

PATIENT INFORMATION

Circumcision: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This is the surgical removal of the foreskin and is only indicated for disease or tightness of the foreskin itself.

What are the alternatives to this procedure?

Drugs to relieve inflammation and avoid circumcision. For adults, it may be sometimes possible for the doctor to perform a preputioplasty operation (to open up the skin around the head of the penis). The cosmetic and functional results of this do vary and we don't feel that this should be standard practice.

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 pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist in advance of 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

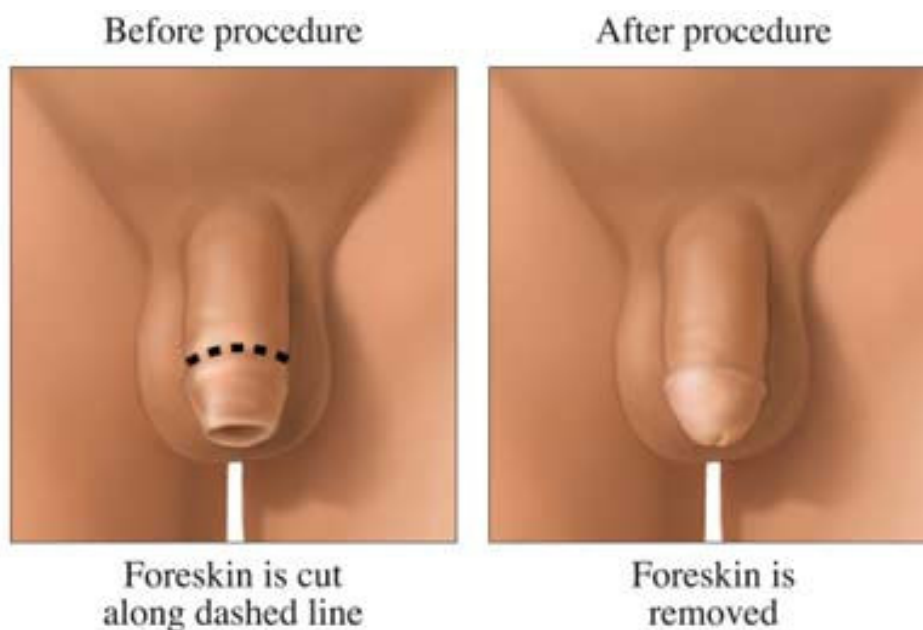
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

A full general anaesthetic (where you will be asleep throughout the procedure), a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) or a local anaesthetic injection around the penis may be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

Local anaesthetic is also injected into the base of the penis to aid pain control after the operation; this can be used as the sole form of anaesthesia in some patients. All methods minimise post-operative pain.

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



What happens immediately after the procedure?

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal. They typically last about 3 weeks.

It is advisable to wear light clothing for 2-3 days. Passing urine will be painless and will not be affected by the operation.

The average hospital stay is less than 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Swelling of the penis lasting several days
- It can remain sensitive for a time Try to avoid going to bed with a full bladder so as to reduce the likelihood of awaking with an erection and stretching the stitches

Occasional (between 1 in 10 and 1 in 50)

- Bleeding of the wound occasionally needing a further procedure
- Scabbing is not uncommon initially and it does not mean that there is a problem.
- Infection of the incision requiring further treatment and/or casualty visit
- Permanently altered or reduced sensation in the head of the penis
- Persistence of the absorbable stitches after 3-4 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 (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

It will be at least 10 days before healing occurs and you may return to work when you are comfortable enough and your GP is satisfied with your progress. Most people require at least a week off work.

You should refrain from sexual intercourse for a minimum of 4 weeks.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

There will be marked swelling of the penis after a few days. This will last 3-4 days and will then subside but do not be alarmed because this is expected. However, if you develop a temperature, increased redness, throbbing or drainage at 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 there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for ‘haematuria clinic’, chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterization clinic 01284 713229

Other contacts

Chaplaincy Telephone 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....