

## **CIRCUMCISION**

### **General Description**

The aim of the procedure is surgical removal of the foreskin. The operation is performed as a day case under general anesthesia. The operation usually takes about 30-40 minutes

Your child will need to fast for solids and liquids for about 6 hours before the start of the procedure. In breast-fed babies or infants this time may be reduced after consultation with the anesthetist.

It is often helpful to bring your child's favourite toy with you on the day of surgery.

### **Anesthesia**

You and your child will meet the anesthetist prior to the procedure. After talking to you and briefly examining your child, they will take your baby to the operating theatre. The anesthetist puts your child to sleep via a face mask. Once your child is asleep, the anesthetist will insert a "drip" to allow fluids to be given directly into a vein. Usually this is located in the hand or arm, but occasionally may need to be sited in the leg or scalp. The anesthetist will then inject some local anesthetic to numb the penis. Usually this is injected around the base of the penis, but occasionally it may be given near the base of the spine near the "tail" bone, termed a "Caudal".

### **Procedure**

The penis is cleaned with an antiseptic solution. The foreskin is removed and any bleeding stopped with an electrical cautery instrument. The wound is then closed using pale yellow stitch materials that will dissolve slowly over the next 2 to 4 weeks. No dressing is used, but an antibiotic ointment is applied to the wound to help prevent infection.

### **Initial Recovery**

Once the operation has finished, your child will be taken to the recovery area. Once they are awake, you will be called into the recovery ward. Often children appear distressed and a little confused initially - there may be several reasons for this including residual effects of the anesthesia, hunger, and some discomfort. Generally they will settle quite quickly, especially if offered a drink or feed. The recovery and ward staffs are also able to give pain relief medication once your child is awake, and this is sometimes required. The nursing staff will check the wound and make sure you are happy before you go home.

### **Post Operative Course**

There may be small amount of blood that oozes from the wound, enough to lightly stain a nappy or pair of underpants. Any further bleeding should be discussed with your local doctor or myself. Paracetamol should be given on the afternoon and evening of surgery, and in the morning of the following day. After that time, assess your child's pain to see if further doses are required. Your child should not be bathed on the first night, but nappies can be changed as required

and a "wet-wipe" or similar cloth used. Normally bathing is safe from the 4th day onwards. It is important to apply topical antibiotic cream to the wound 3 times a day. In addition, to help prevent the tip of the penis from sticking to underpants or nappies, a thin layer of Vaseline or petroleum jelly is helpful. Often the tip of the penis, called the glans, will appear red, swollen and ulcerated in the first few weeks after surgery. This is normal and does not represent infection. The covering of the glans needs to change from a protected moist covering, like the inside of the mouth, to dry skin like the rest of the body. The swelling improves considerably after the first week but does not resolve completely for up to 8 weeks after surgery.

### **Follow-Up**

Normally I see you and your child about 5 to 7 days following surgery This is both to ensure that the wound has healed and that you and your son are satisfied with the results of the operation. For patients from rural areas, this review may be deferred to your own general practitioner.