



## CIRCUMCISION (COMPLETE REMOVAL OF THE FORESKIN)

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



<http://rb.gy/w8zpf>

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

### KEY POINTS

- Circumcision is usually performed as a short-stay procedure under local or general anaesthetic
- The entire foreskin is removed to leave the head of the penis exposed
- As well as looking different, your penis will feel different after the procedure
- Absorbable stitches are used which disappear after two to three weeks

### What does this procedure involve?

The procedure involves complete removal of the foreskin. It is usually performed for one or more of the following reasons:

- **a tight, non-retractile foreskin** - known as phimosis;
- **recurrent infections under the foreskin** – known as balanitis;
- **skin disease on the foreskin and glans** (head of penis) - such as chronic inflammation;
- **large warty lesions of the foreskin;** or
- **cancerous or pre-cancerous lesions of the foreskin.**

### What are the alternatives?

- **Topical creams and washes (including short-term use of a**

**steroid cream)** – for phimosis, these may decrease inflammation and relieve some tightness but symptoms often return once the treatment is stopped. They are not suitable, or effective, in all patients and your specialist will be able to advise you accordingly. Circumcision is usually necessary if topical agents fail.

- [Dorsal slit of the foreskin](#) – this involves incising (cutting) the tip of your foreskin to relieve the tightness which is preventing retraction.
- [Frenuloplasty](#) - a surgical procedure used when the frenulum is tight, causing pain and may tear during intercourse
- **Preputioplasty** – a surgical procedure used to widen the foreskin at its point of maximum tightness.

## What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent. If you are having a local anaesthetic, this will also be explained to you at this stage.

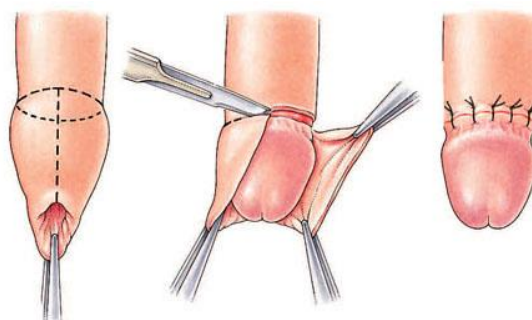
An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood after the operation, if you remain in hospital. These help to prevent blood clots from developing and passing into your lungs.

## Details of the procedure





- we usually carry out the procedure under a general anaesthetic, but local or spinal anaesthetic may be used instead
- we use local anaesthetic nerve blocks, regardless of the type of anaesthetic, to provide post-operative pain relief





- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies (but this is not common)
- we make a circular incision in your foreskin at a level just below the head of the penis and remove the whole foreskin; this leaves the glans (head of the penis) completely exposed
- we use dissolvable stitches to attach the skin of your penis to below your glans (see right); these stitches usually disappear within two to three weeks



### Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling of the penis which usually lasts up to 7-14 days	 All patients
Increased sensitivity of the head of your penis which can last for up to two weeks	 Almost all patients
Permanent altered or reduced sensation in your glans penis (head of the penis)	 Almost all patients
Infection of the incision requiring antibiotics or surgical drainage	 Between 1 in 50 & 1 in 100 patients (1 to 2%)

Bleeding from the wound, occasionally requiring a further procedure	 Between 1 in 50 & 1 in 100 patients (1 to 2%)
Dissatisfaction with the cosmetic result	 Between 1 in 50 & 1 in 250 patients
Oedema (swelling) of excess skin requiring further surgery and skin removal	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

### What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

### What can I expect when I get home?

- you will get some swelling and bruising of the penis which may last up to 7-14 days
- it can take up to six weeks before the penis returns to its final cosmetic appearance
- the exposed glans penis will feel very sensitive for the first 2-3 weeks, although a few patients describe this lasting longer
- once the hypersensitivity has settled, your penis may feel a little less sensitive than before the operation
- the exposed glans may dry out and scab over; applying a little vaseline will help this and can also help decrease the sensitivity after the operation

- all your stitches will dissolve, usually within two to six 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
- you should not swim for two to three weeks, unless approved by your specialist
- wear loose-fitting clothing for two to three days
- 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 & dispensed from the hospital pharmacy
- you will continue to get erections as normal after the procedure but you should refrain from any sexual activity (intercourse or masturbation) for four weeks, or until the wound is fully healed
- when you first get erections, you may feel some tightness and discomfort 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
- you may find that, after circumcision, your experience of sex or masturbation is different. The foreskin allows the skin of your penis to move back & forwards; removing the foreskin may mean that this movement is reduced. Most men adapt to these changes after circumcision, and enjoy a healthy sex life. You may find it helpful to use a hypoallergenic, silicone-based lubricant, especially in the early weeks after circumcision

## **General information about surgical procedures**

### ***Before your procedure***

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### ***Questions you may wish to ask***

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

## What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

### DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.