

Complications of Self-circumcision: A Case Report and Proposal

Alessandro Natali, MD, and Mario Alberto Rossetti, MD

Department of Urology, University of Florence, Uro-Andrological Unit, Florence, Italy

DOI: 10.1111/j.1743-6109.2008.00858.x

ABSTRACT

Introduction. Male circumcision is a common surgical technique that has been performed worldwide for thousands of years for medical, social, cultural, and religious reasons. It is usually conducted in childhood in a clinical setting, but the practice of adult self-circumcision has led to a market for nonmedically approved self-circumcision devices that can be purchased via the Internet.

Aims. The aims of this report are to report the case of a 30-year-old white man who suffered complications after trying to perform a self-circumcision with a nonmedically approved device purchased via the Internet, and to propose that urologists should take the lead in investigating the problem of male self-circumcision.

Methods. This case report documents the presentation and treatment of an attempted self-circumcision.

Results. The attempted self-circumcision was carried out without local anaesthetic and resulted in an incision in the foreskin. The patient presented with uncontrollable local bleeding 2 days after carrying out the procedure. Although questioned as to why he had attempted self-circumcision, the patient was reluctant and/or unable to explain his reasons. Daily local wound care and topical antibiotics resulted in complete wound healing after 2 months, and a clinical clamp circumcision was conducted to treat the remaining severe phimosis.

Conclusion. Data on the prevalence and outcomes associated with the use of self-circumcision devices are few. The clinicians who treat the complications are best placed to collect data on self-circumcision and should publish case studies. Eventually there may be sufficient understanding of the sector of the population at risk from this practice to educate those likely to attempt self-circumcision, and enough evidence of harm for controls to be placed on the sale of these nonmedically approved devices via the Internet. **Natali A, and Rossetti MA. Complications of self-circumcision: A case report and proposal. J Sex Med **;**:**_**.**

Key Words. Internet-Purchased Devices; Penis; Phimosis; Self-Circumcision; Self-Health Management

Introduction

Male circumcision is a common surgical technique with unclear origins that has been performed for thousands of years and is widespread throughout the world [1]. The procedure is performed for social, cultural, and religious as well as medical reasons, usually in childhood and often in a clinical setting [1]. However, as adult males also perform the procedure on themselves outside the clinical setting [2], a market for circumcision devices has developed and a number of these non-medically approved devices can be purchased via the Internet [3]. The claims made, the instructions provided, and potential risks outlined vary for the different circumcision device manufacturers. One

manufacturer stated that their device was “fully approved in Malaysia, is now used in hospitals and private clinics,” and that, “It is currently being reviewed for approval by the U.S. FDA.” Complications associated with this device included hematoma, severe pain, skin necrosis, and infection. It was stated that self-circumcision using this device was possible in principle. Another manufacturer stated “Please note that none of these devices should be used to do a self-circumcision. Circumcision should always be performed by a trained and skilled healthcare provider.” In spite of any claims and warnings, there are numerous accounts posted on the Internet by individuals who have misused approved and unapproved devices for self-circumcision.

Self-circumcision devices usually consist of an inner and outer ring. A local anaesthetic cream (e.g., a lignocaine–prilocaine cream) is applied to the skin of the penis. The inner ring is placed below the corona of the glans, with the foreskin fully retracted. The foreskin is reduced over the inner ring and the outer ring is positioned over the foreskin and inner ring, and clamped in position. The foreskin is removed using sharp scissors. The device is left in position to prevent bleeding and while the skin heals; it can usually be removed 5–8 days later.

The aim of this report is two-fold; to report the case of a 30-year-old white man who suffered complications after trying to perform a self-circumcision with a nonmedically approved device purchased via the Internet, and to propose that urologists should take the lead in investigating the problem of male self-circumcision.

Case Report

This case report documents the presentation and treatment of an attempted self-circumcision by a 30-year-old white man using a nonmedically approved device purchased via the Internet.

The procedure was carried out without local anaesthetic and resulted in an incision in the foreskin. The patient presented at the emergency department with uncontrollable local bleeding 2 days after carrying out the procedure. On presentation, the foreskin was partly removed, the wound was still bleeding, and the penis was edematous (Figure 1). Although questioned as to why he had attempted self-circumcision, the patient did not speak Italian and was reluctant and/or unable to explain his reasons.

Treatment consisted of daily local wound care and topical antibiotics for 1 month. After 2 months, the wound had healed completely, but phimosis was severe, so circumcision was performed satisfactorily under clinical conditions using a clamp.

