

## Child's circumcision

### Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net).

### Introduction

We expect your child to make a rapid recovery after their operation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation and also about more serious problems which can occur occasionally. The section "**what problems can occur after this operations?**" describes these and we would ask you to read this carefully.

### What is a circumcision?

Circumcision is an operation to remove the foreskin of the penis. Just a small margin of the skin covering the glans (the end part of the penis) is left behind and this is joined to the skin of the start of the penis by stitches. The operation is done under a general anaesthetic.

### Why is a circumcision done?

The usual medical reason for a circumcision is a tight foreskin together with an infection (a condition called balanitis).

Often the foreskin is simply stuck to the glans of the penis rather than genuinely tight. At birth it is usual for the foreskin to be attached to the glans by fine bands called adhesions which break down during the early years of life. In some children, however, the foreskin is genuinely tight and cannot be pulled back to expose the glans. This is usually noticed at a medical check. A foreskin that is tight in early years of life may become less tight and can be pulled back as the years go by.

Surgeons recognise that some families regard circumcision as an operation that they favour, whilst others would prefer to avoid circumcision unless absolutely necessary. The family wishes are important to discuss in cases where a need for a circumcision is debatable.

## **Are there alternatives to circumcision?**

If balanitis (an infection) has occurred or the foreskin is simply very tight, then it will need some kind of attention. This is almost always done by a full circumcision because alternative operations may be less satisfactory. The surgeon will be happy to discuss the exact nature of the operation with you.

If the foreskin is not tight, and if the main problem is a matter of skin adhesions (the foreskin sticking to the glans) then the foreskin may be freed up under a general anaesthetic. After this kind of operation it is absolutely essential that the foreskin is pulled back regularly or it will stick down again. If the foreskin is rather tight then this can be uncomfortable and difficult. If this treatment is a possibility the surgeon will discuss it with you.

## **What preparations are needed for the operation?**

You will receive an appointment for a pre-assessment prior to your child's admission. This is usually done over the phone. They will check your child's health and give you advice about eating and drinking before the operation, and about what to bring with you to the hospital. If your child is very young (under one year old) you should receive special advice regarding breast feeding and formula milk. If you have any questions then please contact the Consultant's secretary.

## **How will he feel afterwards?**

After the operation your son may have some discomfort. Pain relief will be prescribed and given as necessary. When your son is at home he should only need paracetamol and ibuprofen, and you should give this to him regularly, at the recommended dose, for the first 48 hours.

Common problems are listed below in the risks section.

## **What happens after the procedure?**

After the procedure your son will initially go to a recovery area before returning to the ward. Your son can usually go home two to four hours after the surgery if there are no complications. Before he can return home he will need to have eaten, drunk and would ideally have passed urine.

## **Aftercare**

There are some dissolvable sutures, which do not need to be removed. There is no dressing.

Your child can bath and shower as normal 48 hours after surgery. He should only gently pat the wound dry. If he is still in nappies, then he can bath sooner than this. If possible, it is often best to leave nappies off for the first 24 hours. Your child should avoid long baths or swimming for three weeks after surgery.

It is normal for the circumcision site to become very swollen after surgery and can take up to three months to completely settle. You will be given an antibiotic ointment to put on your child's penis twice a day for two days after surgery.

Your son may feel a bit sore for two days after the operation. He may find that passing urine for the first time can sting. As long as you give him paracetamol and ibuprofen regularly at the recommended dose (according to the instructions on the packet) for the first 48 hours, the pain should wear off over a couple of days. A local anaesthetic gel may be given for you to apply at home.

## School and games

Your son can play as he wishes. He can return to most normal activities straight away, as he feels able to, however it is best to avoid riding bicycles for a week to allow the wound to heal properly. If the operation is during term time, we recommend the rest of the week off of school, ideally returning when he can walk comfortably fully clothed.

## What are the risks?

If any of the following problems occur, make sure your son is taking regular pain relief and drinking enough fluids:

- Fever (a temperature over 38°C)
- An inability to pass urine
- Foul smelling discharge from his penis
- Severe Pain

If the problems persist for more than one day, please contact your GP or Children's Community Nursing Team.

If your son starts passing visible blood in his urine take him to your local Emergency Department (A&E). Please remember to take all of your son's medicines and discharge letter with you to the Emergency Department.

## Follow up

A routine follow-up is not always necessary. If your surgeon thinks your son should have a follow-up, you will be informed before you go home and an appointment will be sent through the post. If you would like your son to be followed up, you should either request this before your son goes home, or ask your GP to request a follow-up appointment.

## Further information

### Day Surgery Unit

7.30am – 9pm, Monday – Friday  
Tel: 01271 322455

### Caroline Thorpe Ward

Open 24 hours, 365 days a year  
Tel: 01271 322704

## Little Journey app

There is also an app you can download on your iPhone or android devices that has a virtual tour of the Day Surgery Unit and gives further information on what to expect on the day. This is available at <https://littlejourney.health/>

### **PALS**

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

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