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New circumcision technique saves time, resources Using glue instead of sutures bypasses need for general anesthesia

By Mike Hager, Vancouver Sun November 16, 2012



Dr. Neil Pollock (left) chats with the Yu family (dad Flynn, Flora and baby Clark) about new method in circumcision in his examination room in Vancouver.

Photograph by: Steve Bosch

A Vancouver doctor is heralding a new circumcision technique for patients over one year old that uses a glue instead of sutures and enables him to perform the procedure on patients under local anesthetic.

When their 14-month-old son had his third urinary tract infection (UTI) in nine months, Flynn and Flora Yu decided to allow Dr. Neil Pollock to try the circumcision technique for the first time on an infant older than one year.

“For us it was a medical issue so we didn’t really have much choice,” Yu said of their decision.

Pollock said with the patient under a local anesthetic the procedure uses glue to quickly close the wound, without the sutures that would take longer and need to be applied under general anesthesia in a hospital operating room.

Boys younger than a year often don’t need stitches or glue as their skin heals naturally with a pressure bandage, he said.

American studies have found circumcision can help cut the risk of urinary tract infections for infants.

“I can do the whole surgery and enclosure almost faster than they can roll them in and out of the operating room,” Pollock said. “The benefit to the system is we can off-load all these kids.”

Opponents of circumcision argue children do not have the ability to consent to the procedure and that it reduces sexual satisfaction later in life.

In August, the American Academy of Pediatrics’ new guidelines - based on a review of more than 1,000 scientific articles and published in the journal Pediatrics -

endorsed infant circumcision, but fell short of universally recommending it. It said the final call should be left up to parents.

The change was prompted by scientific evidence that suggests circumcision can reduce the risk of urinary tract infections in infants and cut the risk of penile cancer and sexually transmitted diseases, including HIV and the human papilloma-virus or HPV, which causes cervical and other cancers.

The Canadian society, which does not recommend routine circumcision for newborns, is reviewing the medical literature on the controversial subject and will publish a study “written by Canadians for Canadians to help parents make that decision” within the next year.

Since medical experts in Canada haven’t ruled in its favour, British Columbia’s Ministry of Health only pays for circumcisions when they are deemed medically necessary.

During the 2011-2012 fiscal year, 1,153 British Columbians had medically-necessary circumcisions, costing the province \$174,670, ministry spokeswoman Cindy MacDougall told The Sun in August. The year before that 1,387 circumcisions were covered by the provincial government.

Infants who need a circumcision either have urinary tract infections or foreskins that are: tight (phimosis), retracted (paraphimosis) or inflamed (posthitis). Boys and men who need a circumcision usually will have one of those conditions or may require the procedure if they have a rash on the head of their penis (recurrent balanitis) or have HPV.

The cost for these circumcisions averages out to less than \$150 for each surgery. For those parents who elect to circumcise their infant son, it can cost more than double that. Pollock charges \$445 for babies two months and younger. He said he needs to figure out how to finance more medically-necessary cases referred to him by pediatricians because the Medical Services Plan has an existing surgical fee code for the traditional hospital circumcision but not for his procedure.

Since the American medical establishment endorsed circumcision last August, Pollock said he has seen a huge influx of families wanting the procedure for their children.

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