

Circumcision (child)

Local Information

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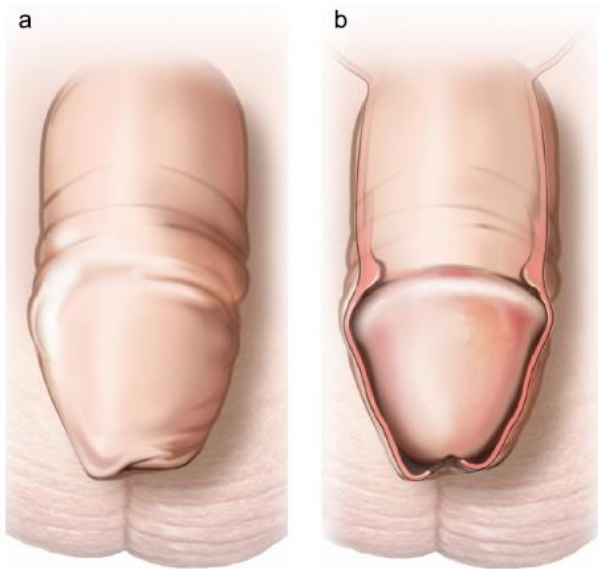
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What is a circumcision?

A circumcision is an operation to remove the foreskin (the skin that covers the sensitive tip of the penis).



Before a circumcision
a Exterior view
b Cross section

You may have asked your surgeon to perform a circumcision for your child for cultural or religious reasons. This document will give you the information about the benefits and the risks to help you to be sure you want to go ahead with the operation.

If your surgeon has recommended a circumcision for your child for medical reasons, this document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with him so he can be involved in the decision too.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Why is a circumcision performed?

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

- 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 the urethra (tube that carries urine to the tip of the penis) to narrow.
- A non-retractile foreskin, where you are unable to pull back the foreskin despite advice and treatment for your doctor. The foreskin usually begins to retract when your child is 6 months to 10 years old.
- Paraphimosis, where the foreskin cannot be returned over the tip of the penis after it has been pulled back. This causes swelling and discomfort.
- Infection of the foreskin that keep coming back despite good hygiene and treatment with antibiotics
- Abnormal urinary tract with urinary infection that keeps coming back. A circumcision may help to prevent infection because the bacteria lying between the foreskin and the tip of the penis may cause the infection.

Are there any alternatives to a circumcision?

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

When BXO is not suspected, a non-retractile foreskin can often be treated with steroid creams.

If your child does not have BXO, a dorsal slit operation (a preputioplasty) may be recommended.

This operation involves widening the opening of the foreskin but not removing it. However, your child will sometimes still need a circumcision.

What will happen if I decide that my child will not have the operation?

This depends on the reason why your surgeon has recommended a circumcision for your child.

- BXO can spread to the end of the penis. This may still happen after surgery but the risk is lower.
- A non-retractile foreskin can make sexual intercourse painful for a man but the foreskin usually becomes retractile over time
- Urinary infections may be more likely to keep coming back.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation he came in for. You can help by confirming to your surgeon and the healthcare team your child's name and the operation he is having.

The operation is performed under a general anaesthetic and usually takes about an hour. Your child may also have injections of local anaesthetic to help with the pain after the operation. Your child may be given antibiotics during the operation to reduce the risk of infection. During the operation your surgeon will remove the foreskin and seal off any small blood vessels. They will stitch the two edges of skin together.



After a circumcision

you may be able to see the stitches but they will dissolve after a few weeks.

You may be given ointment to apply to the wound. The penis usually looks swollen and red for the first week. This is a normal reaction to the operation.

What should I do about my child's medication?

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

What can I do to help make my child's operation a success?

Your child should try to maintain a healthy weight. He will have a higher risk of developing complications if he is overweight.

Your child can reduce his risk of infection in a surgical wound.

- In the week before the operation, your child should not shave or wax the area where a cut is likely to be made.
- Your child should have a bath or shower either the day before or on the day of the operation.
- Your child should keep warm around the time of the operation. Let the healthcare team know if your child feels cold.

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 your child.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you don't understand.

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

General complication of any operation

- Bleeding during or after the operation. This usually stops with pressure but your child may need another operation (risk: less than 1 in 100) and a blood transfusion. Bleeding is more likely to happen if your child's blood does not clot properly. It is important to let your doctor know if your child, or anyone in his family has this problem.
- Infection of the surgical site (wound) (Risk: less than 1 in 10). It is usually safe for your child to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if your child gets a high temperature, you notice pus in his wound, or if the wound becomes red, sore or painful. An infection usually settles if you keep the area clean and use anti-bacterial ointment but your child may need anti-biotics. Do not give your child anti-biotics unless you are told they need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that may happen. Let the doctor know if your child has any allergies or if they have reacted to any medication or tests in the past.

Specific complications of this operation

- Difficulty passing urine. Your child may need a catheter (tube) in his bladder (Risk: less than 1 in 100).

- Developing an ulcer at the tip of the penis (meatal ulceration) caused by the penis rubbing against the underwear. This usually gets better.
- Narrowing of the opening of the urethra (meatal stenosis) caused by injury during the circumcision or inflammation afterwards. This leads to difficulty passing urine. Your child may need another operation (Risk: less than 2 in 100)
- Too much foreskin is removed. This can lead to a 'buried' penis where the skin cannot be pulled down in the normal way over the shaft of the penis. Your child may need a skin graft.
- Not enough foreskin is removed. Your child may need another operation (Risk: 1 in 100).
- Damage to the urethra (urethral fistula). Your child may need another operation, usually about 6 months after the original operation.
- Injury to the end of the penis. This is serious but rare and needs special treatment.
- Cosmetic problems. It is difficult to predict exactly what the penis will look like after circumcision. The penis may look unsightly, especially if other complications happen.
- Scar tissue (adhesions), which form between the foreskin and the tip of the penis, creating bridges of skin. Your child may need another operation.
- Developing an epidermal inclusion cyst (a lump under the skin filled with a waxy whitish substance) at the site of the operation. Your child may need another operation to remove the cyst.

Consequences of this procedure

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

How soon after will my child recover?

In hospital

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

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

To start with, your child should rest and wear loose underwear. The penis may look sore, swollen and bruised. A lukewarm bath may reduce the pain and also help your child to pass urine. For the first few days give your child simple pain killers such as paracetamol and encourage your child to drink plenty of fluid.

It is usual for children to return to school after 7 to 10 days. Your child should not swim for 3 to 4 weeks.

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 make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems.

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.

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

Acknowledgments

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