



You have been booked for a

CIRCUMCISION



ROCKHAMPTON
Urology

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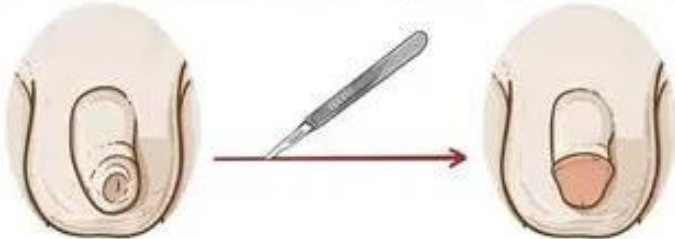
WHAT IS A CIRCUMSCION?

Male circumcision (form Latin *Circumcidere*, meaning “to cut around”) is an operation to remove the foreskin (prepuce) from the penis, leaving the head of glans or the Penis exposed. The foreskin is the sleeve of skin around the tip of the penis.

Removing the foreskin changes the appearance of the penis and is important to discuss this with your son before surgery to prepare him.

CIRCUMCISION

SURGICAL REMOVAL of FORESKIN that COVERS TIP of the PENIS



INDICATIONS for CIRCUMCISION can be RELIGIOUS, CULTURAL, SOCIAL, or PERSONAL



WHY IS THE OPERATION NEEDED?

Circumcision is normally done if the foreskin has become tight making it difficult to pull back and wash underneath. It is a treatment option for pathological phimosis (unable to retract the foreskin), refractory balanoposthitis (infection of the prepuce) and chronic, recurrent urinary tract infections.

In adults circumcision is performed as a treatment when a very tight-scared foreskin is present (called BXO, Balanitis Xerotica Obliterans), or when painful intercourse or the skin becomes broken or sore.

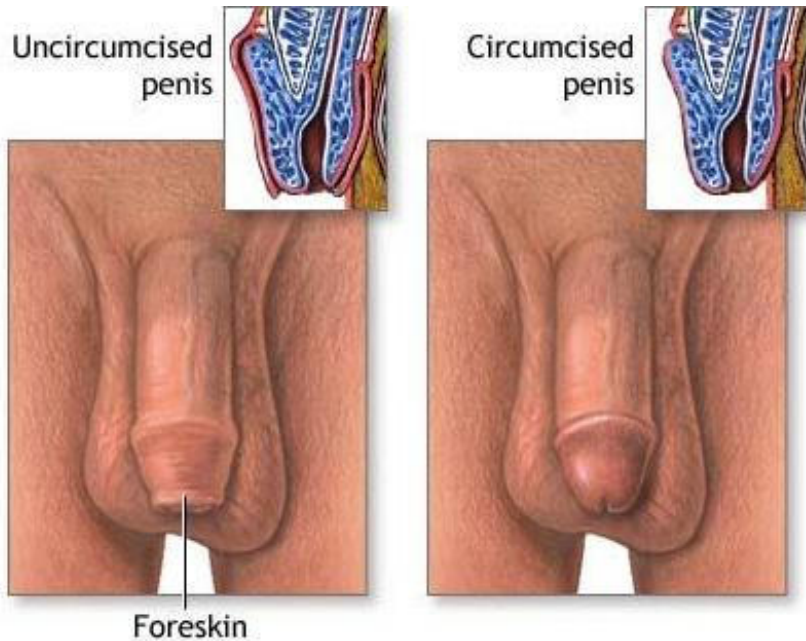
Could be also elected for religious reasons and personal preferences.

CONTRAINDICATIONS

Circumcision is contraindicated in infants with certain genital structure abnormalities, such as a misplaced urethral opening (as in hypospadias and epispadias), curvature of the head of the penis (chordee) or ambiguous genitalia, because the foreskin may be needed for reconstructive surgery.

Circumcision is contraindicated in premature infants and those who are not clinically stable and in good health.

If an individual, child or adult, is known to have or has a family history of serious bleeding disorders (haemophilia), it is recommended that the blood be checked for normal coagulation properties before the procedure attempted.



The uncircumcised vs. the circumcised penis.



WHO (World Health Organisation) POSITION ABOUT CIRCUMCISION.

