



Procedure Information – Circumcision

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

*Please fill in /
affix patient's label*

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

Introduction

Circumcision is the surgical removal of sleeve of skin and mucosal tissue that normally covers the glans of the penis. The wound will be closed by absorbable sutures. After surgery, the glans will no longer be covered by the prepuce. Very rarely, additional surgery may be required if other anomaly is discovered during surgery. The parents will be informed immediately about the detailed nature of the additional procedure.

Indications

- Phimosis
- Paraphimosis
- Recurrent balanitis
- Urinary tract anomalies that predispose to urinary tract infection

The Procedure

1. The operation is performed under local anaesthesia or general anaesthesia.
2. Excise the appropriate amount of prepuce.
3. Wound closure with absorbable sutures.
4. A dressing is applied loosely around the tip of the penis.

Possible risks and complications

A. Anaesthetic complications

B. Early post-operative

- | | |
|-----------------------------|---|
| 1. Wound infection | 4. Crust formation and serous discharge |
| 2. Excessive wound bleeding | 5. Acute urinary retention |
| 3. Urinary tract infection | 6. Wound dehiscence |

C. Late post-operative (rare)

- | | |
|---|--|
| 1. Meatal stenosis (narrowing of the urethral opening due to infection and subsequent scarring) | 4. Bleeding of the circumcision scar |
| 2. Extensive scarring of the penile shaft | 5. Curvature of the penis |
| 3. Skin tags and skin bridges | 6. Trapped penis |
| | 7. Tight, painful erections |
| | 8. Psychological and psychosexual problems |

Some of these complications may need further interventions or operations to handle.

Before the procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Fasting according to anaesthetist's instructions.
3. Patient generally should not eat or drink for 6 hours before operation.
4. The anaesthetist has the right to cancel the operation in special situation.
5. Local penile anaesthetic block to relieve postoperative pain.



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After the procedure

A. Hospital care

1. Do not apply medicated creams or lotion onto the wound unless recommended by medical staff.
2. Wear a gown but not underpants.
3. Use a bottomless paper cup to protect the wound from friction and to minimize stress to the wound.
4. After rinsing, dab the wound dry with some clean gauze. There is no need to cover the wound with gauze.
5. Inform medical staff when excessive bleeding from the wound.
6. Do not attempt to remove the scab over the wound. The scab will detach spontaneously when the wound has healed.
7. 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 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.
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.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (If any)

Date