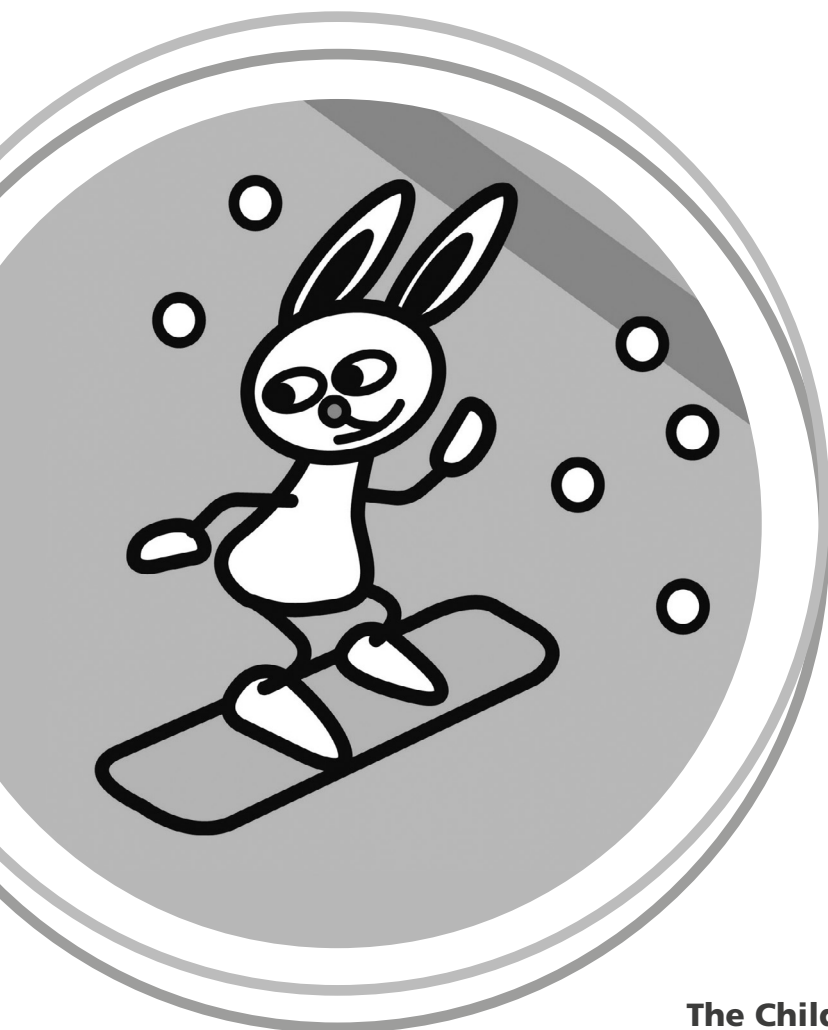




Oxford University Hospitals
NHS Foundation Trust

Children's – Circumcision

Information for
parents and carers



The Children's Hospital

What is a circumcision?

This is the surgical removal of the foreskin, which is the sleeve of skin that covers the tip of the penis. Once it has been removed it will not grow back again.

Therapeutic circumcision is performed for specific medical reasons. It is less frequently recommended in the last decade or so, as other less invasive and less risky treatments are usually available. Non-therapeutic circumcision is not available on the NHS in our centre.

What are the benefits?

The benefits depend on your child's particular symptoms and include:

- removing an abnormally scarred foreskin (known as Balanitis Xerotica Obliterans or BXO)
- preventing severe recurrent infection of the foreskin
- preventing recurrent urine infections in boys with an abnormal urinary tract.

What are the risks?

This is a simple and safe operation. However, all operations will carry some risks. The following complications have a less than 10% chance of occurring (10 out of every 100 people):

- wound infection (continued signs of redness, yellow discharge, swelling or pain)
- bleeding
- excessive loss of penile skin, causing tightness
- damage to the urethra (the tube that carries urine through the penis)
- unsightly appearance
- difficulty passing urine.

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 5.

Are there any alternatives?

The alternatives include continuing to stretch the foreskin while having a bath (with the help of steroid creams) and an operation to widen the foreskin, called a preputioplasty. The doctor will have already discussed these alternatives with you, if they are appropriate for your child. Circumcision is the only reliable method to treat BXO.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The surgeon will cut away the foreskin and put stitches around the head of the penis. These stitches are dissolvable and will gradually disappear over the next few weeks.

The operation takes about 20 minutes, but your child will be away from the ward for about 1 hour. This is to allow the anaesthetic to take effect before the operation and then give him time to come round afterwards.

While your child is still asleep, some local anaesthetic may be injected into the base of his penis, to help prevent pain afterwards.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in his stomach whilst he is under anaesthetic, it might come back up while he is unconscious and get into his lungs.

Pain assessment

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.¹

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can go with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream') can be placed on his hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas it will take a little while for your child to be anaesthetised. He may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after him. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with him at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until he is discharged home.

Once your child is awake from the anaesthetic he can start drinking and, if he is not sick, can start eating his normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. Your child must pass urine (have a wee) before he is discharged home. He may still find it slightly uncomfortable to pass urine at home, but a warm bath, plenty of clear fluids and painkillers will often help.

Your child cannot go home on public transport after a general anaesthetic. You will need to take him home by car. This will be more comfortable for him and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for him to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, toast or biscuits. If he is sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep.

Wound care and hygiene

Your child can have a quick bath or shower each day to keep his penis clean, but leave it to dry on its own until it is healed. Do not use perfumed bubble bath or shower gel until the wound is completely healed. His penis will look red and swollen but this will settle down over the next few days.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- worsening redness or swelling
- bleeding or leaking from the wound
- new or increased pain, which isn't helped by regular pain relief
- your child has a high temperature (this could be a sign of infection).

Stitches

Any stitches your child has are dissolvable and will gradually disappear over the next few weeks.

Getting back to normal

It is best to keep your child off school for 3-5 days. He can return to gentle sporting activities, such as swimming, walking, running, etc., after 2 weeks. He should avoid contact sports (such as football and rugby), riding a bike and strenuous exercise (for example, PE) for 4 weeks.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a small supply of these to use when you first get home. You may need to buy more. Please see our separate leaflet "Pain relief after your child's day case surgery" for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, he should only need occasional doses. If he is still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child needs a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if you have not been contacted within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward

Telephone: **01865 234 148**

(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward:	01865 231 254/5
Melanie's Ward:	01865 234 054/55
Tom's Ward:	01865 234 108/9
Bellhouse Drayson:	01865 234 049
Kamran's Ward:	01865 234 068/9
Horton General Hospital Children's Ward:	01295 229 001/2

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

Further information

You may find further information on the following websites:

British Association of Paediatric Surgeons

www.baps.org.uk/resources/documents/management-foreskin-conditions

<https://4skin-health.alderhey.nhs.uk>

References

¹ From the Royal College of Anaesthetists (2023) 7th edition.
Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

How to give feedback about your experience

We would like to hear about your experiences with our Children's Services. Please ask for a paper survey to fill in.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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