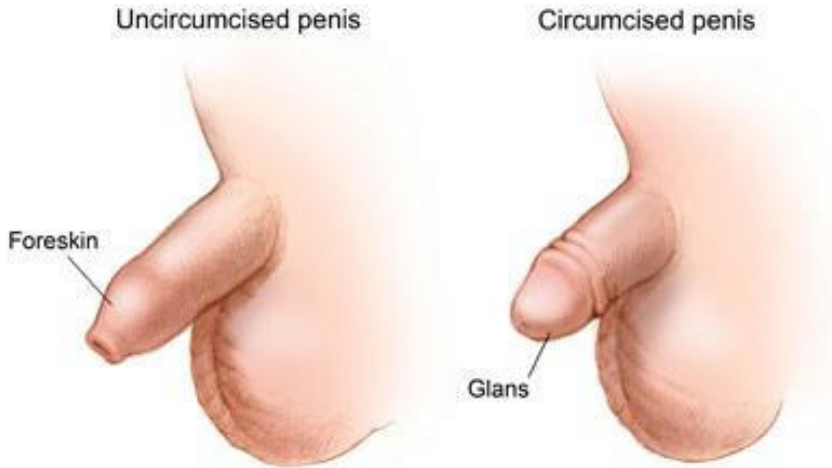
The positions of the world's major medical organisations range from considering neonatal circumcision as having a modest health benefit that outweighs small risks to viewing it as having on benefit and significant risks. No major medical organization recommends either universal circumcision for all infants.

BENEFITS

Research suggests that there may be some medical benefits to circumcision, including:

- A slightly lower risk of urinary tract infection (UTI). A circumcised boy has about one in 1000 chance of getting a UTI in the first year of life. A baby who is not circumcised has one in 100 chances of UTI in the first year of life.
- A slightly lower risk of getting sexually transmitted diseases (STDs). Circumcision reduces the infection rate of HIV among heterosexual men. Reduces the incidence of Herpes Simplex Virus 2 infection and is associated with reduced oncogenic Human Papilloma Virus prevalence. A lower risk of cancer of the penis. However, this is a very rare in both circumcised and uncircumcised men.
- Prevention of foreskin infections
- Prevention of phimosis, a condition in which it is possible to pull back the foreskin.
- Allows cleaning around the glans reducing the risk of infection.

Resolves the problem of pain and discomfort you may have had due to the foreskin being tight.



MEDICAL REASONS PARENTS MIGHT CHOOSE NOT TO CIRCUMCISE

Risks of circumcision surgery, although rare, include bleeding, infection and injury to the penis or urethra.

The foreskin protects the tip of the penis. When foreskin is removed, the tip may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be corrected by an operation.

The foreskin has more nerve endings than the glans, or sensitive tip of the penis, and its removal decreased sensitivity to touch.

Almost all circumcised boys can be taught proper hygiene that can lower the chance of getting infections, cancer of the penis and sexually transmitted diseases.



CONSENT AND RISKS

A consent form is a legal document, recognizing your willingness to proceed with the intended treatment. You are required to sign a consent form for the operation once you fully understand the reason for the operation and the risk involved.

All the operations have risks associated with them. All risks should be discussed with your doctor. You should understand the procedure and any available alternative treatment discussed.

Your local doctor may also be able to answer your question.

YOUR MEDICATION

Some medication can increase the risk of bleeding from surgery. Most of this medication is used for pain relief. Please discuss your medications with your doctor as some may need to be stopped for 1-2 weeks before your procedure.

Some aspirin containing medicines:

| | | |
|-------------|--------------|---------------|
| ALKA-SETZER | CARDIPRIN | DISPRIN |
| ASASANTIN | CARTIA | DISPRIN FORTE |
| ASPALGIN | CODIPHEN | ECORTIN |
| ASPRIN | CODIS | MORPHALGIN |
| ASPRO | CODAX | SOLPRIM |
| ASPRO CLEAR | CODRAL FORTE | SPREN |
| ASTRIX DLB | ASPRIN | VEGANIN |

Blood thinning medications:

Aspirin- Asasantin SR

Enoxaparin sodium – **Clexane**

Dalteparin Sodium – **Fragmin**

Clopidogrel hydrogen sulfate- **Iscover, Plavix**

Dipyridamole – **Persantin**

Ticlopidine hydrochloride-Ticlid, Tilodene, Ticlopidine, Hexal

Warfarin – **Marevan, Coumadin**

Ibuprofen – Brufen, Neurofen

Indomethacin- Arthexin, Indocid

Ketorolac –Toradol

Some medications are taken for blood clotting. These are usually prescribed for people who have developed clots in blood vessels or lungs in the past:

WARFARIN, MAREVAN, COUMADIN, PRADAXA, XARELTO, ELIQUIS

Let your doctor know if you are taking any of these medications well before the procedure.

