

A GUIDE FOR ADULT AND CHILD PATIENTS

What is a circumcision?

Circumcision of males involves removal of the fold of skin (foreskin), which covers the glans penis.

Common indications for this operation include:

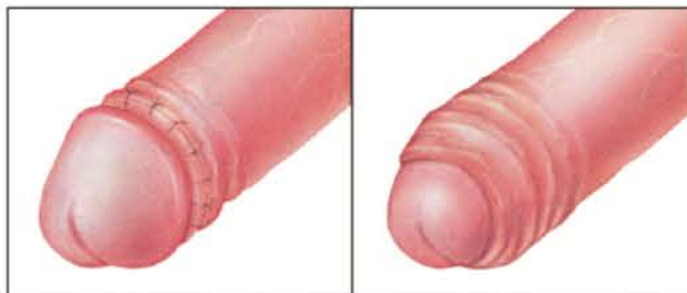
- **Phimosis** – This is when the foreskin cannot be retracted over the glans penis. At age 3 years about 10% of boys are unable to retract the foreskin, but by teenage, the majority of boys should not have a problem.
- **Paraphimosis** – This is when a tight foreskin is retracted and gets stuck in the retracted position leading to swelling and sometimes pain. This tends to occur in older men, however, can affect any age and should be treated as an emergency. You should seek urgent medical review if this occurs.
- **Recurrent balanitis** - Balanitis is infection of the foreskin causing inflammation and pain around the end of the penis. Antibiotics are usually given in the first instance and circumcision can then be an option once the inflammation has settled.
- **Recurrent urinary tract infections** – this can be an indication in young boys and should be discussed with your specialist.



How is the procedure carried out?

The procedure is carried out under general or local block regional anaesthesia in the operating theatre. The part of the foreskin to be removed is marked out and the foreskin is gently pulled forward and trimmed away. The edges are closed using dissolvable stitches. A local anaesthetic is usually given just before the general anaesthetic wears off so there is less pain for a few hours after the operation.

Treatment of Phimosis



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Before the Operation

Before your operation you will be asked to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead. If you have parental responsibility for the child, you will be asked to sign the consent form for a medical circumcision.

You may be asked to attend for a pre-assessment appointment where you will have blood tests, chest X-ray and ECG depending on your general health and any pre-existing medical conditions (older patients). Please bring any medications with you to this appointment and you will be told if any of them need to be stopped prior to surgery. **Make sure you alert the staff if you take warfarin, aspirin, clopidogrel or any other blood-thinning medications.**

Essex Urology at Springfield Hospital

Springfield Hospital, Lawn Lane
Springfield, Essex CM1 7GU

Tel: +44 (0)1245 234 000 Ext. 1111

Fax: +44 (0)1245 234 001

Email: enquiries@essexurology.co.uk

www.essexurology.co.uk

You will be asked to come into Springfield Hospital on the morning of the operation. You should be 'Nil By Mouth' for a certain time prior to admission. **Please check when you can eat and drink before the operation as your procedure may be cancelled on the day if you have had anything to eat or drink at the wrong time.**

The anaesthetist will see you in your room to go through any questions before surgery. You will be asked to sign a consent form, which explains the risks and benefits of the circumcision procedure.

Complications

You will be asked to sign a consent form prior to surgery. The main complications that may occur are as follows:

- Bleeding and pain around the penis afterwards – this usually settles within 12hrs.
- Infection post-procedure – rare, but may require antibiotics if persistent.
- Meatal stenosis – this is a narrowing of the end of the urethra tube where the urine comes out at the end of the penis. This is a rare complication when the blood supply has been affected to this area of the penis.

After the operation

Once your operation is over, you will be woken and taken to the recovery suite to be monitored by the staff there before being moved back to the ward. You will be able to eat and drink on the ward and if you feel pain or feel sick, let the staff know, as they will be able to give you appropriate medication. You will be given regular, as well as stronger painkiller tablets as and when you need them. The dressing is a very loose gauze with tape that may fall off soon after your return to the ward.

Discharge advice

For men who have had a general anaesthetic, you will need to arrange for a friend or relative to drive you home and stay with you for the next 24 hours.

Before discharge, your nurse will give you advice about caring for the healing wound, hygiene and bathing. It will be more comfortable to wear loose clothing such as boxer shorts or a dressing gown with no underpants or loose trousers until the wound has healed. Tight-fitting clothes may rub the wound and make it sore.

It is important to keep the penis clean. The area should be kept dry for 48 hours after the operation. After this, take warm baths or showers once a day. Don't use bubble bath or scented soaps, as these may irritate your operation site. The penis should be left to dry naturally.

Dissolvable stitches are used so they will not require removal; however the wound may bleed slightly until all the stitches have dissolved.

Children will be able to return to school after 7 to 10 days and resume sports and swimming two or three weeks after the operation provided there is no discomfort or swelling.

Adults should not drive until they can perform an emergency stop without discomfort. This is usually around five days after the operation.

Follow your doctor's advice about sexual activity. Having an erection will be painful for a few days after the operation. You should not have sexual intercourse until the wound has healed completely. This can take up to about four weeks. If you have sexual intercourse too soon, the wound could re-open and you may need another operation.

Outpatient Follow Up

You will be given an appointment to attend the outpatient clinic about 4-6 weeks after surgery. Any questions can be answered at this time.

If you are concerned about any aspect of your operation, please contact us using the details below or those on the front of this leaflet.

Contact telephone number:

Susie Nicol

Specialist Practitioner in Urology

Tel: 07903 927400