



Too late to catch it? Rethinking routine follow-up after pediatric circumcision

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INTRODUCTION

- **Scheduled postoperative follow-up visits** are considered essential for monitoring recovery, detecting early complications, and providing reassurance to patients and families.
- However, in the context of routine pediatric surgical procedures - such as circumcision, which carries a low complication rate - their **time frames are very wide and surgeon dependent**.



Optimizing the standard follow-up timing may improve resource allocation and patient care.

AIM

Define the ideal timing for postoperative follow-up visit after one of the most common procedures in pediatric surgery: **circumcision**.

METHODS



Observational retrospective cohort study.



All patients who underwent circumcision in our department



January 2022 to December 2023.



Data collection included:

- Demographics;
- Time to first visit;
- Total follow-up duration;
- Number of visits;
- Complications’ presence and timing.

Descriptive statistics summarized data and analyzed complication patterns using SPSS V30.

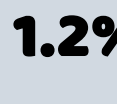
RESULTS



516 patients were included



Median age at circumcision: **8.5 years** (range: 0-18 years)



1.2% were culturally motivated

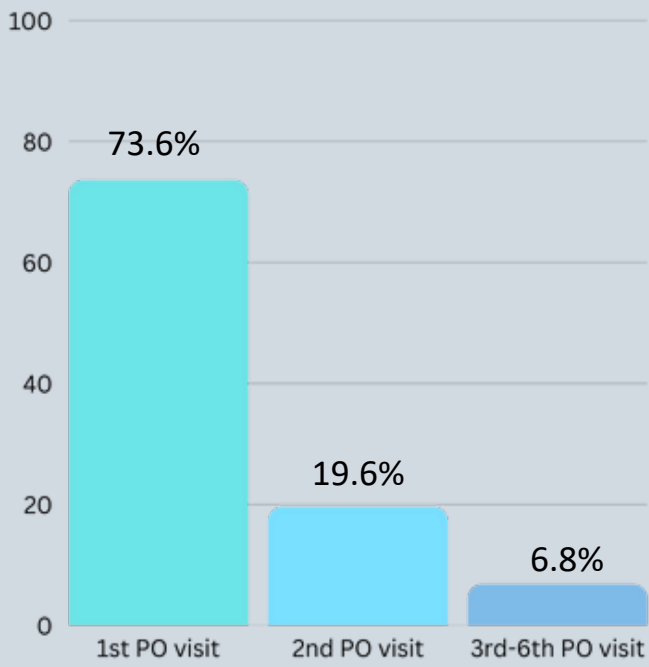


Median time to the 1st visit: **3.5 weeks** (range: 0-21 weeks)



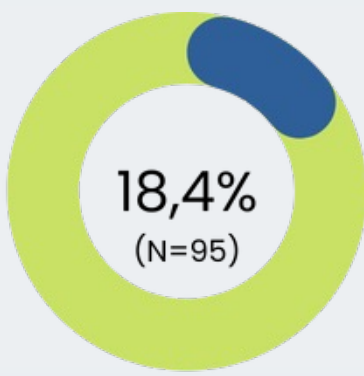
Median total follow-up after circumcision: **4.5 weeks** (range: 0-64 weeks)

Number Follow-Up Visits for discharge



COMPLICATIONS

Overall complication's rate

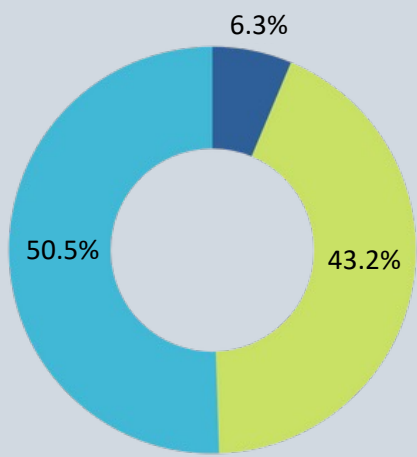


Complication's median time to diagnosis of **1.5 weeks** (0-56 weeks).



