

Topical Given: ___ Tylenol or Tempra given: ___ Time last fed: ___ Instruction given ___
Payment (CREDIT CARD) ___ (CASH) ___ (DEBIT) ___ Received by(initial) ___

PLEASE PRINT AND FILL OUT THE FOLLOWING:

DATE:

Baby's Last name:

Baby's first name:

Birthdate:

Baby's CareCard No.(if he has one):

Address:

City:

Postal Code:

Phone no:

Mother's name:

Mother's birth date:

Mother's care card number:

Father's name:

Email address of either mom or dad (if you have one)

Family Doctor:

City:

Delivery Doctor:

City:

Referring Doctor:

City:

Who else did you hear about Dr. Pollock from?

Has the baby had any medical problems of any kind since birth, or any history of bleeding problems, low blood or blood loss. Has he had any blood tests done for low blood. Is there any history of bleeding problems in your family?

If YES; please explain here in writing, and advise Dr. Pollock and the receptionist right away: _____

FOLLOW UP:

DATE:

Parents have reported – No concerns

Parents have concerns of _____.

O/E: The skin edges have healed well. There are no signs of infection, meatal irritation, skin bridges, phimosis or any other abnormalities.

A/P: The family was advised to continue with ointment for few more days and bathe the baby normally and to report to me immediately should they have any concerns or notice any of the above to occur.

CIRCUMCISION CONSENT FORM

I have carefully considered the risks and benefits of this procedure and have discussed this with my family doctor or pediatrician or other health care professional prior to coming to see Dr. Pollock.

I understand that according to the College of Physicians and Surgeons of BC Infant Male Circumcision manual from June 2004 that the current medical consensus is that infant male circumcision is not a recommended routine therapeutic procedure.

I understand that I am making consent by proxy for my infant for a non therapeutic procedure. In signing this I have present my own consent to this procedure as a parent of this child and as well if the other parent is not present I have presented a written consent from them acknowledging there is consent from both parents to proceed with his procedure.

I agree to have my son circumcised by Dr. Neil Pollock. In signing this consent form I am stating that the complications and risks of this procedure have been explained to me.

The frequency of complications after circumcision vary with the skill and experience of the physician, amongst other factors. In Dr. Pollock's complications have been infrequent for example:

- 1). Significant post-op bleeding requiring medical attention of any kind (1/400)
- 2). Phimosis or narrowing of the shaft skin opening over the head of the penis requiring medical intervention (1/500)
- 3). Burried or trapped penis i.e. penis gets partially buried in the abdomen and requires medical intervention (1/800)
- 4). Infection requiring antibiotics (1/1000)
- 5). Meatal Stenosis- narrowing of the urethra requiring medical intervention (1/1000)
- 6). Trauma to the head of the penis (**has never occurred in our practice**) is possible.
- 7). More serious complications including death (**has never occurred in our practice**).
- 8). Sub-optimal cosmetic outcome (1/1000) i.e. some redundant foreskin on one or both sides of the penis.

Father's signature

Date

Mother's signature

Date

Witness's signature

Date



TEL: 604-717-6200, EMERGENCY 604-644-5775

PARENTS' GUIDE TO CIRCUMCISION:

Circumcision is regarded as one of the safest routine operations today. Each year, there are over a million circumcisions performed in North America. For detailed information about the medical benefits and risks of circumcision, please go to <http://www.medicirc.org/> a website written by world renowned pediatrician- Dr. Edgar Schoen of San Francisco California, USA. This link has been prepared for families who wish to have their sons circumcised at the Pollock Clinics and would like information on our process from beginning to end. For more information regarding Infant circumcision, please visit [The College of Physicians and Surgeons of BC](#). They offer a guide for physicians regarding routine infant male circumcision in light of evidence-based medicine and contemporary principles in ethics, law and human rights.

Why do so many doctors recommend the Pollock Clinics for patients choosing circumcision?