Some alternative therapy medications such as **fish oils**, Ginkgo or Glucosamine will also need to be ceased prior to your surgery. Please discuss any alternative medications with your doctor and pharmacist to determine whether they need to be ceased.

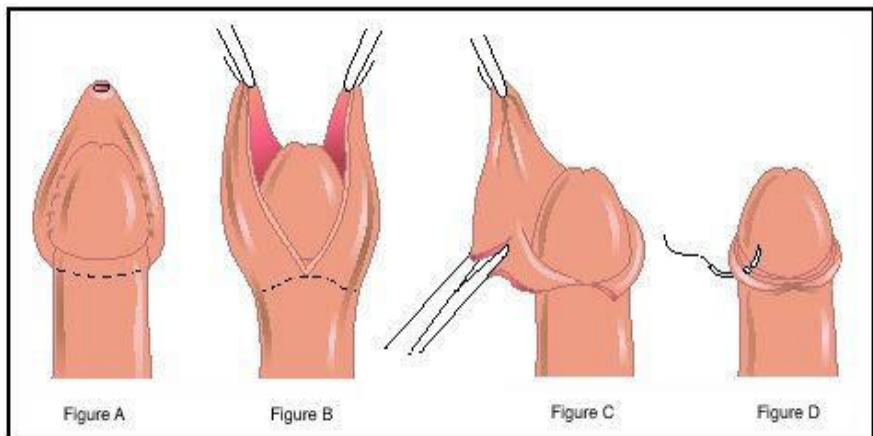
Drugs such as Paracetamol, Panadol, Panamax, Panadiene or Panadiene Forte may be taken as alternative for pain relief.

WHAT DOES THE OPERATION INVOLVE?

Circumcision is normally being carried out as a day case so that your son can return home on the same day as the operation. The operation takes about 20-30 minutes.

Circumcision is the removal of the foreskin surgically. Under a local, regional or general anaesthetic, the foreskin is freed from any adhesions to the head of the penis, and then a cut is made on the top surface of the foreskin to the level at which the foreskin will be removed.

The foreskin is trimmed away with scissors and every bleeding point picked up with fine clips and tied off. The skin and inner covering (mucosa) are sutured together using a few absorbable sutures; the sutures are dissolvable (it can take a few weeks for them to dissolve completely).



RISKS

These are the commoner risks. There may be other unusual risks that may have not been listed here. Please, ask your urologist if you have any general or specific concern.

Significant acute complications happen rarely when performed by the Urologist, with a median complication rate of 1.5%.

Specific risks of Circumcision:

-It may develop an **infection** of the wound; it may need to take antibiotics for some time and further treatment.

-**Bleeding** from the wound may occur after the operation, which rarely may require return to the operative room. Bleeding is more common if you have been taken blood thinning drugs such as Warfarin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Assasantin).

-If too little skin is removed, patient may have **skin tags**. On the other hand, too much skin may be removed, producing a **buried penis** and having difficulties with erections.

- You may not like the cosmetic result

-The end of the operation may be raw and bleed after the operation.

-Rarely, the opening of the urethra (meatus) may be inadvertently injured during the operation. It may also become ulcerated and may heal with scarring, causing a narrowing of the opening.

-It may notice some change in sensation during sexual intercourse. Could be also a progressive loss of glans sensitivity. The glands loss the

protection of the prepuce and the constant contact with the underwear make the glans lose some sensitivity.

-Any erections during the early post-operative period are likely to be painful and may cause the stitches to break.

AFTER THE OPERATION

It is important to tell your son about the change in appearance of the penis. After the operation the penis will look red and quite swollen for several days. This is normal and is part of the healing process. The swelling and redness will gradually settle but may take a few weeks.

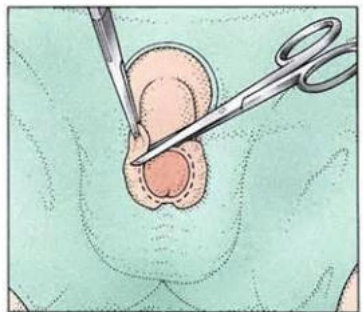
Your son will be observed for a few hours on the ward after his operation but will then usually be able to go home after he passed urine.

DO I HAVE TO STAY IN HOSPITAL OVERNIGHT?

No. The operation is usually done as a day case, but you will need to arrange someone to collect you and be with you for 24 hours after your operation, if your operation is done under a general anaesthetic.

WILL IT BE PAINFUL AFTERWARDS?

You may feel some pain/discomfort for the first few days. This can be usually controlled with painkillers. If you have a spinal, you will need to wait until the sensation returns to your legs. Make sure someone is with you when you first get up.



