

## **Circumcision - Adult Not 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.

#### **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 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 will have your usual diet until 6-12 hours before the operation. Then you will be asked to take 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.

### **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 expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. 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.

### **Passing urine**

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

## **Sleeping**

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

## **The wound and stitches**

The wound has a moist dressing which can be removed after 12 hours or so. You will be wearing net elastic pants to hold the dressing in place.

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.

## **Washing**

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

## **What about informing my relatives and contacts?**

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

## **How long in hospital?**

Usually you will be able to leave hospital the day after the operation.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about 1 month after you leave hospital.

## **Sick notes**

Please ask the nurses for sick notes, certificates etc.

## **After you leave hospital**

You are likely to feel a little sore for a week or so. By the time 2 weeks has passed you should be able to return to your usual level of activity.

## **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.

## **Complications**

Complications are rare and seldom serious.

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.

## **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.