- Our procedure takes only under 30 seconds (10 times quicker than most hospital circumcisions).
- We use extensive pain control methods including Tylenol, a sugar solution (to reduce pain perceptions), a topical freezing cream, and a local anesthetic injection.
- We have extremely low complication rates.
- We do not charge any hospital administration fees.
- Dr. Pollock is one of the most experienced circumcision physicians in North America. To date, there have never been any serious complications among our patients.

Why do parents choose to circumcise their sons?

Research shows that:

- It reduces the risk of urinary tract infection.
- It reduces the risk of penile infection also called balanoposthitis.
- It eliminates the need to do it later in life when up to 6% of boys will require a circumcision because of various problems. (When it is done later in life, it is a more costly, difficult, and riskier procedure requiring a general anesthetic, and it is more painful).
- It reduces the risk of getting some sexually transmitted diseases including Human Papilloma Virus (HPV) and AIDS (HIV).
- It reduces the risk of penile cancer and cervical cancer in partners.
- Circumcised men have less risk of sexual dysfunction later in life.

Why do parents choose not to circumcise their sons?

- They are concerned that they may be doing a procedure on an otherwise healthy baby that may cause pain or complications.
- They wonder whether their child will wish that he had not been circumcised at a later time.
- They are unsure of the medical reasons in favor of a circumcision.

Circumcision is:

Circumcision is a simple operation that involves removal of the foreskin that sheaths the head of the penis (Figures 1 and 2). There are a number of very different methods used today for circumcision and the application of anesthesia. A new approach has recently been developed that allows for a virtually painless and bloodless procedure to be safely performed in under 30 seconds. This technique was developed by Dr. Pollock and is used by few in the medical profession because it is relatively new and more difficult to learn.

Our circumcision method and approach towards pain control:

The technique used by Dr. Pollock is called the Mogen technique. This technique is known for its quickness and safety. In conjunction with this technique, Dr. Pollock uses the most complete and extensive pain control methods available. This ensures that your son will feel little or no pain at all.

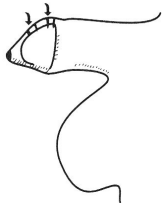
Methods of circumcision used by other doctors:

1. The Gomco Clamp – This is the most common technique used by physicians. It requires much longer to perform and involves much more tissue handling.
2. The Plastibell – with this technique the baby must go home with a small plastic device tied on to his penis that allows the foreskin to desiccate over subsequent days. This is also a more lengthy procedure to perform.

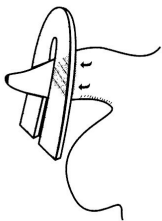
Figures: 1-4 Anatomy of the Circumcision:



1. A profile of the uncircumcised penis with the foreskin covering the glans (head of the penis).



2. The same penis as in Figure 1 but drawn as if the foreskin was transparent. Here you can see the foreskin in relation to the inner side of the foreskin and the glans. Notice the adhesions ({ }) between the inner side of the the glans. These are present at birth in almost all babies and must be released before the actual circumcision.



3. This shows the foreskin stretched forward and through the central slit of the Mogen. Notice the outline of the glans (shaded ---) safely behind the Mogen. The cut is made along the front surface of the Mogen.



4. The same penis following the circumcision. Notice that the cut edge of the skin retracts to just behind the back rim of the glans (--). This is the site of healing

THE PROCESS:

All the following steps are taken to ensure your son has minimal discomfort during the procedure. First, your son is given 1ml of Tempra or Tylenol (also called acetaminophen) just before you leave home. **Please do not give any other medication besides Tylenol or Tempra (i.e No Ibuprofen, Advil etc.) because it may effect bleeding time.** Then in our office, he will have topical anesthetic ointment applied to his penis. This is an anesthetic cream that numbs the skin. Next, he is given an injection called a dorsal penile ring block into the soft tissue alongside the penis. Since the topical cream has already numbed the skin, the injection is hardly felt. After 10 minutes, the penis is “frozen”, and the circumcision can be done. During the circumcision, your son will receive sugar pacifiers to suck on which reduce his pain perceptions. Although the circumcision takes only under 30 seconds, we require you to be in our office for one hour and fifteen minutes in total so that we can carefully review with you all post procedure care and answer any of your questions.

