Circumcision with the Plastibell Device
A Long-Term Follow-up

S. M. SORENSEN, M. R. SORENSEN
Department of Surgery, Holstebro Hospital, Holstebro, Denmark

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Indications for operation, immediate postoperative morbidity and complications were recorded in 43 patients circumcised with the Plastibell device. Questionnaires were used in recording late postoperative morbidity and complications during the mean observation period of 29 months, and were followed by a clinical and cosmetic assessment. No serious complications were encountered. Compared to classical dissection techniques, dysuria is a prominent feature using the Plastibell device. The Plastibell method leaves a varying amount of foreskin intact, which could well explain why meatal ulcers/stenosis are not seen when employing this method. In areas with low hygienic standards we cannot recommend the method since the ability of retaining smegma must still be present. Used on medical grounds, the method is preferable, as it leaves some of the foreskin intact and is quick and simple to perform.

Introduction

Circumcision is still a controversial subject considering its widespread use, its role in preventing carcinoma of the penis, carcinoma of the cervix and balanitis. Often performed as a routine in healthy children, even a low frequency of complications should naturally result in a critical assessment of the operation, especially when it is being done for other than medical reasons.

In the Scandinavian countries, circumcision is still primarily done on medical indications [1, 2, 3].

The use of the Plastibell device in circumcision is now well established and has been used for more than two decades. It was originally developed for neonatal circumcision [4], but later it was also recognized as a useful method in older children (up to the age of 10 years) [1, 5, 6].

If circumcision is the exception rather than the rule, one must be aware of the danger that the circumcised child may be teased in school and may risk to become socially isolated.

It appears that the Plastibell method, at least in older children, leaves the patient with a varying length of foreskin compared to the classical dissection technique where the entire prepuce is removed. This might make the Plastibell unacceptable in ritual circumcision, but makes it, in the authors' view, more attractive in circumcision for medical reasons.

An apparent lack of long-term studies has made it relevant to make such a study with regard to morbidity, complications and cosmetic results.
**Patients and methods**

Between July 1981 and December 1983 (2.5 years), 43 boys were operated for phimosis by Plastibell circumcision. The mean age at the time of operation was 6.5 years (range 1–13). Circumcision was done on the following indications (Table 1): 16 patients had recurrent balanitis, 7 had ballooning of the foreskin during micturition, 9 had a mixture of symptoms including balanitis, ballooning and various annoyances of the foreskin, 1 patient had several events of paraphimosis and 10 patients had phimosis without additional symptoms.

Plastibell circumcision was performed by the standard technique, well illustrated in the manufacturer's instruction sheet.* Most of the operations were performed by surgeons at an early stage of training.

Immediate postoperative morbidity and complications were recorded, covering the time of operation until the ring fell off. Questionnaires concerning late postoperative morbidity and complications were sent to all patients except one, who had to be reoperated by the conventional dissection technique. The questionnaires were answered by 38 patients (90%) and subsequently 30 patients (71%) were subjected to a clinical and cosmetic assessment. The mean time of observation between circumcision and clinical assessment/questionnaires was 29 months (range 14–44).

**Results**

The results of immediate postoperative morbidity and complications are summarized in Table 2. No serious haemorrhage was encountered. One patient was treated with antifibrinolytic medication (Cyklokapron®) which stopped the

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