Circumcision Information sheet:

Circumcisions are done for a multiple of reasons and at a variety of ages.

Pre-circumcision the top of the penis, or glans, is covered by the foreskin. This acts a barrier from the local environment. The process of doing a circumcision removes this skin exposing the sensitive glans. If the foreskin has not been retractile prior to surgery, the skin edges may in fact still be fused together and the circumcision process separates these edges leaving the glans lining raw.

Most children tolerate the day-case surgery well, yet it can be a very uncomfortable recovery, and may take up to two weeks before the skin heals. We usually do the procedure under a general anaesthetic together with a local anaesthetic block to assist with pain control. You will be given a combination of analgesia medications which can be alternated to assist with post operative pain control.

If a dressing is used it will often fall off spontaneously. If it has not fallen off by the post-operative day, it can be removed in a warm bath the following evening. If the dressing is stuck do not pull it off as this will cause pain and bleeding. In this case dressing can be trimmed to leave the attached part on the penis. This will fall off spontaneously when the tissue is healing.

You will be prescribed some antibiotic cream to apply over the tip of the penis every few hours keeping the area moist. This can be continued until the wounds have completely healed which may take up to two weeks. The stitches and glue will come off spontaneously and do not need to be removed.

Due to the nature of the procedure, you may encounter lots of local skin swelling and bruising post operatively. This takes a few weeks to completely resolve. The raw area of the glans heals with a fine white scab, which will fall off when ready. Lots of topical antibiotic cream assists with the healing process.

You may see some bleeding post operatively. A few smears of blood on the underwear or nappy is not anything to be concerned about, however, if you see active bleeding, please place some pressure on the wound and call your surgeon.



Kind regards

Prof Andrew Grieve

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