FREQUENTLY ASKED QUESTIONS:

Q: The gauze is very sticky and hard to pull off.

A: It is normal to use some force to pull off the gauze bandage. To make this easier, you can soak the gauze with warm water and Vaseline before pulling it off.

Q: The entire Vaseline gauze around the penis falls off before 24 hours.

A: This is not important. Reapply a gauze pad with Vaseline and place it on the penis until the 24 hours is up. Then, just use Vaseline as instructed for about four days.

Q: There is stool on the gauze around the penis or on the penis after the gauze is removed.

A: Try to clean it as best as you can using soapy water and then rinse it.

Q: When you take off the gauze, there is some bleeding.

A: A small amount of bleeding is normal. Take some gauze with Vaseline on it and squeeze the bleeding area of the penis with your fingers for two minutes.

Q: There is a piece of skin still attached to the head of the penis, or you can't see the entire head of the penis.

A: If you are concerned, come back to have the baby examined.

Q: How long does it take for the circumcision to heal completely?

A: In babies under two months, it should heal completely in about four days. In older babies it may take one week.

Q: Does it hurt when the baby urinates?

A: It may hurt a little the first day, but after a day it should not be painful.

Q: What is the ideal age to do a circumcision?

A: **The best time is between 5-12 days of age, although circumcisions are done at the Pollock Clinics until 6 months of age. Since newborn babies are less aware, families should try their best to have circumcision done as close to this time period as possible.**

If you have missed this 6 month window, keep in mind Dr. Pollock can arrange a circumcision for children of any age but it would have to be done in a different setting.

Q: What complications are possible from circumcision?

A: Complications are rare. Occasionally, there can be bleeding from the circumcision many hours after the procedure. This is treated by putting some pressure with a gauze on the penis for 2-3 minutes to close the oozing blood vessel. (This will be demonstrated to you by our staff). Very rarely, more serious bleeding can occur which may require a visit to the hospital. Infection is also a possible complication. It is extremely rare and can be associated with redness, pus, and a foul smell from the circumcision. It is treated by putting Polysporin five times a day on the penis which usually resolves any infection with one or two days.

Q: Are more serious complications possible i.e. trauma to the penis?

A: Yes, they are possible; however, to date, there have never been any serious complications among our patients.

Q: Will it hurt my baby?

A: Dr. Pollock has published a study that shows his pain control process is highly effective. Many babies can sleep right through the entire 30 second procedure. Most babies experience little or no pain at all.

Q: What can I expect my baby to be like after the circumcision?

A: It is not unusual for a baby to sleep 6-8 hours after the procedure and to miss a feeding. Some babies will be irritable for a number of minutes to hours afterwards. Behaviourally, most babies are back to themselves by the next day or two.

Q: When can I start bathing my baby normally again?

A: You can start bathing him 4 days after his circumcision.

Q: How much longer do I need to apply the ointment?

A; You can stop applying the Vaseline ointment 7 days after his circumcision.

ARRANGING A MOGEN CIRCUMCISION:

Hundreds of physicians throughout the lower mainland refer their patients to Dr. Pollock for infant circumcision. However, your doctor does not need to make a referral for you. You can call our main booking line directly at: (604) 717-6200. If, after reviewing our website, you have questions regarding the appropriateness of circumcision for your son or any questions regarding specific details of the process at our clinics, Dr. Pollock can provide telephone consultations for parents who wish to speak with him.

To arrange a telephone consultation with Dr. Pollock, please call (604) 717-6200 and speak with our staff to set up a mutually acceptable time.

There is a small administrative fee for the provision of telephone advice, as it is not covered by MSP.

The fee for babies younger than two months of age is \$445.00 including all the aftercare supplies and taxes. As the baby's age increases, the fee increases proportionately.

