

Patient information from Gordon Muir, Consultant Urological Surgeon

Please do not rely on this information unless you have been specifically sent this by Mr Muir

Circumcision for foreskin problems

Why do I need a Circumcision?

The reason for a therapeutic circumcision is usually because the opening at the end of the foreskin is too tight, associated with scarring. This can interfere with the passing of water, which can cause infection and may make intercourse uncomfortable. Sometimes the reason is due to chronic inflammation or pre-cancerous conditions of the foreskin or head of the penis, which can usually be cured by circumcision.

Very rarely, men with hypersensitivity of the head of the penis may benefit from circumcision but non-surgical methods will usually be preferable. In many cases, simple tightness of the foreskin without scarring or other problems can be managed without circumcision.

Some men wish to be circumcised for religious reasons: we are happy to offer religious circumcision to adults but do not do so for children until they have attained their majority and are able to consent themselves, as circumcision brings no proven medical benefits for the vast majority of men with a normal foreskin, and may be harmful.

Are there different types of Circumcision?

The amount of foreskin removed during a circumcision will affect both the cosmetic and functional result. For some men with severe scarring or pre-malignancy of the foreskin it may be necessary to remove as much tissue as possible: this gives an appearance similar to that commonly carried out in North America, ending up with what men often refer to as the "high tight style."

It is usually possible to conserve at least some of the internal layer of the foreskin and as much as possible of the shaft skin, with preservation of the frenulum if it is not damaged. This prevents uncomfortable pulling on the shaft and pubic or scrotal skin during erection, and may allow some partial coverage of the glans penis during flaccidity. It is also possible to carry out a partial circumcision where only the tight ring is removed, although this is not a good option in men with scarring of the foreskin.

What sort of anaesthetic is required?

While many UK surgeons carry out the procedure under a general anaesthetic, we recommend a **locoregional anaesthetic** for the procedure. This gives excellent pain control after the procedure and avoids the small risk of a general anaesthetic.

Men can safely leave the clinic within an hour or so of the operation.

However if patients prefer a general anaesthetic or sedation this can of course be arranged, in which case local anaesthetic is also given. A longer stay is required for a general anaesthetic, although men still go home on the day of surgery.

How is the operation done?

The patient lies comfortably on his back and two anaesthetic injections are given to the base of the penis – a mixture of a short acting and long acting anaesthetic. While the injection is very similar to that given by the dentist, most men perceive it as being given to a more precious area!

After letting the anaesthetic take effect, the penis is cleaned and sterile drapes are put on. A skin marking pen is used to accurately mark the correct incision on the penis and then the skin is incised. Bipolar diathermy is used to dissect all the blood vessels and tissue in order to remove the foreskin. This technique minimises the use of sutures or ties to stop bleeding.

Stitches and tissue glue are then used to hold the remaining skin edges together whilst they heal.

Patient information from Gordon Muir, Consultant Urological Surgeon

Please do not rely on this information unless you have been specifically sent this by Mr Muir

What side effects can occur?

- All operations can have some side effects such as infection or bleeding: these occur in less than 5% of elective circumcisions and do not usually cause any long term trouble. The risk of emergency return to the operating theatre in the last fifteen years of using the bipolar diathermy technique is less than one in a hundred.
- Some men may find that the penis is rather less sensitive following a circumcision than beforehand, although it may take a few months for the head of the penis to adapt to the loss of protection of the foreskin, during which time hypersensitivity can be an issue.
- In about 15% of men who have a partial circumcision scarring may occur requiring revision surgery later.
- Very occasionally, in men with scarring of the head of the penis, meatal stenosis may occur, where the opening of the penis becomes scarred and narrowed requiring a second small operation. In adults, this is usually a side effect of the inflammation which was present before the procedure.

Recovery Period

- Some discomfort and swelling is normal after the operation. This usually responds well to simple analgesics; Diclofenac is usually prescribed for the first few days. It is common to wake up with a sore penis at night for a few days: this is due to the natural process of having erections during sleep, so the tablet is usually taken at bed time, and may be helpful during the day also. Most men will find that tight underwear such as Lycra sports shorts will be the most comfortable option in the first few weeks.
- The stitches will usually be dissolved within 14 days. Tissue glue on the surface of the skin will usually fall off after five or six days.
- You can wash the penis from the second day following your operation in order to keep the wound clean, but do not rub it or use any creams, ointments, soaps or bubble bath. As long as there is no bleeding, showering is quite safe from this time on.
- The main limitation to working after the procedure is the discomfort due to the exposed head of the penis rubbing against clothes. Wrapping a swab around the penis may help, and this is also useful if there is minor discharge from the wound.
- If there is crusting around the wound (quite common) then washing the penis three times a day with salt baths may help (see below).
- You will usually require approximately 2-3 days off work if you work in an office, and perhaps a week off if you are a manual worker. Intercourse should be avoided for at least 4 weeks following the operation – most men find that 6 weeks is comfortable to resume penetrative sex, and using some extra lubrication initially is a good idea.
- For men who have had a partial circumcision there will usually be a degree of swelling in the residual foreskin for several months, with the result that overall healing is usually a bit slower.

Patient information from Gordon Muir, Consultant Urological Surgeon

Please do not rely on this information unless you have been specifically sent this by Mr Muir

Wound Problems

Infections are rare, but always beware of signs:

*Weeping, oozing wound; Red, hot wound to touch; Temperature over 38 degrees Celsius; Pus or swelling at incision site.

If there are any of these then we would want to review you urgently – often reassurance can be given remotely if images of the penis can be sent through. It is not uncommon for minor areas of the wound to separate by one or two millimetres and this does not present a problem for the vast majority of men.

Salt baths for the penis

- To a cup of freshly boiled water add three full teaspoons of salt.
- Let the water cool to body temperature
- Place the penis in the salt solution and allow to sit there for a few minutes
- Gently wash around the wound with a finger
- Discard the salt solution and rinse the penis with fresh tap water
- A swab may be helpful to place around the penis if there is discharge or discomfort