



Circumplast<sup>®</sup>

*Caring for  
our children*



Innovative  
Technology  
Designated  
Product

**vizient**<sup>™</sup>  
Awarded Supplier



# Circumplast Features

## Proximal Lip

The proximal lip is a unique feature of the Circumplast device. The proximal lip is inserted until the coronal sulcus is reached as can be seen in Figure 2 of the Surgical Procedure section. The lip has a twofold function; first, it acts as a guide to inform the surgeon where the device begins, and second it acts as a barrier once the ligature is secured ensuring proximal migration of the device is impossible.

## Distal Lip

The distal lip acts to ensure that in the unlikely case of the ligature not being secured tightly by the surgeon, the ligature does not slide off the device causing any forms of injury. It is also the location the surgeon may secure the ligature to provide a minimum amount of foreskin removal.

## Handle

The handle is used to hold the device and to insert the device once the circumcision has commenced. The handle can also be used to secure the foreskin using a forcep. The design of the handle is unique in the sense that it does not obstruct the distal opening in any way, thus removing the threat of ischemia should the glans protrude from the distal opening.

## Ribs

The ribs act as friction points which ensure that the ligature is unable to slide proximally or distally. Depending on the level of circumcision preferred by the surgeon, the ligature can be placed anywhere along the ribs thus easily altering the level of foreskin removed.

## Frangible Joint

The frangible joint is the location in which the handle will break off once the ligature has been tightly secured and the handle is to be removed. The joint is specially designed to ensure a clean breakage of the handle to ensure the device does not irritate the patient.



# Surgical Procedure

- Mark the level at which the circumcision is to occur. A local anaesthetic may be used at this time
- Gently separate the foreskin from the glans
- Retract the foreskin with the frenulum proximally to reveal the glans and allow enough space for the device to be inserted properly.
- Make a dorsal slit long enough to ensure that the Circumplast device can be inserted (Figure 1)
- Insert the Circumplast device until the coronal sulcus has been reached. Fix the foreskin to the distal edge of the Circumplast® device with forceps (Figure 2).
- Secure the ligature found in the Circumplast® packaging at the location of the mark made earlier. Break the Circumplast® handle off once the ligature has been secured tightly.
- Excess foreskin should be cut and electrocoagulated (Figure 4). The device will fall off naturally after several days.
- The ligature can be secured along any part of the Circumplast circumcision device thus adjusting the amount of foreskin which will be removed. The Circumplast circumcision device must be inserted until the coronal sulcus is reached to ensure the device is static upon securing the ligature.

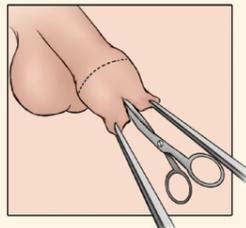


Figure 1

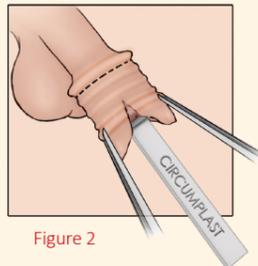


Figure 2



Figure 3

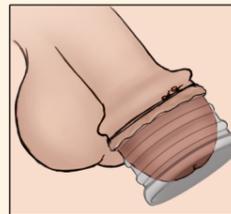


Figure 4

# Before and After

Before



6 week old boy

One day after Circumplast has fallen off



Before



1 week old boy

One day after Circumplast has fallen off



Before



1 week old boy

2 weeks after Circumplast has fallen off

