedure and aftercare and address any questions you may have.**

AT THE CLINIC:

- We first apply a topical anesthetic ointment to the penis to numb the skin.
- Next, Dr. Reddoch will give a dorsal penile ring block – an injection through a tiny needle – into the area that has already been numbed by the topical cream.
- After 7-10 minutes, the penis will be frozen.
Dr. Reddoch performs the circumcision.

The Pollock Technique

The Pollock Technique has been used to safely perform over 35,000 circumcisions. Dr. Reddoch was the first physician to bring Dr. Pollock's Technique to Ontario.

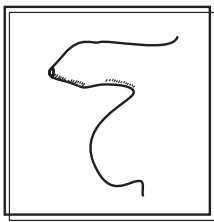


FIGURE 1.

Profile of uncircumcised penis with foreskin covering the glans (head of the penis).

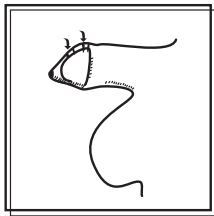


FIGURE 2.

Penis drawn as if foreskin is transparent so that you can see the glans in relation to the foreskin. Notice the adhesions between the inner side of the foreskin and the glans. These are present at birth in almost all babies and must be released before the actual circumcision.

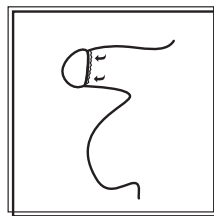


FIGURE 3.

Penis following circumcision. The cut edge of the skin retracts to just behind the back rim of the glans. This is the site of healing.

AFTER THE SURGERY:

After his surgery your son should have lots to drink. Try to give him water and every 1/2 hour a glass of juice to help him eliminate the medication from his body. Your son may sleep for as long as 5 to 8 hours after returning home from his surgery. This is a common occurrence. Wake him every 1/2 hour to give him some sweetened juice. He should be easily aroused even during his post-operative sleep. In rare instances, your child may feel dizzy and look pale. Should this happen just lay him down and give him a little sweetened juice. The symptoms should disappear within minutes. If you have any concerns, please call Dr. Reddoch at 613-362-2837.

How to care for your son post-circumcision

FIRST 24 HOURS:

- Check for active bleeding every hour for the rest of the day and at least twice overnight. Apply pressure as we showed you for up to 10 minutes for active bleeding. Call Dr. Reddoch at 613-362-2837 if bleeding does not stop with pressure.
- Make sure that your son is able to urinate, which he should do within 8 hours of leaving the clinic.
- If the dressing slides off, replace it with a fresh Polysporin/Vaseline gauze wrap and compression wrap as we showed you.

AFTER 1 DAY:

- Visit the clinic the day after the surgery. Give your son 1 dose of Tylenol, determined by his weight and the instructions on the bottle, 2 hours before his appointment. The bandages will be changed for you at this time.

AFTER 2 DAYS:

- The remaining dressings may be removed at home. Give your son 1 dose of Tylenol 1-2 hours before doing so. You will be given packages of sterile gauze and a tube of Polysporin to be applied with Vaseline from the 2nd day of the surgery. Once all the gauzes have been removed, put some Vaseline and Polysporin on a single gauze and wrap it around your son's penis at least once a day. This will stop the glue, which may have some sharp edges, from rubbing on his scrotal skin.

AFTER 7 DAYS:

- Visit the clinic for an assessment of the healing process.

AFTER 4-6 WEEKS:

- Visit the clinic for a final follow-up visit.

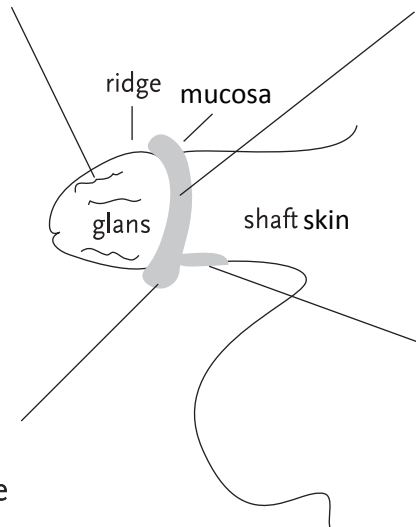
* If you have any concerns about the appearance of your son's penis, please send Dr. Reddoch a text or email or book an appointment with the office for Dr. Reddoch to re-examine him at 613-933-9997.