Discussion

The scientific debate about the clinical benefits of male circumcision continues, and there is no doubt that there are benefits and risks associated with the practice. Recent data from clinical trials conducted in Africa, for example, provide evidence that circumcision does protect against HIV [4] and other sexually transmitted diseases [5]. These advantages have to be balanced against disadvantages that



Figure 1 Shaft on presentation after attempted self-circumcision.

include the potential for surgical complications (e.g., local infection and bleeding), and questions that remain about the sexual responses of circumcised vs. uncircumcised men [6,7]. The scientific debate on the benefits and risks of circumcision, however, is separate from the reality that self-circumcision can have serious complications beyond those associated with circumcision conducted under clinical conditions. These complications can include bleeding, infection, urethral damage, abnormal and painful curvature during erection [3], penile strangulation [8], skin necrosis [9,10], and necrotizing fasciitis [11].

There appears to be no published data on the prevalence of the use of nonmedically approved self-circumcision devices, or outcomes, in the medical literature, and case reports of complications of self-circumcision are few [3,9,10]. It is difficult, therefore, to estimate the scale of the problem associated with the practice. The clinicians best able to collect data on self-circumcision are the urologists who deal with the complications. For this reason it is important that urologists continue to publish case studies such as this. Furthermore, it is proposed that urologists are the clinicians in the best position to explore the reasons why patients attempt self-circumcision, and to identify the sector of the population at risk from this practice. As our anecdotal evidence demonstrates, this will not be an easy task. Once the

scale of the problem becomes clear, it is hoped that there will be sufficient evidence to communicate the dangers at a public health level so that vulnerable individuals can be educated about the risks of using nonmedically approved devices and undertaking surgical procedures without medical supervision, and for controls to be placed on the sale of nonmedically approved devices via the Internet.

Conclusions

Data on the prevalence and outcomes associated with the use of self-circumcision devices are few. It is the clinicians who treat the complications who are best placed to collect data on self-circumcision, and should continue to publish case studies. Eventually there may be sufficient understanding of the sector of the population at risk from this practice to educate those likely to attempt self-circumcision, and enough evidence of harm for controls to be placed on the sale of these nonmedically approved devices via the Internet.

Corresponding Author: Alessandro Natali, MD, Department of Urology, University of Florence, Uro-Andrological Unit, Viale Pieraccini 18, 50139 Florence, Italy. Tel: (39) 055-417645; Fax: +39 055-4377755; E-mail: anatali@dada.it

Conflict of Interest: None declared.

Statement of Authorship

Category 1

- (a) **Conception and Design**
Alessandro Natali; Mario Alberto Rossetti
- (b) **Acquisition of Data**
Alessandro Natali; Mario Alberto Rossetti
- (c) **Analysis and Interpretation of Data**
Alessandro Natali; Mario Alberto Rossetti

Category 2

- (a) **Drafting the Article**
Alessandro Natali; Mario Alberto Rossetti
- (b) **Revising It for Intellectual Content**
Alessandro Natali; Mario Alberto Rossetti

Category 3

- (a) **Final Approval of the Completed Article**
Alessandro Natali; Mario Alberto Rossetti

References

- 1 Dunsmuir WD, Gordon EM. The history of circumcision. *BJU Int* 1999;83:1–12.
- 2 Ozdemir E. Significantly increased complication risks with mass circumcisions. *Br J Urol* 1997;80:136–9.
- 3 Hwang ST, Lee JC, Yang SK, Kim HS. Complication of circumcision performed with mechanical self-circumcision device: A case report. *Korean J Urol* 1996;37:1031–3.
- 4 Vardi Y, Sadeghi-Nejad H, Pollack S, Aisuodionoe-Shadrach OI, Sharlip ID. Male circumcision and HIV prevention. *J Sex Med* 2007;4:838–43.
- 5 Moses S, Bailey RC, Ronald AR. Male circumcision: Assessment of health benefits and risks. *Sex Transm Infect* 1998;74:368–73.
- 6 Payne K, Thaler L, Kukkonen T, Carrier S, Binik Y. Sensation and sexual arousal in circumcised and uncircumcised men. *J Sex Med* 2007;4:667–74.
- 7 Taylor JR. The forgotten foreskin and its ridged band. *J Sex Med* 2007;4:1516.
- 8 Kim SJ, Chung H, Ahn HS, Chung DY, Kim YS. Strangulation of the penis by a self-circumcision device. *Urol Int* 2002;68:197–8.
- 9 Sagar J, Sagar B, Shah DK. Penile skin necrosis – Complication following selfcircumcision. *Ann R Coll Surg Engl* 2005;87:W5–7.
- 10 Park NC, Park YS. Excessive penile skin necrosis after use of medically unapproved circumcision device: Case report. *J Korean Androl Soc* 1996;14:63–7.
- 11 Bliss DP Jr, Healey PJ, Waldhausen JHT. Necrotizing fasciitis after Plastibell circumcision. *J Pediatr* 1997;131:459–62.