

Information Leaflet for parents/carers

# Circumcision



## What is a circumcision?

This is the surgical removal of the foreskin which is the sleeve of skin covering the tip of the penis. Your son has been offered this operation because of a medical condition. Once it has been removed the foreskin does not grow back again.

## What does a circumcision involve?

A circumcision is performed with your child asleep under a general anaesthetic. It is usually done as a day case procedure (your child will go home on the same day).

The foreskin is removed and either dissolving stitches or skin glue will be used to bring the skin edges together.

## What are the benefits of the operation?

The aim is to prevent further infections or scarring. If your child has chronic inflammation of the foreskin (this is known as Balanitis Xerotica Obliterans, or BXO) a circumcision will also help to prevent scarring of the urine tube.

## Are there any other treatment options?

If your child has a tight foreskin, a steroid ointment may help and is an alternative to circumcision. This will be discussed with you by your surgeon.

If your child has BXO, then the only treatment is circumcision.

## Are there any risks of the procedure?

Complications from this operation are rare. They include:

- Bleeding (if the wound starts bleeding at home and will not stop with some pressure, please bring your child into the emergency department).
- Wound infection (in this case your child will be treated with a course of oral antibiotics).
- Narrowing of the urine tube opening. This may require another operation to widen the opening.

The surgeon will discuss these risks with you in more details.

## Preparation before the operation

Your child will normally come to the hospital on the day of the operation where he will be checked by the nursing staff, the surgeons and the anaesthetist (the doctor who gives your child the medicine to go to sleep).

Some children with other medical problems may be invited to attend our pre-operative Assessment Clinic a few weeks before the surgery date. This is to ensure you and your child are fully informed about the planned surgery, are seen in advance by the anaesthetist, and to carry out any other pre-operative investigations, for example blood tests or a chest X-ray.

### **If your child becomes unwell:**

If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. If your child is ill or has been ill recently, please telephone us to discuss this prior to coming to hospital.

## **Starvation times:**

Your child will not be able to eat and drink before the operation: it is not safe to have a general anaesthetic with a full stomach. Specific advice about this will be in the letter you will receive to confirm the date and time of the operation and the directions for the admission ward on the day. The starvation times will be again checked with on the day of surgery. It is important to follow these instructions, otherwise your child's operation may need to be delayed or even cancelled.

## **What happens on the day of the operation?**

You will come to the ward on the morning of the operation where you will be seen by the nursing staff, a member of the surgical team and the anaesthetist. You will have a chance to discuss the procedure again and if not already done so, you will be asked to sign a consent form. On the day of the operation, your child may be given a sedative medicine to help him to relax. This will be discussed with you.

As a parent/guardian, you can accompany your child to the anaesthetic room and stay with them until they are asleep. You may also be able to attend in the recovery room when your child wakes up.

## **What happens after the operation?**

Once your child has returned to the ward the nurse will regularly check their pulse, breathing rate, blood pressure and the wound. Your child may be drowsy after the procedure. When your child is fully awake they will be able to have a drink and then something to eat. Painkillers (called 'analgesia') will be given as needed (usually Paracetamol and/or Ibuprofen).

## When can my child go home?

Your child will be able to go home once he is comfortable and eating normally. Most children who have a Day Case procedure will be able to go home on the same day as their operation after a few hours of observation by the nursing staff.

If your child does need to stay overnight in hospital we will provide a bed for a parent to also stay if you wish to do so.

## What care will my child need at home?

Please keep your child's wound clean and dry; he should not be bathed for five days after the operation (wiping over the area with warm water is fine).

Your child should wear loose fitting clothes for a few days after their operation. Tight trousers for example can rub on the wound and make it sore.

Children may find some physical activities (such as PE at school, bicycle riding and swimming) uncomfortable and should therefore refrain from these for one to two weeks.

Paracetamol ('Calpol') and/or Ibuprofen ('Brufen') should be given to prevent pain. Please follow the instructions on the bottle.

An infection can develop after your child leaves the hospital. Please be aware that redness and swelling are expected after surgery, as these can be part of the normal healing process. However, your child may have an infection if he develops one or more of the following symptoms:

- the skin around the wound gets more red or sore
- the skin around the wound feels hot and swollen
- the wound has a green or yellow coloured discharge (pus)
- If he feels generally unwell or feverish or develops a temperature

If you notice any of these symptoms, see your family doctor (GP) immediately, or bring your child to our Hospital Emergency Department.

## Follow up

Your child will not be routinely followed up unless there is a specific indication. Your clinic appointment will be sent in the post in this case.

If you have any urgent or specific concerns related to the operation after you go home, you should report this to your surgeon. In this case, please call Surgical Day Care (SDC) on 0121 333 9162 or your consultant surgeon's secretary.

## Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about your child relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child's care. This may involve taking your child's information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

## Further information

This information was produced using the latest evidence available.

Further details are available upon request. If you need any further information or have any more questions please contact the hospital on 0121 333 999 and ask to speak to your child`s Consultant`s secretary or ask for the ward from which your child was discharged.

This leaflet has been approved by the Department of Paediatric Surgery & Urology at Birmingham Children`s Hospital.

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