**Dr. Reddoch's Emergency cell phone number is:
613-362-2837**

THE HEALING PROCESS

2 DAYS - 2 WEEKS

You may see a yellow/green, slimy discharge on the glans, it is normal - it is serous fluid (same as in a blister) mixed with Vaseline and is not an infection.



The tissues are thicker on the underside, so the swelling tends to be greater here.

The swollen, red 'collar' of **mucosa** temporarily obscures the back of the glans, but will soften in colour and flatten out over the next 1-2 weeks.

The flaky, white residue of the skin glue will be seen where the shaft skin meets the mucosa

There is often a patch of yellow/green here as well. This is a scab made up of serum, called granulation tissue. Just like a red scab, which is made up of whole blood, this will fall off when the underlying tissues have healed.

PREVENTION OF SKIN BRIDGES

One important complication to watch for in the first week is a skin bridge. This can occur if the shaft skin comes over the mucosa and remains in contact with the glans for more than a few days. Dr. Reddoch will ask you to send daily pictures by text or email for the first few days to help you ensure that the shaft skin remains behind the mucosa. We will be sending you a picture tutorial by email with examples of what to watch for.

What to watch for

Please watch carefully after your son's surgery for the following possible complications:

Fever - If your son feels warm or has a temperature greater than 37.9 degrees Celsius, please let Dr. Reddoch know immediately.

Infection - If you notice redness, pus or foul smell coming from the surgical area, call Dr. Reddoch immediately. The most common time for infection to present itself is in the first week after surgery.

Bleeding - having a few drops of blood on the gauze, the size of a silver dollar, is normal. Blood dripping off the penis is not normal. If you see this, hold pressure on the bleeding area and call Dr. Reddoch immediately. If, for any reason, you cannot reach Dr. Reddoch, **call 911** and bring him to a hospital by ambulance right away.

Peeing / urination - Your son may not urinate for a few hours. It is nothing to worry about as it is not uncommon after surgery, due to discomfort, anxiety and effects of the sedating medication. However, if your son has not urinated at all after 8 hours, call Dr. Reddoch. If he has not urinated by 12 hours he needs to be seen by Dr. Reddoch immediately.

Concealed penis - When the length of the penile shaft is no greater than its diameter, or when there is a good amount of pubic fat, the penis may tend to retract inward. This is normal. If your son fits this profile, you can reduce the chance of a concealed penis by applying a thin layer of Vaseline to the entire glans once a day, until the glans takes on a healed appearance (about 1 - 2 months).

- To expose a glans that has retracted inward, place gentle downward pressure on either side of the base of the penis. Consult with Dr. Reddoch if the head of the penis cannot be fully exposed, or if any connecting skin bridges form between the shaft skin and the head of the penis.

Dr. Reddoch's Emergency number is 613-362-2837

Frequently asked questions

How will my son behave after the circumcision?

It is not unusual for a child to sleep 6 - 8 hours after the procedure and to miss a meal.

Will my son have pain?

There will be some discomfort at the following steps in the process:

- Burning discomfort during injection of the freezing (few minutes)
- Soreness when the injected freezing wears off (may last 30 minutes to several hours)
- Some stinging with urination (up to 24 hours)
- Tenderness with daily dressing changes (most sensitive first day, less after that)

When can my son bathe again?

A gentle shower may be taken after 24 hours and then daily, and this may help loosen the dressing before you change it. Keep the fresh dressing dry until it is ready to be changed. Your son may resume baths after 1 week.

How often do I give Tylenol to my son?

Every 5 hours for the first day, then as needed.

What complications are possible from circumcision?

Complications are rare; the frequency varies with the skill and experience of the doctor, and are infrequent in Dr. Reddoch's practice. Complications include:

- Significant post-op bleeding (1 in 100)
- Phimosis or narrowing of the shaft skin opening over the head of the penis (1 in 500)
- Buried or trapped penis in the abdomen (1 in 400)
- Infection requiring antibiotics (1 in 100)
- Meatal stenosis or narrowing of the urethra (1 in 1000)
- Sub-optimal cosmetic result (1 in 100)
- Trauma to head of the penis (never occurred in this practice)
- More serious complications including death (never occurred in this practice).



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To Book a Circumcision

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For a video demonstration
of Infant Circumcision
please visit

www.circumcisionontario.com

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