Circumplast® vs Plastibell®
A comparison of the features
The Circumplast circumcision device has a cylindrical body, thus the distal opening of the device is the same diameter as the proximal opening. This feature ensures that the glans cannot be obstructed in any way, thereby removing any potential threat to the glans. The glans is protected throughout the circumcision and recovery, and ischemia of the glans is not possible due to the design of the distal opening. This can be seen in Figure 1 below:

The distal opening cannot affect the glans as can be seen in Figure 1 due to the cylindrical body of the Circumplast.

The Plastibell circumcision device has a bell shaped body, resulting in the distal opening having a smaller diameter than the proximal opening. The distal opening is designed to act as a barrier to the glans of the penis. This has generated problems such as proximal migration of the Plastibell device. This occurs when the glans slides through the distal opening, and can result in ischemia of the glans and possibly necrosis as can be seen in Figure 2 below:

Proximal migration of the Plastibell circumcision device.
The Circumplast circumcision device provides several locations at which the ligature can be secured. This can be used to choose the amount of foreskin to be removed; if a large amount of foreskin is to be removed, the ligature is secured proximally, conversely for a small amount of foreskin to be removed the ligature is secured distally. The ribs provide further locations for the ligature to be secured and also ensure that the ligature cannot migrate by acting as static barriers. An important feature of the Circumplast circumcision device is the fact that the device is inserted up to the coronal sulcus. This ensures that the ligature can be secured at any location along the body of the Circumplast without inducing any tension in the foreskin. This feature in combination with the distal opening completely removes the possibility and threat of injury due to proximal migration.

The Plastibell circumcision device provides one location in which the ligature can be secured. Therefore the amount of foreskin to be removed is governed by the device, rather than the surgeon. In order to remove larger amounts of foreskin, the foreskin must be pulled over the device and the ligature secured once the level is reached. This induces tension into the foreskin, and ultimately causes the foreskin to pull the distal opening of the Plastibell device over the glans causing proximal migration to occur. This proximal migration can cause injuries to the glans and the shaft of the penis and may lead to necrosis of the glans.
3- Handle

The Circumplast handle is designed in a way to ensure there is no contact with the glans. The placement of the handle also simplifies the location of the forceps which the surgeon places to hold the foreskin in place during the securing of the ligature. The surgeon can place the forceps at any location along the circumference of the distal lip or handle, thus simplifying the procedure.

3- Handle

The Plastibell handle is designed to act as a location to secure the forceps which hold the foreskin in place during the securing of the ligature. The surgeon must place the forceps on the handle as there is no alternative location at which the forceps can be placed.
4- Proximal lip

The Circumplast circumcision device has a unique proximal lip located circumferentially at the proximal opening. This lip has several functions. First, the lip acts as a visual indicator of the location of the proximal end of the device and can be seen through the foreskin. The lip also provides a location at which the maximum amount of foreskin can be removed without inducing tension into the foreskin.