

Circumcision - Adult Day Case

Your Circumcision Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is a Circumcision?

A circumcision is an operation to remove the foreskin. The foreskin is the sleeve of loose skin which covers the bulbous end of the penis (the glans). One end of the sleeve grows from the base of the glans. The other end lies freely over the glans to protect it.

Sometimes the foreskin is tight, or thickened, and will not pull back from the glans. This can cause discomfort and can lead to infection under the foreskin.

Sometimes the foreskin pulls back and gets stuck causing severe pain and swelling of the bulb.

Sometimes the foreskin needs to be removed to check that the underlying glans is healthy.

What does the operation consist of?

Most of the foreskin, especially the free end, is removed. The remaining skin is stitched to the base of the glans, so that there is no sleeve.

We can do your operation as a day case. This means that you come into hospital on the day of the operation and go home the same day.

We can do this because of new ways of doing the operation, better anaesthetics and new ways of pain relief. It will save you 2 nights or so in hospital.

Are there any alternatives?

If you leave things as they are the problems may well get worse.

Stretching the foreskin does not usually work.

Slitting the narrow path of the foreskin using a local anaesthetic injection is easy to do, but this leaves the foreskin very untidy. Many patients ask for a circumcision after this operation.

What to do before coming to hospital

Check you have a relative or friend who can come with you to hospital, take you home, and look after you for the first 3 days after the operation.

You only need normal home care, not hospital care.

Check your friend can drive or take you home in a taxi.

Check you have a telephone at home.

Have nothing to eat or drink from midnight before the operation. This means not even a sip of a drink. Your stomach needs to be empty for a safe anaesthetic. However, you can take your normal tablets and medicines.

Getting to hospital

Come with your relative or friend so that they will know the way when to coming to collect you after the operation. Also the ward staff can go over the pick-up time and any other details.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed. You will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will be seen by the Surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Diet

You can have your usual diet until the midnight before the operation. Then have nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Shaving

You will be shaved before the operation to make the circumcision easier.

Premedication

You may be given a sedative or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will go to sleep with a general anaesthetic.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

- Do not make any important decisions.
- Do not drive.
- Do not use machinery at work or at home.
(e.g. do not boil a kettle).

Will it hurt?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

You will be able to get out of bed after an hour or two despite the discomfort.

By the end of one week the wound should be virtually pain-free.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage normal food.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. If you have not done so after 2 days, take a mild laxative such as senna.

The wound and stitches

The wound has a moist dressing which can be removed after 12 hours or so.

There are stitches in the wound which soften and drop out after 7 days or so.

There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days crusts on the wound will drop off.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

Leaving the ward

After an hour or two on the ward, you should feel fit enough to go home.

Before you go, we do the following:

Check the wound is comfortable

Check the wound is not bleeding

Check there is no swelling

Change the dressing

Give you 2 spare dressings

Give you 20 CoCodamol tablets to take home. You can take 2 at a time every 6 hours as needed

Give you a Follow Up Appointment for 1 month

Give you a note to be given to your General Practitioner

Give you a work certificate, sick note, etc.

Check you have the ward telephone number

For Northallerton 0609 763077
or 764701 after 8 pm
or weekends

For Darlington 0325 74 3312
or 74 3515 at weekends

For Scorton 0748 811 535

NB. If you do not feel like going home , we can easily arrange for you to stay in hospital.

Getting home

Make sure you are going home by car with your relative or friend.

At home

Go to bed

Take 2 CoCodamol tablets every 6 hours to control any pain.

Next morning

You should be able to get out of bed quite easily despite some discomfort. You will not do the wound any harm. The exercise is good for you.

Phone us up in the Day Ward during the morning to let us know how you are getting on.

The second day after the operation, you should be able to spend most of your time out of bed in reasonable comfort. You should be able to walk 50 yards slowly.

By the end of a week the wound should be nearly pain-free.

If you have not opened your bowels after two days and you feel uncomfortable, take a laxative such as senna.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you have difficulty, take 2 CoCodamol tablets and have a warm bath.

If you are still in trouble, phone our ward.

Sleeping

Take CoCodamol rather than sleeping pills to help you to sleep. If you normally take sleeping pills, you can take them as well as the CoCodamol.

Washing

You can wash the wound area as soon as you take off the dressing on the second day. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

Wear a dressing to keep your underpants clean.

General recovery

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve. By the time a month has passed you will be able to return completely to your usual level of activity.

Things to look out for in the first 24 hours

Bleeding from the wound is the most important thing to look out for.

A little blood staining of the dressing is normal.

If bleeding continues after changing the dressing twice, phone the ward.

If you cannot get through to the ward, come straight away to the Casualty Department of the hospital.

The bleeding is not life-threatening, but is a nuisance if allowed to continue.

Bleeding can also show up as a painful swelling under the skin. Phone us up about this.

Things to look out for in the first week

If the wound gets painful, reddened, and swollen, there may be some infection. Phone the ward.

If you are not happy about your progress, phone the ward.

What can go wrong?

If you think that all is not well, please ask the nurses or doctors.

You may get painful erections in the first 2 or 3 days. These can be controlled with painkillers.

Infection is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt for up to 2 months.

Driving

You can drive as soon as you can make an emergency stop without discomfort i.e. after about 3 days.

What about sex?

You can start sexual relations within 2 to 3 weeks, when the wound is comfortable enough.

Work

You should be able to return to a light job after a week or so and a heavy job within 2 weeks.

General advice

The operation can be quite uncomfortable, but improves rapidly.

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards
Consultant Surgeon

Acknowledgement

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman
British Red Cross
62 Thirsk Road
Northallerton DL6 1PN
(Please make cheques payable to "British Red Cross")

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.