



## Department of Urology

# Patient Information

## CIRCUMCISION

### What evidence is this information based on?

This leaflet includes advice from consensus panels, the HAAD and other sources. As such, it is a reflection of best urological practice. You should read this leaflet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

### What does the procedure involve?

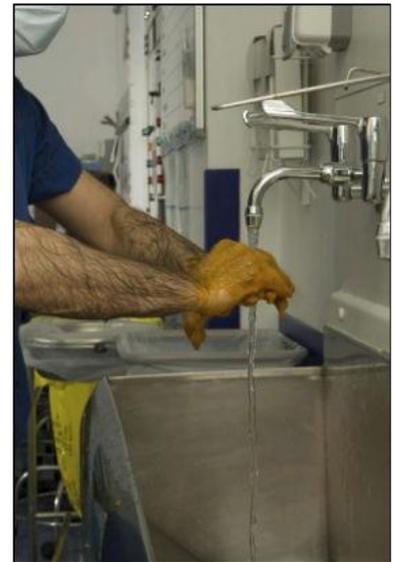
Surgical removal of the foreskin.

### What are the alternatives to this procedure?

Alternatives to this procedure include drugs or creams to relieve inflammation and to avoid circumcision.

### What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultants, specialists and nurses.



You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.

### Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human derived growth hormone).



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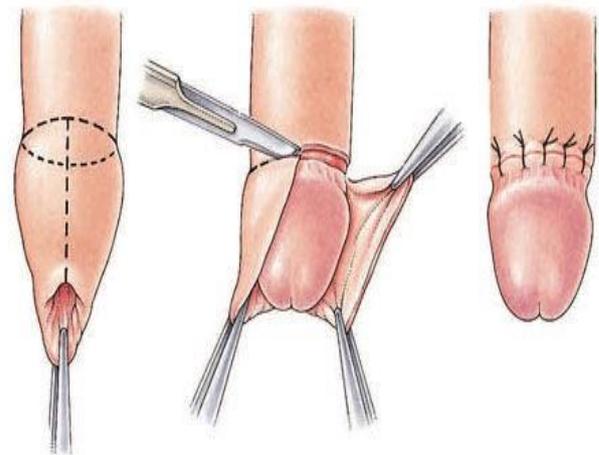
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When you are admitted to hospital, you will be asked to sign the operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

### What happens during the procedure?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. A spinal anaesthetic (where you are unable to feel anything from the waist down) or a local anaesthetic injection around the penis may also be used. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

Local anaesthetic is injected into the base of the penis to relieve discomfort after the operation. This can be used as the sole form of anaesthesia in some patients. All methods minimize post-operative pain.



The entire foreskin will be removed using an incision just behind the head of the penis (pictured). This leaves the head of the penis completely exposed with no redundant skin.

### What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

You may experience discomfort for a few days but painkillers will be given to you to take home. Absorbable stitches are used which do not require removal

Vaseline should be applied to the tip of the penis, and around the stitch line, to prevent the penis from sticking to your underclothes. It is advisable to wear light clothing for two to three days. Passing urine will be painless and not affected by the operation.

The average hospital stay is less than one day.

### Are there any side effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)





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- Swelling of the penis lasting several days.

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

- Bleeding of the wound occasionally needing a further procedure.
- Infection of the incision requiring further treatment and/or casualty visit.
- Permanent altered or reduced sensation in the head of the penis.
- Persistence of the absorbable stitches after three to four weeks, requiring removal.

### Rare (less than 1 in 50)

- Scar tenderness.
- Failure to be completely satisfied with the cosmetic result.
- Occasional need for removal of excessive skin at a later date.
- Permission for biopsy of abnormal area on the head of the penis if malignancy is a concern.

### 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).

**Please note:** The rates for hospital-acquired infection may be greater in “high risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

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

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This 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. This is important if you need to consult another doctor within a few days of being discharged.

It will be at least ten days before healing occurs. You may return to work when you are comfortable and your GP is satisfied with your progress. You are advised to take at least a week off work. You should refrain from sexual intercourse for a minimum of four weeks.



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### What else should I look out for?

There will be marked swelling of the penis after a few days. This will last three to four days and will then subside. Do not be alarmed because this is expected. If you develop a temperature, increased redness, throbbing or drainage from the site of the operation, please contact your GP.

### Are there any other important points?

You will not normally be given a follow-up outpatient appointment after circumcision unless this is felt necessary by your consultant.

### Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.



### How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

## Harley Street Medical Centre

Marina Village, A villa 18, 19, 20, 21,  
Po Box 41475  
Abu Dhabi  
Phone 02 613 3999

[www.hsmc.ae](http://www.hsmc.ae)