ABOUT DR. POLLOCK:

Dr. Pollock limits his practice to only two surgical procedures. Infant circumcision is one of these procedures. (No-Scalpel No-Needle Vasectomy is the other). For these two procedures, Dr. Pollock is one of the busiest and most well known physicians in North America. Years ago, before beginning to perform these procedures, Dr. Pollock traveled to many cities in North America researching first hand what he believed to be all the best techniques used by the most experienced doctors. After carefully studying their most effective strategies, Dr. Pollock put together his own approach to these surgeries, combining the most effective elements of what he learned.

As of January 2008, Dr. Pollock has safely performed close to 30,000 circumcisions. Dr. Pollock is a frequent guest lecturer at local hospitals and conferences. His research into developing a safe quick and virtually pain free approach

How to care for your son in the first 24 hours following the circumcision:

- 1) Keep your son snugly swaddled (especially his legs). The more he kicks his legs, the less comfortable he may be.
- 2) **Please check your baby's diaper every hour for the next 24 hours** to look for any abnormal bleeding.
- 3) Leave the gauze in place and remove it after 24 hours. If it has fallen off- **DO NOT PANIC**- just replace it with a fresh 3x3 gauze with some Vaseline on it and put it over the penis. Close the diaper.
- 4) For the following seven days, put a small amount of Vaseline on your finger and rub it over the incision site placing a thin layer of ointment over the entire head of the penis. No gauze bandages are required after the first 24 hours, just ointment.
- 5) It is important to push the skin down off the head of the penis if it has moved up a little to ensure it heals properly just behind the back rim of the head. Note the diagram for proper placement. Do not do any pushing on the skin for the first two days because it will be swollen from the surgery. If you are unsure of the appearance of your son's penis please book an appointment with the office for Dr. Pollock to re-check him at 604-717-6200.

General care following the circumcision:

- 1) It is normal for your son to be a little irritable for the first 24 hours following the circumcision.
- 2) Most babies like to nurse in a quiet environment following the circumcision. A baby who cries for more than a few minutes is usually suffering from air swallowed during the circumcision and needs to be burped.
- 3) Most babies sleep quite well following the circumcision. The best sleeping position for your baby is on his side, supported by a blanket roll.
- 4) Healing is promoted by keeping the area clean and dry. Warm water and a cotton-ball or washcloth is preferred for cleaning the area around the penis. Avoid moistened towelettes, alcohol, powders, and lotion since these may cause irritation.
- 5) Disposable diapers are strongly recommended for the first week since they tend to be less irritating, and they help keep the area dryer and cleaner.
- 6) It is better both before and for about three days following the circumcision to restrict the handling of your baby to just a few people. Also, avoid unnecessary travel as car seats can be irritating to the new circumcision.

Healing:

Healing is usually rapid and occurs in several stages. Remember that a circumcision is like any other cut. There are many factors that influence healing; but most importantly, every child heals differently.

First, the cut edge seals and bleeding ceases within minutes, hours, or even over the course of an entire day. The area just behind the glans (especially the underside) will become swollen. This inflammation will subside within a week or two. In the first two days, there may be an off-white or yellowish, patchy appearance of the glans. These patches are a type of scab and are associated with normal healing.

After a few days the area where the skin was cut look green and yellow. This is NOT pus. It is healing tissue. It can take this color for up to two weeks after the circumcision.

You will also notice that the glans appears red and glossy sometimes purple. This is because the skin covering the glans of an uncircumcised penis is mucous membrane (like the skin inside your cheek). Once exposed, the mucous membrane will toughen (or keratinize), and, in time, take on a normal appearance. It takes about a month for the penis to take on a normal, healed appearance.

Appearance:

A common concern for parents is aesthetics. Remember that penises come in all shapes and sizes. While most penises “look normal” within days of the circumcision, some do not take on a “completely normal appearance” until after the penis starts to grow. Furthermore, although the penis may appear smaller after circumcision, it is not! This appearance is mostly due to the relaxation of skin surrounding the penis, which prior to circumcision holds the penis more erect.

After a few days to week, some parents notice swelling of the mucosal tissue behind or under the head of the penis and believe it looks “like a blister”. This type of swelling is normal. It is not a blister, and it will gradually subside.

