

# Circumcision

*affix patient label*

## What is a circumcision?

This is an operation to remove the foreskin.

## Why is this procedure needed?

The common reasons for a circumcision include: scarring of the foreskin (also called balanitis xerotica obliterans, or BXO), recurrent inflammation or infection of the foreskin / head of penis (glans) or if the foreskin is too tight to pull back over the penis at adolescence. It can also reduce the risk of recurrent urine infections in those that are affected.

## Are there any alternatives?

Mild inflammation (balanitis) of the foreskin can be treated with topical steroids. However, severe or recurrent balanitis can lead to chronic thickening of the foreskin, which becomes difficult to retract, and may split during erection. If left untreated, this can lead to scarring of the opening of the urethra (meatus). In such cases, circumcision is recommended, and a separate operation on the meatus may be required. In mature boys who are unable to retract the foreskin when erect, surgery on the foreskin can be offered. These are also performed under a general anaesthetic but allow the foreskin to remain. However, there is a 10% failure rate.

## What preparation is needed?

Your child will be given a paediatric preoperative assessment. This is where you and your child will see the nurse, who will carry out a number of checks to make sure that he will be fit and well on the day of his operation. This will include measuring blood pressure, pulse and oxygen levels, and will also include weighing your child and seeing how tall they are. Occasionally the nurse will have to carry out other tests before the operation, but this will be discussed with you at the pre-op assessment.

The nurse will be able to tell you about the operation, and answer any questions you may have. We will also give you some written information about your child's operation and about what he can eat and drink before his operation. We can tell you what you need to bring to hospital.

You will have the opportunity to look around the ward where your child will be staying.

The play specialist is also available at this clinic to talk to you and your child about going to the anaesthetic room and to help you both overcome any worries or concerns that you may have.

## What happens on the day of the procedure?

Your child should have **no** solids or formula milk feed for **6 hours prior** to anaesthesia. If you are breastfeeding, the last feed should be **4 hours prior** to the anaesthetic. Clear fluids may be given up to 2 hours before anaesthesia.

## If your child is on a morning list:

- Patients to be fasted ready for anaesthesia to start at 8.30am.
- No solids or formula milk after midnight.
- No breast milk after 4.30am.
- Clear fluids such as water or dilute squash may be taken until 6.30am.

**If your child is on an afternoon list:**

- Patients to be fasted ready for anaesthesia to start at 1.00pm.
- Light early breakfast finishing before 7.00am (no solids or formula milk after 7.00am).
- No breast milk after 9.00am.
- Clear fluids such as water or dilute squash may be taken until 11.00am.

Your child will be given a general anaesthetic during the operation (they will be asleep). The anaesthetist will come and see you before the operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

**What does the operation involve?**

The operation is performed using a general anaesthetic. A local anaesthetic is also given at the start of the procedure to reduce discomfort immediately following surgery.

The foreskin will be completely removed, and absorbable sutures placed at the cut edges below the head of your child's penis. This will completely expose the head of the glans. If there is scarring to the opening of the urethra, this may also be gently dilated. A dressing will be applied at the end of the procedure.

**What happens afterwards?**

Your child will be able to go home the same day. The surgical team will see your child at the end of the operating list to ensure there are no immediate complications.

After returning to the ward from recovery, your child will usually be allowed to eat and drink, and be discharged once he has passed urine.

Following this procedure, most children will need a week off school and up to four weeks off sport activities. After 24 hours it is safe to bath or shower daily, but for no more than 10 minutes at a time, until the sutures (stitches) have absorbed. The sutures should have absorbed after 14 days. If they are still present after this stage, they can be gently removed by yourself or your GP.

**What should I look out for at home?**

Following circumcision, the penis will be swollen for up to a week. This is expected. However, if your child develops a temperature, increased redness, difficulty passing urine, discharge or persistent bleeding from the suture edges, please contact your GP.

By the time of your child's discharge from hospital you should be given advice about:

- recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home.

