

## **Procedure Information Sheet - Circumcision (Pediatrics/Adult)**

**Introduction** 

The loose fold of skin that partially or completely covers the glans of the penis is known as the foreskin or prepuce. Phimosis describes the condition where the foreskin is too long or too tight to be retracted. Phimosis is very common in children, and carries no urgency for management unless accompanied by other complication.

#### **Indications (For Child)**

- 1. Balanitis: glans is covered beneath the foreskin, which makes effective cleaning difficult. Infection, redness, swelling indicated by pain or pus formation may result.
- 2. Difficulty in passing urine: when the opening of the foreskin is too tight, difficulty in urination may be experienced. This may lead to haematuria or urinary tract infection.
- 3. When the tight foreskin is retracted and cannot be reduced, blood circulation of penis will be affected.

#### **Indications (For Adult)**

- 1. Paraphimosis.
- 2. Balanitis.
- 3. Posthitis.
- 4. Urinary tract infections.

#### **Procedure**

- 1. Local/General anaesthesia.
- 2. Excess foreskin is removed and absorbable sutures are used to closed wound.
- 3. Hospitalize 1-2 days in average.

#### **Pre-operative preparation**

- 1. The doctor will explain the operation procedure and potential complications to the patient and their parents. A written consent form is required.
- 2. Please inform the doctor if your child has a history of drug allergy.
- 3. Fast for 6 to 8 hours before operation if the operation is performed under general anaesthesia.
- 4. Skin preparation by using disinfectant soap for bathing is required to reduce the chance of infection.

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#### Possible risks and complications

- 1. Fever.
- 2. Persistent redness and swelling of wound.
- 3. Active bleeding from wound.
- 4. Purulent discharged from wound.
- 5. Foul odour from wound.
- 6. Dysuria.
- 7. Difficulty in voiding.

### **Post-operative information**

### A. Hospital care

- 1. During hospitalization, use normal saline, distilled water, or cool boiled water to cleanse the wound.
- 2. Do not apply medicated creams or lotion onto the wound unless recommended by medical staff.
- 3. Wear a gown but not underpants.
- 4. Use a bottomless paper cup to protect the wound from friction and to minimize stress to the wound.
- 5. After rinsing, dab the wound dry with some clean gauze. There is no need to cover the wound with gauze.
- 6. Inform medical staff when excessive bleeding from the wound.
- 7. Do not attempt to remove the scab over the wound. The scab will detach spontaneously when the wound has healed.
- 8. Bath daily to promote good personal hygiene. However, do not apply soap directly onto the wound.

### B. Home care after discharge

- 1. Swelling of the wound may be present in the first 2 weeks but this will subside thereafter.
- 2. The wound may heal in 7 -10 days.
- 3. Wear a gown or loose cotton trousers until the wound has healed.
- 4. Maintain good personal hygiene and keep the wound dry.
- 5. After voiding, use distilled water or cool boiled water to rinse the wound.

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- 6. Seek medical advice immediately in the event of wound infection. The symptoms of which include foul odour, pus discharge, excessive bleeding, prolonged swelling, persistent dysuria and difficulty in passing urine.
- 7. Follow up on schedule as instructed by your doctor.
- 8. For adult, 4-6 weeks of abstinence from masturbation or intercourse after the operation to allow the wound to heal.

#### **Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference**: http://www21.ha.org.hk/smartpatient/tc/operationstests\_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.	
Name: Pt No.: Case No.: Sex/Age: Unit Bed No: Case Reg Date & Time: Attn Dr:	Patient / Relative Signature:  Patient / Relative Name:  Relationship (if any):  Date:

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