

CIRCUMCISION

What is a circumcision?

A circumcision is the surgical removal of the foreskin.

Why do I need a circumcision?

A circumcision is necessary when there is disease, or the foreskin is too tight to slide back (retract) over the head of the penis (glans). If the foreskin is too tight it may be painful when having an erection or sex and may contribute to recurrent infections.

What are the alternatives to this procedure?

Drugs or creams to relieve inflammation and avoid circumcision may be helpful in some cases.

What preparations should be made?

There are no special preparations, but you will receive an appointment for pre-assessment to assess your general fitness, and to screen for MRSA. At the pre-assessment visit you will be given information about the procedure.

Please can you bring a list of all your current medication with you when you attend your pre-assessment. If you take **Aspirin, Warfarin, Acenocoumarol, Nicoumalone, Phenindione, Clopidogrel, Dipyridamole, Prasugrel or Ticagrelor**, please ensure that your consultant is aware, as these will have to be stopped before the operation, but this information will be given to you at the pre- assessment.

The operation is performed as a day case. Very occasionally some patients stay for one night. You will be admitted on the same day as the operation to either the Day Procedure Unit (DPU) or to the same day admission unit (SDAU). You will be given instructions on when to stop eating and drinking once you have your operation date and time of admission.

After admission, you will be seen by members of the medical team and nursing staff. During the admission process, you will be asked to sign a consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed.

Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

How is the operation performed?

The operation is performed under a local or general anaesthetic, or a spinal block which numbs the pelvic region. The surgery takes 20 – 30 minutes.

The surgeon makes a slit and removes the foreskin, leaving the head of the penis (or glans) exposed. A circle of small dissolvable stitches is left around the end of the penis.

What happens afterwards?

After your operation you will be taken back to the ward, and you will be able to eat and drink as soon as you feel able.

You may have a drip in your arm to keep you hydrated, which will be stopped when you are eating and drinking normally.

You will have a soft gauze/ crepe bandage dressing around your penis but will allow you to pass urine normally.

If you have had a local anaesthetic block, then your penis may feel numb.

At Home

Soak and remove the penile dressing after 48hrs.

The stitches around your wound are dissolvable and do not need to be removed. They dissolve from 1 – 4 weeks depending on the stitches used.

The penis may be rather swollen and bruised for a few days after surgery.

You may feel some discomfort; simple painkillers such as paracetamol are usually effective.

Passing urine will be painless and will not be affected by the operation. Should you develop a temperature, increased redness, throbbing or drainage at the site of the operation please contact your GP.

The easiest way to keep the wound clean is to have a quick daily bath or shower using only water or unscented products.

For comfort you may find wearing soft clothing next to the penis beneficial.

Vaseline can be applied to the tip of the penis and the stitch line to prevent the penis sticking to your underpants. Do not apply creams or antiseptics.

You are advised to avoid strenuous exercise or heavy manual labour for 2 weeks, to allow the wound to heal.

You are advised not to have sex for a minimum of 4 weeks, until your wound has completely healed or when the stitches have dissolved. Erections may be painful during the first week after surgery.

You can return to work when you feel able, and comfortable. However, most people experience some discomfort and require one week off work.

You are advised not to drive for a minimum of 24 hours. Thereafter, due to soreness, you may wish to avoid driving until comfortable.

You will not be seen routinely again by the Urologist, unless your own Doctor thinks it is necessary.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Swelling of the penis lasting several days.

Occasional (between 1 in 10 and 1 in 50)

- Bleeding of the wound occasionally needing a further procedure.
- Infection of the incision requiring further treatment and/or casualty visit.
- Altered sensation in the head of the penis.
- Persistence of the absorbable stitches after 3-4 weeks, requiring removal.

Rare (less than 1 in 50)

- Scar tenderness.
- Failure to be completely satisfied with the cosmetic result.
- Occasional need for removal of excess skin at a later date.
- Permission for biopsy of abnormal area on the head of the penis if malignancy is a concern.

Points of contact

If you have any other questions, or require more information about the procedure prior to your treatment, please contact the Urology nurse practitioners on 01603 289410, between the hours of 08.00 to 17.00 or leave a message on the answer machine.

References; Patientwise- Edited by Dr P Wise, Dr R Pietroni and S Wilkes -
British Association of Urological Surgeons

This sheet describes a surgical procedure. It has been given to you because it relates to your condition and may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions, please ask your doctor.