**Will there be any follow up?**

Your child will not usually be given a follow-up outpatient appointment unless your consultant feels this is necessary.

**Are there any risks or complications?**

As with all procedures, there are some risks from having this operation. You should be reassured that, although these complications are well recognised, most patients do not suffer any problems after this procedure.

**Common (greater than 1 in 10)**

**Swelling of the penis:** This is very common, and is due to a reaction of the tissues to the incision and cautery of skin edges. It can last up to a week. If it is persistent, please consult your GP.

**Occasional (between 1 in 10 and 1 in 50)**

**Narrowing to the urethral opening requiring additional treatment:** This is called meatal stenosis, and can be revealed once the foreskin has been removed. It is due to inflammation of the glans and foreskin, causing scarring of the meatus. At surgery, the meatus may be dilated. If the narrowing recurs (in around 30% cases) further surgery to open the meatus will be offered.

**Bleeding from the wound:** There can be a little bloody discharge immediately after the surgery, as the penis swells. This should merely cause some discolouration to the applied dressing. If it is persistent or severe, your child may need a further procedure to stop the bleeding.

**Wound infection:** The wound may become infected, leading to significant redness and / or discharge from the wound. If left alone, the wound may open. Please see your GP as your child may require a course of antibiotics.

**Persistence of the absorbable stitches:** If the stitches are still visible after 14 days they are unlikely to be absorbed. They can usually be removed with some gentle retraction, in a wet environment (such as a bath). Otherwise, please take your child to see your GP.

**Rare (less than 1 in 50)**

**Permanent altered sensation in the head of the penis:** Sensation to the head of the penis (the frenulum cord attachment in particular) may be increased or decreased after this surgery. This is due to permanent exposure of the head of the penis, but also potential damage to the nerve supply through incising (cutting) the foreskin. The change is usually minimal but may be permanent.

**Occasional need for further foreskin removal:** It is important that excessive skin is not removed during a circumcision, as this may affect future erections. If, after full recovery, it is felt that there is still more skin to be removed, this can be discussed with your consultant.

**Scar tenderness:** After four weeks, the wound edge should not be particularly tender. If tenderness does persist, this may be due to scar 'tethering', which usually responds to topical steroids. Please consult your GP, and if it persists a specialist referral may be advised.

**Anaesthetic complications:**

Every anaesthetic carries a risk of complications, but this is very small. Your child's anaesthetist is an experienced doctor who is trained to deal with any complication. After an anaesthetic some children may feel sick and vomit. They may have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

**What should I look out for?**

Call the ward or your GP if:

- your child is in a lot of pain and pain relief does not seem to help
- your child has a high temperature and paracetamol does not bring it down
- the wound site looks red, inflamed and feels hotter than the surrounding skin
- your child has discharge or persistent bleeding from the wound edges
- your child has difficulty in passing urine.

If you would like this leaflet in large print, Braille, audio version or in another language,  
please contact the General Office on 01872 252690

**CONSENT FORM 2**
**PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT**

# Circumcision

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the child and their parent(s) / person with parental responsibility.**

In particular, I have explained the intended benefits and summarised the risks, as below:

- *To remove your foreskin that has been causing you symptoms, such as scarring, cracking, worsening tightness, or inflammation.*

**Significant, unavoidable or frequently occurring risks:**

- *Temporary swelling of the penis.*

**Uncommon but more serious risks:**

- *Wound infection, wound bleeding needing further operation.*

**Rare but serious risks:**

- *Scar tenderness, permanent altered sensation, hospital acquired infection.*

**Any extra procedures which may become necessary during the procedure:**

- *Dilation of the urethral opening*
- *Other (please specify):*

**I have also discussed what the procedure is likely to involve**, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Circumcision RCHT1485 which forms part of this document.**

**I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

### STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Circumcision RCHT1485 which forms part of this document.**

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

### Child's Agreement to Treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Child's signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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