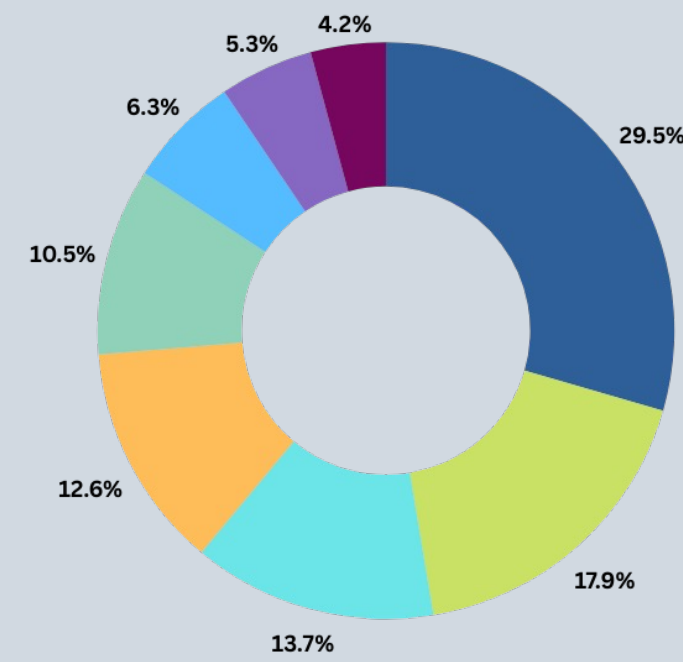
48.8% of complications occurred before scheduled follow-up visit.

Setting of Postoperative Complication Detection



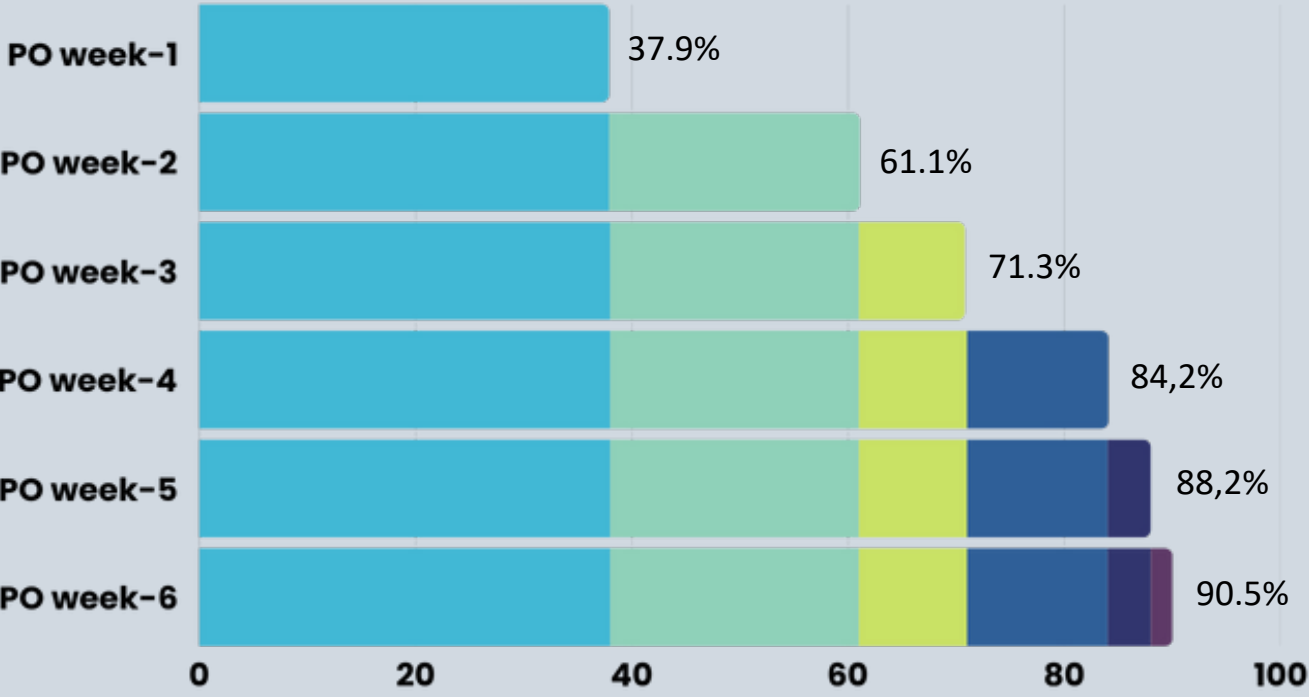
- Emergency department
- Surgical outpatient visit
- Primary care provider

COMPLICATIONS DEVELOPED



All recurrences and 1 dehiscence were reintervented.

Cumulative complication timing analysis



CONCLUSION

- Nearly half of all complications occurred before the scheduled visit, and over 70% were diagnosed within the first three postoperative weeks.
- These findings suggest that **adjusting the standard follow-up to occur between the 2nd and 3rd postoperative week** could increase clinical utility, reduce emergency department reliance, and improve resource allocation.

BIBLIOGRAPHY

