

UR05Circumcision (adult)

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If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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What is a circumcision?



Before a circumcision
Exterior view

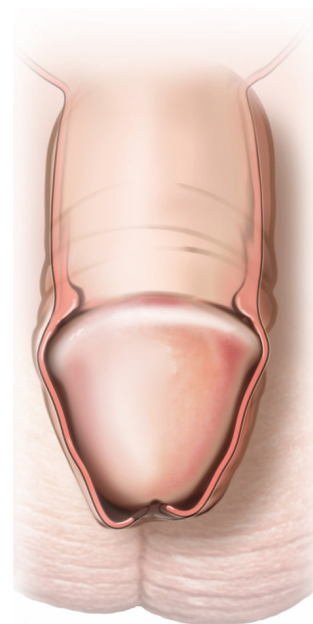
A circumcision is an operation to remove your foreskin (the skin that covers the sensitive tip of your penis). You may have asked your surgeon to perform a circumcision for cultural or religious reasons. If your surgeon has suggested a circumcision for medical reasons this document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

Why is a circumcision performed?

Worldwide, circumcisions are most commonly performed for religious or cultural reasons. Circumcisions are usually recommended only for the following medical reasons.

- Tightening of the foreskin (phimosis), where you are unable to pull back the foreskin despite advice and treatment from your doctor.



Before a circumcision
Cross section

- Balanitis xerotica obliterans (BXO), which is an uncommon condition where the foreskin becomes thickened and white, making it difficult to pull back. BXO can cause the opening of your urethra (tube that carries urine and semen to the tip of your penis) to narrow.
- Pain during sex. This is often caused by a tight or non-retractile foreskin.
- Infections of the foreskin that keep coming back despite good hygiene and treatment with antibiotics.

Are there any alternatives to a circumcision?

If BXO is suspected, a circumcision is the only dependable way to cure the condition.

For other conditions, a dorsal slit operation or a preputioplasty may be recommended. These operations involve widening the foreskin but not removing it. However, they give a poorer cosmetic appearance.

What will happen if I decide not to have the operation?

If you do not have a circumcision, your symptoms will continue. If you have BXO, it can spread onto

the end of your penis but even after surgery this may still happen.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

Your surgeon will remove the foreskin and seal off any small blood vessels. They will stitch the two edges of skin together. You may be able to see these stitches but they will dissolve after a few weeks.



After a circumcision

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health

problems include diabetes, heart disease or lung disease.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation (risk: 3 in 50). You may need another operation.
- Infection of the surgical site (wound) (risk: 1 in 10). Infection is most common within the first 2 weeks. It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Not enough foreskin is removed. You may need another operation (risk: 1 in 100).
- Too much foreskin is removed. This is uncommon and usually gets better without another operation.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Developing an ulcer at the tip of your penis (meatal ulceration) caused by your penis rubbing against underwear. This usually gets better.

- Narrowing of the opening of your urethra (meatal stenosis) caused by injury during the circumcision or inflammation afterwards (risk: less than 1 in 10). This leads to difficulty passing urine. You may need another operation.

- Damage to your urethra (urethral fistula). This is a rare and you will need another operation.
- Reduced pleasure from sex. Some men report an improvement. If the circumcision is performed because of pain during sex, it is likely that pleasure from sex should improve.
- Injury to the end of your penis. This is serious but rare and needs specialist treatment.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

Your penis will usually look swollen and bruised, and may feel sore for the first week. This is a normal reaction to the operation.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To start with, rest and wear loose underwear. A lukewarm bath may reduce the pain and also help you to pass urine. For the first few days take simple painkillers such as paracetamol and drink plenty of fluid.

Do not have sex for 3 weeks.

You should be able to return to work after a week to 10 days. Do not swim for 3 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

Summary

A circumcision is an operation to remove the foreskin.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Simon Parsons (DM, FRCS)

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