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Adult circumcision

affix patient label

What is circumcision?

This involves complete surgical removal of the foreskin. In adults this may be performed for various reasons including:

- a very tight foreskin (phimosis) causing difficulty maintaining hygiene
- recurrent infection of the foreskin (called balanitis)
- very tight, scarred or diseased foreskin called balanitis xerotica obliterans (BXO)
- warty lesions of the foreskin, which may be pre-malignant.

Are there any alternatives?

Alternatives to this procedure include observation or use of topical steroid creams for phimosis but symptoms tend to recur once the creams are stopped. Once there is established scarring though topical steroids rarely give long lasting relief. They are not effective for all conditions so your urologist will be able to advise you if a trial of topical creams is appropriate for your condition.

What happens before the procedure?

If this is a planned (elective) operation, you will usually be admitted to hospital on the same day as your surgery. You will usually receive an appointment for a 'pre-assessment' to assess your general fitness, screen you for MRSA and do some baseline investigations. Once you have been admitted, you will be seen by the surgeon performing the operation, and complete the consent form. If under a general anaesthetic you will be asked not to eat and drink for **six** hours before surgery. Immediately before your operation, the anaesthetist may give you a pre-medication, which will make you dry-mouthed and pleasantly sleepy.

If this is an emergency operation, the operating surgeon will see you on the ward and explain the indication (reason) for the procedure, and go through the consent form with you. The anaesthetist will also see you prior to the procedure.

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Please feel free to discuss any concerns and ask questions prior to signing.

What does it involve?

Either a full general anaesthetic (where you will be asleep) or a local anaesthetic (which is given up to 10 minutes prior to your procedure and numbs the whole penis) will be used. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you. For both types of anaesthetic we will also use local anaesthetic nerve blocks, to provide post-operative pain relief.

We usually provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs.

The theatre team will perform some basic checks to ensure the correct patient and correct procedure is being carried out.

The procedure involves complete removal of the foreskin. We make an incision just below the head of the penis and this leaves the glans (head of penis) completely exposed. Absorbable stitches are used which disappear after two to three weeks. There may be a loose dressing applied to protect the raw wound. This is usually left for two to three days – if it falls off do not be alarmed.

What happens afterwards?

You will usually be allowed home once you have passed urine satisfactorily and feel comfortable. If your procedure was performed under a general anaesthetic, we will observe you for a few hours to ensure you have regained full consciousness and are stable. You will usually go home a few hours after surgery.

Are there any risks or complications?

As with all procedures, there are risks from having this procedure. You should be reassured that, although these complications are well recognised, the majority of patients do not suffer any significant problems following this procedure.

Common (greater than 1 in 10)

- Swelling of the penis, which usually lasts a few days.
- Increased sensitivity of the head of your penis, which can last up to two weeks.
- Permanent altered or reduced sensation in your glans penis.

Occasional (between 1 in 50 to 1 in 100 patients)

- Infection of the incision requiring antibiotics or surgical drainage
- Bleeding from the wound, occasionally requiring a further procedure.

Rare (between 1 in 50 to 1 in 250 patients)

- Dissatisfaction with the cosmetic result.
- Oedema (swelling) of excess skin requiring further surgery and skin removal.
- Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death).
  This mainly applies to procedures performed under general anaesthetic.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- MRSA bloodstream infection (0.02% - 1 in 5000).

The rate for hospital-acquired infection may be greater in high-risk patients, for example those patients:

- with long-term drainage tubes
- who have had their bladder removed due to cancer
- who have had a long stay in hospital/multiple hospital admissions.

What happens when I am discharged?

- You will be given a copy of your discharge summary and a copy will also be sent to your GP.
- Any antibiotics or other tablets you may need will be arranged and dispensed from the hospital pharmacy.

Your copy of the discharge letter contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment.

What should I expect when I get home?

You will have some swelling and bruising of the penis, which may last several days. It can take up to six weeks before your penis returns to its final cosmetic appearance. The exposed glans penis will feel very sensitive for the first two weeks. Once the hypersensitivity has settled, your penis will feel a little less sensitive than before the operation.

How do I care for my wound?

- The exposed glans may dry out and scab over – applying a little vaseline will help this and can also help decrease the sensitivity following the operation.
- All your stitches will dissolve, usually within two to three weeks.
- Simple painkillers such as paracetamol are helpful if you have any discomfort.
- Any dressing should fall off within 24 hours – if it does not, or if it becomes soaked with urine, you should remove it.
- Try to keep the area dry for 24 to 48 hours – avoid soaking in a bath.
- Avoid swimming for one or two weeks.
- Wear loose-fitting clothing for two to three days.

When can I resume sexual intercourse?

Following the operation, you will continue to get erections as normal, but you should refrain from any sexual activity (intercourse or masturbation) for four weeks. When you first get erections, you may feel some tightness around the scar tissue – this will regain its normal elasticity within a few months. The procedure will have no effect on your ejaculation and fertility.

What should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or bleeding, contact your GP immediately.

Will I need any follow up?

No routine follow up is required unless otherwise mentioned by your urologist.

Contact us

If you have any questions or need further information please contact the Urology department on 01872 252220.

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