CIRCUMCISION RING
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1 Claim. (Cl. 128—346)

The objects of this invention are the provision of a new modus operandi, the elimination of undesirable hemophilic effects, the elimination of the necessity for suture, to provide safeguards against traumatic infection, to provide a shield against accidental lesion, to provide a guide capable of previous critical adjustment for the surgeon's scalpel, and finally to provide inherent dressing means, which eliminate painful after-effects.

In the drawing:

Figure 1 represents a view of the posterior end of the ring.

Figure 2 represents a view of the side of the ring.

Figure 3 represents the anterior aspect of the ring.

Figure 4 shows the ring in place with certain membranes in section.

Figure 5 is a diagram illustrating the condition of the membranes subsequent to the operation.

Referring now more particularly to the drawing:

The entire device is of the general form of an annulus 1 having uniform cross section indicated in Figure 2 having asymmetrical features of a notch 2 and a ball, or handle 4. The interior surface 3 is of generally conical form. The external features of the ring consist of a groove 4, a flange 5 and a smaller cylindrical portion 6. The ball 2 is integral with the ring and inclines from the axis thereof obliquely, as shown in Figure 2.

The use of the ring involves the employment of a novel modus operandi peculiar to the operation of this instrument. The operation consists in the following steps:

The ball 2 may be firmly retained in a pair of forceps. The prepuse is dilated to receive the ring in that disposition whereby the notch 1 embraces the frenum-preputial and the edge 7 of the ring coincides approximately with the posterior portion or corona of the glans-penis. It will be noted that the ring is now inclined posteriorly and that the ball or handle 2 extends therefrom in a direction substantially parallel to the axis of the penis (Fig. 4). Thus, groove 4 is positioned substantially parallel to the corona and to the desired line of amputation by maintaining the ball 2 parallel to the axis of the penis. The prepuse is then carefully adjusted with respect to the varying elastic properties thereof, and a ligature, indicated at 8, is firmly wrapped therewith so as to force the prepuse into the groove 4 of the ring. Two complete turns of gut, secured by two knots, have been determined to be good practice.

The ring with the prepuse thus ligatured thereto is preferably extended anteriorly so that no portion of the glans-penis protrudes therefrom. The exact position of the guide 5 is conveniently discovered by directing the initial incision to bring the scalpel into contact with the ball 2 in proximity to the guide 5, wherefrom the scalpel may be drawn easily onto the cylindrical surface 6 and into lateral contact with the guide 5 for complete circumcision.

It will be apparent that there will be no hemorrhage following the operation and that those portions of the membranes lying between the ligature and the line of severance will become gangrenous and be thereafter sloughed off.

The method of this operation is in contrast to those other methods commonly practiced wherein the sutured membranes become granular in the formation of the cicatrix. It is well-known that in this stage of granulation of any wound, disturbance of the form and disposition of the wound result in great pain and the development of fissures and other disturbances to normal healing. In accordance with the method of this invention, a rigid support and secure means for clamping the amputated membranes thereto are provided which protect the wound from such disturbance. The device is left in place from 24 to 72 hours depending on the age of the patient or until the wound is well closed and capable of maintaining itself in proper relationship without extraneous support. Adventitious growths and adhesions are completely avoided by the mechanical separation of the prepuse from the glans. The normal excretory functions of the organ are uninterrupted and devoid of the usual unsanitary aspects of textile dressings.

To the surgeon, it will be obvious that the severance of the membrane as above described is not necessary, excepting for certain aesthetic effects. It will be recognized that the ligature would suffice to complete the amputation without further operative steps. This is thought to be of particular interest to the medical profession, as represented in the military services.

It will be apparent that the employment of this device in these operations marks a distinct advance in surgical technique and asepsis.

I claim:

A circumcision ring, comprising an annulus having a ligature-receiving groove formed thereon around the periphery thereof, said ring being adapted to be applied to the glans beneath the prepuse at a posteriorly inclined angle and with said groove parallel to the corona of said glans, a forwardly directed handle fixedly attached to the anterior end of the ring at substantially diametrically opposite sides thereof, said handle extending from said ring at a fixed angle therefrom of more than 180° and substantially less than 180° so that said handle is adapted to be parallel to the axis of the penis when said ring is applied at said posteriorly inclined angle aforesaid.

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