

Trend Of Complications Following Paediatric Circumcision In Malaysia During December 2022

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Introduction: Circumcision is the commonest surgical procedure undergone by Malaysian boys, but to date there are no published studies on paediatric circumcision complications in Malaysia. We aim to study the trend of complications following paediatric circumcision in Malaysia encountered during the school holiday month of December 2022.

Method: Retrospective data of patients with circumcision complications presenting to 13 centres under the Ministry of Health (MOH) with paediatric surgical services throughout December 2022 were obtained. Variables included age, circumcision practice methods and details of complications. The complications were classified to minor, moderate and severe based on the interventions required and morbidity.

Results: 130 complications were seen among 120 boys ranging 6 months to 12 years old, 97% for ritual purpose, 55% done in private clinics, and 40% done by medical officers. Various methods of circumcision were performed including 22.5% dorsal slit method, 8.3% guillotine method and 16.6% clamps and staplers. Bleeding (37.5%) and wound infection (32.5%) were the commonest complications seen. 54% were minor complications that required no intervention. 37% were moderate complications that required intervention at the time of study. 9% had severe complications that required surgical intervention including reconstruction with potentially long-term morbidity, and these include glans injury, excessive skin excision, wound dehiscence, circumcision of hypospadias, urethral injury and urethrocutaneous fistula. 40% patients required intervention with 83% of them being done under general anaesthesia.

Conclusion: The majority of circumcision complications were performed by medical personnel with few but not insignificant major complications reported. This study only provided a short glimpse of the trend of paediatric complications in Malaysia. Long-term prospective study is needed to understand the prevalence of complications as a stepping stone for effective recommendations to limit complications.