WHEN DO THE STICHES HAV TO COME OUT

The stiches dissolve after about 2 weeks so you do not have to have them removed

LOOKING AFTER YOUR SON AT HOME

We advise that, to prevent discomfort, your son wears loose fitting clothes for the journey home and for a few days after the operation (for example tracksuit trousers, jogging bottoms, rather than jeans).

If and adult or grown kid, try to wear tight underwear that can keep the penis pointing upwards with a combine or a couple of gauzes to avoid friction with the underwear with movements, this decreases the inflammation, favours reabsorption of the oedema and improves the healing.

Before leaving hospital, you may be given some antibiotic ointment (Chlorsig) to apply to the tip of your son's penis. This should be applied twice daily and should continue until the penis is dry.

Allow babies to spend time (where possible) without a nappy on, when changing nappies during the first days after the operation. It is advised that a coating of Vaseline is smeared onto the inside of the nappy. This prevents any friction between the wound and the nappy. Your son should not be bathed for five days after surgery; Sponge washes are allowed. This is to prevent infection.

Occasionally a dressing is put on over the penis. The dressing usually falls off on its own. However, if still in place by the time your son is

allowed a bath, the dressing can be soaked off the bath (sometimes it makes a few consecutive baths before the dressing comes off completely)

Your son should rest at home for a few days and should not take part in any sport or strenuous activities until his penis has healed and is dry. This usually takes about 10-14 days.

Sometimes a scab may form at the tip of the penis that take a few weeks to fall off.

Keep the area clean. You can shower/bath after 2-3 days but pat dry, do not rub, until the wound has healed completely. The dressing can be soaked off at this time; there is no need to apply another unless you feel more comfortable with one.

DISCHARGE INFORMATION

A nurse or doctor will give you directions for caring for your baby after circumcision. Clean the penis as you would with any diaper change. Apply the provided ointment (Chlorsig) to the penis with each change, so that the penis does not stick to the diaper. It takes about one week to 10 days for the penis to fully heal. Call your doctor if you notice any signs of infections such as redness, swelling or foul-smelling drainage.

You can eat and drink normally

You should avoid any activities/exercise where you are likely to knock your penis

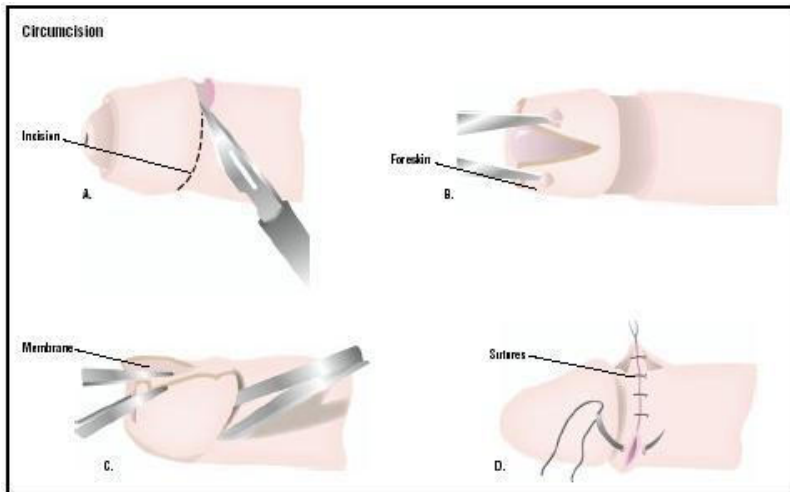
Wear supportive underpants for the first 2-3 weeks, this will help reduce swelling.

Sexually active men should avoid sexual intercourse for 3-4 weeks until the skin is completely healed. You may notice some bleeding and sensitivity initially. If sexual activity/erections are painful, you may need a little longer for things to heal

If discomfort/bleeding persist, you should call the hospital or see your GP

You can drive whenever you feel comfortable to do so, normally in a week. If your work involves heavy lifting/manual work you may need more time off. Discuss this with your nurse/doctor before you are discharged.

If you develop a temperature or feel unwell, your wound becomes red/tender/hot to touch or is discharging fluid/pus, contact the ward or your GP for advice.



At the time of discharge, please, ensure that you have been provided with

- A discharge letter and follow-up appointment
- An appointment
- All your usual (and any new) medications
- Any valuables that were brought in with you
- A medical certificate if required

IN CASE OF PROBLEMS

NOTIFY THE UROLOGIST OR ATTEND TO THE EMERGENCY DEPARTMENT



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