

straps are usually used to restrain the infant on a board, and the parents are present. Although risk of injury as a result of neonatal circumcision is low, risk is increased when circumcision is done out of hospital by non-professional practitioners, and suggested techniques for avoiding injury and repair of injury are available ([Banihani, Fox, Gander, et al, 2014](#); [Pippi Salle, Jesus, Lorenzo, et al, 2013](#)).

Female circumcision (mutilation), or female genital mutilation (FGM), is also practiced in some countries, particularly in Africa, the Middle East, and Southeast Asia, and among immigrants from these countries. In the most extensive operations (excision or infibulation), the clitoris, labia minora, and medial aspects of the labia majora may be partially or completely removed. The remaining labia are sewn closed except for a small opening for urine and menses ([World Health Organization, 2014](#)). Anesthesia is used rarely. In African and Asian cultures, female circumcision is used to prove virginity and to reduce sexual pleasure, thus promoting fidelity. The [World Health Organization \(2010\)](#) condemns all forms of FGM. FGM is associated with an increased risk for adverse obstetric outcomes and numerous physical problems, which often may not receive medical care ([World Health Organization, 2010, 2014](#)).

After the procedure is completed, the infant is released from the restraints and comforted. If the parents were not present during the procedure, they are informed of the infant's status and reunited with their son.

Care of the circumcised penis depends on the type of procedure performed. If a clamp (Gomco or Mogen) was used, a petrolatum gauze dressing may be applied loosely to prevent adherence to the diaper. If the Plastibell was applied, no special dressing is required. Because the area is tender, the diaper is applied loosely to prevent friction against the penis. The penis is evaluated for excessive bleeding in the first few hours after the procedure, and the first void is recorded. A recommended standard is to evaluate the site every 30 minutes for at least 2 hours and then at least every 2 hours thereafter.

Normally, on the second day, a yellowish white exudate forms as part of the granulation process. This is not a sign of infection and is