Unnecessary Full-Thickness Skin Grafting for Routine Circumcision: When Ignorance is far from Bliss

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While it seems in the modern era of information explosion that everyone gains knowledge of everything, this apparently is a fallacy. Knowledge is far easily accessible, but its application needs experience and full training. How disturbing it is to learn of instances where good clinicians grow oblivious of their limitations and mishaps occur attributable to hubris. This case report presents an instance where good intentions and perfect dexterous proficiency cannot compensate for lack of basic knowledge imperative for delivery of satisfactory medical care.

PATIENT DESCRIPTION

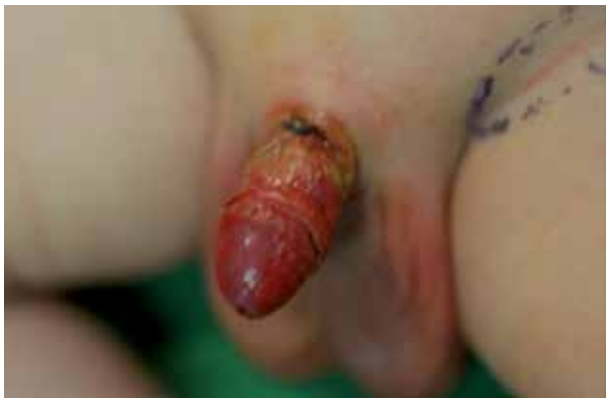
An 8 day old newborn underwent routine circumcision in the community. The procedure was performed as routinely customary in Israel, by the guillotine method, using a scalpel or sharp knife, excising the prepuce over a slit guard to prevent damage to the glans penis. A bandage ribbon was applied for hemostasis and the procedure proceeded uneventfully. An hour later, the parents noticed that the diaper seemed damp and opened the diaper. Bleeding was observed as active oozing from the circumcision wound at the region of the penile shaft proximal to the corona. The traditional circumciser (*mohel*) was summoned to examine the infant, but despite efforts to achieve pressure dressing tamponade was unsuccessful at completely controlling the bleeding and he escorted the mother and infant to the nearest medical center. Examination upon admission revealed ongoing oozing; the plastic surgeon therefore proceeded and took the baby into the operating room for thorough wound exploration and suturing as needed. Under general anesthesia the bleeding source was immediately identified and sutured. The surgical report stated that the neonate sustained a degloving injury and the urgent procedure was successful. That same day the media rushed to announce in repeated newscasts that a negligent circumciser flawed, resulting in dangerous bleeding in a helpless neonate. The following morning the head of the plastic surgery department explained to the parents that the harm caused to the baby's penis was negligently severe. He stressed that the critical damage to the genitalia warrants immediate surgical correction to prevent future interference to the child's quality of life and potential suffering from complications arising from the faulty procedure. According to the hospital report there was a urological consultation which was not available for review. The parents were persuaded to concede to have the plastic surgery team perform a full-thickness graft of skin donated from the baby's groin area. Convinced that the team was acting in the best interests of their child, the parents agreed and the procedure was performed.

As the child's family physician and a volunteer traditional circumciser I grew skeptical of the facts presented, since the mentioned *mohel* was renowned as a responsible rabbi and an expert in his field. The mother mentioned that the plastic surgeon, absolutely confident of the justice of the intervention, photographically documented the condition preoperatively and gave the parents a copy. Upon request, these were presented. The photographs of the penis before the procedure demonstrate that the penis appeared perfectly normal and precisely as expected after classic routine circumcision [Figure A]. The child is left with a scar at the nearby donor site in the left groin. The bicolored penis consists of normal proximal penile skin at the base of the penis and brighter circumferential cutaneous graft, sutured all the way around to the level of the corona [Figure B]. It seems that the experienced plastic surgeon (head of the department) had no previous knowledge of expectant morphology of a traditionally circumcised penis and the whole procedure was superfluous. The parents decided not to take any legal action against the surgical staff, claiming that the surgical team was extraordinarily kind. They requested that their case be published in the medical literature to disseminate the possibility of such an error in order to prevent such mishaps in the future.

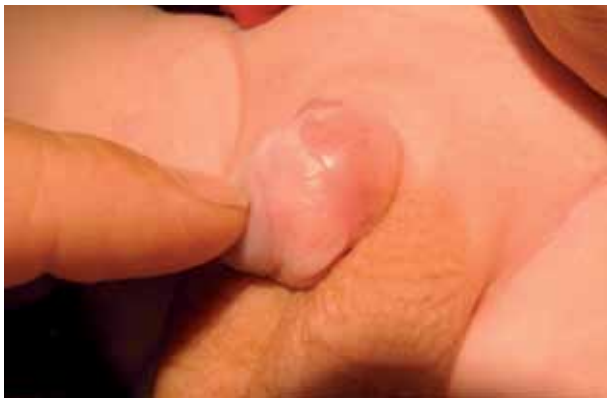
COMMENT

One of several cardinal sins can manifest in overconfidence, incorrect heuristics and biased reasoning. If a tendency to 'know better' leads to performing superfluous procedures, it is an expression

[A] The appearance of the "claimed" degloved penis with marked donor site of the full-thickness skin graft at the right. Note the suture of previous procedure at the root of the organ



[B] Healed multi-chromatic genital organ, the hypopigmented central band of the shaft formed by the cutaneous inguinal graft



of hubris [1]. The issue of the extent of unnecessary surgery has been the object of considerable speculation and occasional wild accusation in the past and, with the advent of accountability, arouses elevated concern [2,3]. Superfluous procedures carried out as a result of pride can lead to a waste of money, time and resources and may even harm the patient, as in this instance. A number of attempts have been implemented to reduce these events [4].

Following the urgent, life-saving suturing of the bleeding source, a dubious decision was made to continue the initial care. There is no doubt that the surgical team genuinely pursued the benefit of the patient to the best of their knowledge, particularly while dealing with a public health service where no financial incentives exist. Yet, this case highlights that in related medical fields where there should be congruence or overlap of specialties, fragmentation of care can cause a gap of ignorance along the seams. In this event, where separate disciplines of plastic surgery, pediatric urology and pediatric surgery were expected to deliver complementary comprehensive care, the parties involved were incompletely versed in the clinical problem presented. Experience in close, albeit different, fields may enhance false security and ultimately result in undesired error. Clinicians themselves and academic scientific committees assigned to perform surveillance and provision of formal accreditation in the various medical specialties are urged to ensure that therapists undertaking interventions achieve satisfactory exposure and proficiency in their respective fields. Compulsory curricula encompassing all possible clinical conditions should impart adequate patient protection in each profession, and if basic requirements are not met the specialists' scope of care should be limited and denied for borderline cases. In this child, the extent of the long-term adverse effects of the procedure remains to be seen.

The advertised blame directed against the experienced mohel remains standing, while the negligent publicizing medical center disclosing the case details escaped public criticism This incident was discussed in the circumcision-supervision committee of the bureaus of the health and interior ministries. Participants including physicians (distinguished plastic surgeon specializing in genitalia) and expert *mohelim* unanimously declared the second operation negligent. However, the committee announced that it is not in a position to conduct supervision of specialized care within the nation's hospitals. An additional lesson demonstrated by this case and fully established in the literature is the fact that a physician's demeanor and bedside manner can constitute the major determinant as to whether the patient and respective family initiate litigation even when supposedly warranted and rewarding [5].

I pray that this publication will prevent similar events in the future.

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"Often the search proves more profitable than the goal"

E. L. Konigsburg (born 1930), American author and illustrator of children's books and young adult fiction