

Introduction

Males are born with a covering of skin over the penis, called the prepuce or the foreskin. Circumcision is done to remove this foreskin.

Indications for circumcision

The most common indication for circumcision is a foreskin that is too narrow to retract over the head of the penis (called phimosis). The procedure is also performed for cultural, social or religious reasons.

An uncommon medical condition, Balanitis Xerotica Obliterans (BXO), results in scarring and thickening of the foreskin preventing it from retracting over the penis. This is one of the few situations where circumcision is strongly recommended. An abnormal urinary tract with recurrent urinary tract infections is another medical indication for circumcision.

Operation

The procedure is performed as a 'day stay' procedure in most cases. During the procedure, the foreskin is removed and the two edges of skin are brought together either with dissolvable stitches or glue. A long acting local anaesthetic injected near the operation site during the surgery provides post operative pain relief for several hours.

Post-operative Care

There is no dressing around the operation site. Avoid wetting the area of the operation for 48 hours. After this time, daily bathing is suggested.

Ointment can be applied to the head of the penis to stop excessive scabbing or rubbing on the nappy/underpants. It is often more comfortable for your child to walk around without underpants with just a loose fitting nightshirt.

Paracetamol usually provides sufficient pain relief post operatively. It should be given at 4-6 hour intervals, if needed and as directed.

It is common for the penis to look swollen or bruised immediately after the operation but it always comes right with time with a good end result.

Possible Complications:

Bleeding and infection are the more common post operative complications. In case of bleeding, do not panic. In the first instance, put continuous pressure on the area with a clean dressing or gauze for at least 10 minutes. If the bleeding continues, attend the nearest hospital.

If the child develops increasing pain, redness, oozing or smelly discharge, **please call Christchurch Hospital ph (03) 364 0640 and ask to speak to the paediatric surgical registrar on call.**

Other complications include: difficulty passing urine, narrowing of the hole the child passes urine from (meatal stenosis), damage to urethra, damage to the tip of penis, removal of too much or too little skin, and development of post operative epidermal inclusion cyst (lump under the skin along cut). These are uncommon and can all be easily dealt with.