Patient

Information



Operations on the foreskin

Introduction

This leaflet gives you information about circumcision, which is an operation to correct a problem with your child's foreskin, such as the foreskin being tight or scarred.

Other procedures that can correct problems with your child's foreskin include preputioplasty, frenuloplasty and retraction of adhesions. This will have been discussed with you during your child's outpatient's appointment.

About circumcision (and other operations)

Circumcision is the removal of the foreskin to permanently expose the head of the penis.

Preputioplasty involves making an incision through the tight part of the foreskin, allowing it to be pulled back fully, but leaving the foreskin otherwise intact.

Frenuloplasty is a minor procedure to divide the tight band of skin on the underside of the penis, which can sometimes stop the foreskin from being pulled back.

Adhesions between the foreskin and head of the penis sometimes need to be released allowing full retraction of the foreskin.

The operation

Your child will have a general anaesthetic, which means they will be asleep during the operation. Local anaesthetic will also be used so your child will feel more comfortable after the operation.

A circumcision is carried out by carefully cutting away the foreskin just below the head of the penis. The wound will be closed with dissolving stitches and dressed with gauze.

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Patient Information

After the operation

Your child will stay in the theatre recovery area for a short period of time. Staff will let you know when you can join him there. When he has recovered from the anaesthetic, he will be able to drink and eat. When comfortable he will be allowed home.

After discharge

If, by the next morning, your child has been unable to pass urine since returning home, you must call us for advice and possible review. The number for the Paediatric Day Unit is at the end of this leaflet.

Your child will have some bruising, swelling or oozing affecting the wound/penis. This is normal and should settle within a few days but can last a few weeks.

Sometimes an infection can develop. This may need treatment with antibiotics. Simple pain relief such as paracetamol and ibuprofen can be used until the discomfort has settled. The head of the penis will be more sensitive for a few days but this will settle.

Your child should wear comfortable loose clothing during this part of their recovery. They must only have showers for the first 2 to 3 days after the operation, **no baths**.

You will be advised about your child's return to school and physical activity before they are discharged from hospital (normally one week off school, and a further one week off PE/swimming).

Following discharge, if you have any concerns, you should contact either the Paediatric Day Unit or your GP for advice.

A hospital follow-up appointment is sometimes required. You will be advised if this is the case.

Patient



Contact information

Information **Paediatric Day Unit**

Gloucestershire Royal Hospital Tel: 0300 422 8452 Tel: 0300 422 8453 Monday to Friday, 7:00am to 7:30pm

At weekends and after 7:30pm in the evenings, please contact the Paediatric Ward Coordinator:

Tel 0300 422 2222 and ask for bleep 2425

Further information

For further information, please visit our website: Website: www.gloshospitals.nhs.uk/your-visit/ourwards/paediatric-day-unit/

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

- 1. What are my options?
- 2. What are the pros and cons of each option for me?
- 3. How do I get support to help me make a decision that is right for me?

on from the MAGIC Progra e been adapted with kind pe e, supported by the Health Founda * Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to imp Patient Education and Counseiling, 2011;84: 379-85

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