Circumcision

Patient information leaflet

What is Circumcision?

Circumcision is a procedure to remove the foreskin. The foreskin is a flap of skin that covers the head of the penis (glans) and can usually be pulled back over it.

Why circumcision is medically necessary?

Phimosis

Phimosis is when the foreskin is very tight and cannot be pulled back over the head of the penis (glans).

Paraphimosis

Paraphimosis is where the foreskin has been retracted over the glans, which cannot be pulled back into the normal position.

Balanitis and balanoposthitis

Balanitis and balanoposthitis are infections and swelling of the penis. Balanitis affects the foreskin, and balanoposthitis affects the head of the penis. After passing urine, small amounts may remain on the foreskin. As urine contains sugar, it provides perfect conditions for bacteria to multiply, and cause infection.

Recurring balanitis (balanitis that keeps coming back) can lead to scarring and phimosis. In this case, circumcision may eventually be necessary.

Is there an alternative to circumcision?

Alternatives to circumcision include frenuloplasty or prepucceplasty and these will be discussed.

- Frenuloplasty is a procedure that cuts the small tag of skin between the shaft of the penis and the foreskin. This lengthens the frenulum, making retraction of the foreskin easier. (The frenulum on the penis is like the skin tag visible under your tongue when you lift it.)
- Prepucceplasty is a procedure where the foreskin is cut and stitched to produce widening

When circumcision should be done?

In the UK, circumcision is only carried out on the NHS in cases where it's medically necessary. It's usually performed as a last resort when other types of treatment have been unsuccessful.
Circumcision can be a painful operation. There are ways which this can be minimised.

- The use of a local anaesthetic (a numbing medicine) which can be injected into the shaft (base) of the penis during the procedure (this effect lasts for a while afterwards)
- Tablet pain killers can be taken to reduce the soreness.

**How long will I be in hospital?**

As this is a day case procedure you will be expected to go home on the day of your surgery.

**What happens before the operation?**

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your admission, treatment and discharge. If you prefer we may be able to do this over the telephone, but you may need to come to the hospital if we need further tests. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery. Before the date of your admission, please read very closely the instructions given to you. If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully, otherwise this may pose an anaesthetic risk and may mean we will have to cancel your surgery. You should bath or shower before coming to hospital. On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

**What happens after the operation?**

Your blood pressure, pulse and wound will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time. Some pain is to be expected, and can be quite significant. The nurses will give you painkillers and monitor your pain. A small amount of bleeding is also to be expected. The nurses will monitor the wound site and if necessary provide pads to protect your clothes from marking. If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off. A general anaesthetic can temporarily affect your coordination and reasoning skills so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time it is also important that you do not operate machinery, drive or make important decisions. Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers as required. Your GP will be notified of your treatment.
If a hospital follow-up appointment is required you will be notified of this prior to discharge and the appointment card will be posted to you.

**Risks of circumcision**

As with all types of surgical procedure, circumcision has some associated risks. However, in the UK complications resulting from circumcisions carried out for medical reasons are rare. Problems with religious or cultural circumcisions may go unreported.

The most common problem associated with circumcision is bleeding and infection. However, other complications can include:

- A decrease in sensation (feeling) in the penis, particularly during sex.
- The patient being unhappy with the final appearance of the penis
- A blood infection or blood poisoning (septicaemia).

**Recovery from Circumcision**

- The area will be uncomfortable and aching after the operation. Take painkillers as advised. Some bruising and swelling is usual around the area, If healing is not progressing see your own GP.
- Keep the area clean and dry for 24 hours.
- Have a daily bath or shower and a clean change of underwear to reduce the risk of infection.
- The stitches are dissolvable but can take up to 10 days to dissolve.
- Avoid contact sports for 4 weeks after your operation.
- Refrain from sexual activity until the wound has healed (at least 2 weeks).

If any problems during the first 24 hours please use the contact numbers below or contact your own GP.

**CONTACT TELEPHONE NUMBERS.**

<table>
<thead>
<tr>
<th>Telephone numbers</th>
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<tbody>
<tr>
<td>During the hours of 8am - 8pm contact the Day Surgery Unit, North East NHS Surgery Centre, Queen Elizabeth Hospital</td>
<td>0191 445 3009</td>
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<tr>
<td>During the hours of 8pm - 8am contact Level 2, North East NHS Surgery Centre, Queen Elizabeth Hospital</td>
<td>0191 445 3005</td>
</tr>
<tr>
<td>Urology Secretary Mon-Fri 9.30 – 4pm</td>
<td>(0191) 445 2218</td>
</tr>
<tr>
<td>Main switchboard</td>
<td>0191 482 0000</td>
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The Patient Advice and Liaison Service (PALS) can provide help, advice and support to patients, relatives or carers who have any questions or concerns regarding their health care. PALS are unable to give medical advice. You can contact PALS on free phone 0800 953 0667 Monday - Friday, 9.00 am – 5.00 pm. An answer phone is available outside of these hours and calls will be returned the next working day.
Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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This leaflet can be made available in other languages and formats upon request