

### Division of Pediatric General Surgery



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# Circumcision Post-operative instructions

#### **About circumcision**

Circumcision is an operation to remove the skin which covers the end of the penis (foreskin). There are reasons for and against routine circumcision.

#### Why some parents choose circumcision

- Phimosis (inability to retract the foreskin) is normal as a newborn (physiologic phimosis). Early forceful retraction is not
- recommended as this can <u>cause</u> phimosis by scarring. If the foreskin remains tight after 4-5 years of age or causes ballooning of the foreskin, circumcision may be indicated.
- Slightly lower risk of urinary tract infections
- Slightly lower risk of sexually transmitted infections (STIs)
- Prevent foreskin infections (Balanitis)
- · Easier hygiene
- Decreasing penile cancer risk which is extremely rare
- · Religious or social reasons

## Why some parents choose *not* to circumcise

- Surgical risks bleeding, infection, poor cosmetic result, meatal stenosis
- · Pain after circumcision
- Foreskin may protect the tip of the penis
- Belief it can render the tip of the penis less sensitive causing decreased sexual pleasure
- Belief that with good hygiene the above risk reductions of circumcision are erased

#### What can my child eat after surgery?

Your child may have a diet as tolerated, although we suggest you begin with clear fluids – water, flat pop, Jell-O, apple juice, or popsicles.

#### Are there any activity restrictions?

On the day of surgery activity should be limited until all anesthetic effects have resolved and your child should be supervised until this occurs – assisted up and down stairs, to the restroom, etc. After that, regular activities – walking, going to school, etc. – can be resumed as tolerated.

Certain types of activities should be limited for two to three weeks such as straddle type actions – bicycling, gymnastics and peddle toys, - or contact sports – football, hockey, baseball.

#### Will there be any pain?

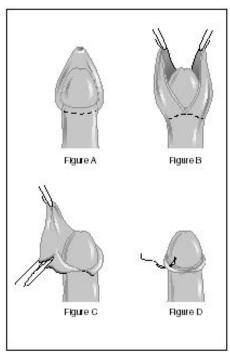
During the procedure, post-operative pain management is started. The surgical team will explain how numbing of the area will be done by your surgeon or the anesthesiologist. At home, Tylenol (acetaminophen) is recommended for discomfort every four to six hours for 24-hours then as needed. If your child is given a prescription for a narcotic pain medicine (i.e. codeine) with Tylenol, please do not give within 4 hours of plain Tylenol dosing.

If your child normally takes ibuprofen, do not give until 24 hours after surgery.

#### What will the incision look like?

A surgical dressing will be in place and should be kept for 2 days or if it becomes soiled then remove immediately. Keep the area dry for 2 days then resume normal bathing. The dressing usually falls off after the first or second bath. There will be considerable swelling and discoloration following surgery. Problems with urination are very rare, but if this occurs, contact the surgeon or the Emergency Department for further instructions. It may be several weeks before all swelling disappears. The stitches will dissolve spontaneously and fall out within a few weeks.

Antibiotic ointment should be applied to the operative site after bath and with each diaper change (or at least twice per day) for at least one week and until sensitivity of the site has decreased.



Circumcision

#### What type of clothing can be worn?

Loose fitting clothing or diapers will decrease discomfort in the operative site.

#### Follow up?

An appointment can be made for 2-4 weeks after surgery. Please call the Pediatric Surgery office at 206-215-2700 to schedule an appointment.

If there is any sign of infection (drainage, pain, redness or swelling around the incision), bleeding, or inability to urinate, please call the Pediatric General Surgery clinic at 206-215-2700.



Pediatric General Surgery 1101 Madison, Suite 800 Seattle, WA 98104 For a free physician referral: 1-800-SWEDISH (1-800-793-3474) www.swedish.org