On occasion, a poor aesthetic result occurs when too little or too much skin is removed, or more likely when the cut edge of the skin attaches too high or too low along the length of the penis. The latter is sometimes caused by the presence of a hydrocele or penile erections. In nearly all these cases, the penis will heal properly, and, in time, take on a normal appearance. If you are concerned in anyway about the appearance of your son's penis, please to consult with Dr. Pollock **immediately**.

Circumcision is associated with few and infrequent complications, although with any surgical procedure there are occasional problems. For example, bleeding. In almost all cases bleeding is controlled by direct pressure. Even though complications are rare, do not hesitate to consult Dr. Pollock if you have any questions about the appearance of the penis. Remember, early treatment (if any is needed) is always best.

Heavy bleeding:

Please check your baby's diaper for any bleeding every hour for the first 24 hours after circumcision. If the baby is sleeping, you can just look at the front of the diaper from the outside. If it is not discolored, he is likely not bleeding abnormally. When you open the diaper, it is normal for the covering gauze to be a little red from bleeding.

You treat bleeding from the penis the same as you would for the tip of a finger:

- 1) Apply pressure to the penis for 2-3 minutes; no less. Do this by grasping the penis between your thumb and two fingers (over the 3x3-inch gauze square).
- 2) Without removing the 3x3-inch gauze square, inspect the area for continued bleeding and repeat step one if necessary.
- 3) Leave the 3x3-inch gauze square in place and close the diaper as removing it may lead to renewed bleeding.

It is reasonable for you to try the pressure technique twice, for 2-3 minutes at a time, before calling Dr. Pollock as most bleeding will stop with this.

If the penis is dripping any blood, and you cannot stop the bleeding with the pressure technique that our staff has demonstrated to you, call **Dr. Pollock immediately on his cell (604) 644-5775**. If there is no response within three minutes, call him again every three minutes until he answers.

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 will tend to retract inward. This is normal. This characteristic is only a concern for the first month or two since the healing circumcision can adhere to the surrounding skin resulting in a "concealed penis".

If your son fits this profile, you can reduce the chance of concealed penis by applying a very 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 Dr. Pollock if the penis cannot be fully exposed, or if any connecting skin bridges form between the shaft skin and the head of the penis.

Infection:

Although rare, there have been reported cases of infection. Common signs of infection include: pus like discharge, a foul smell, excessive swelling or redness, local warmth, a fever, or a rash anywhere in the area of the penis. **With any of these signs, or if your son has not urinated in over 12 hours, consult Dr. Pollock immediately.**

Sticking Bandage:

There will be a long gauze bandage (1/2x8 inches) wrapped around your son's penis. This bandage should fall off within the first 24 hours (when it does, do not attempt to replace it). If it falls off early, do not worry, this is normal, just leave it off. You can place the small gauze given to you at our office (with some Vaseline on it) on the penis for the remainder of the 24 hour period. If after 24 hours the gauze bandage is still in place, it will have to be removed.

To remove the gauze bandage:

- 1) Apply Vaseline liberally and completely over the stuck surface.
- 2) Close the diaper and allow 10-15 minutes for the bandage to soften.
- 3) Gently peel away surfaces that are no longer stuck. Repeat the process as necessary.
- 4) If the bandage won't come off, call our office to book an appointment ASAP so Dr. Pollock can remove it for you.

Keep in mind the following things:

- 1) If your child has any medical problems or significant jaundice, discuss this with Dr. Pollock before giving him more Tylenol.
- 2) If you want, you can sponge bathe your baby following the circumcision, but do not totally submerge him in water for four days after his surgery.
- 3). **When you take off the gauze it is normal to look terrible, green and yellow, a few drops of blood, pieces of torn skin on top of the head.** If you see green and yellow colored strands, **this is NOT an infection, IT IS PART OF NORMAL** post-op healing.

If you have any other comments or questions, do not hesitate to call the office. In case of an emergency, call Dr. Pollock on his cell 604-644-5775.