

# Circumcision

## Post-operative instructions

### About circumcision

Circumcision is an operation to remove the foreskin 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 cause 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 or 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.

Yes       No

### Will there be any pain?

During the procedure, post-operative pain relief is initiated. At home acetaminophen – Tylenol (15 mg/kg/dose) – is recommended for discomfort every four to six hours for 24 hours; then as needed. This begins after clear fluids have been tolerated.

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

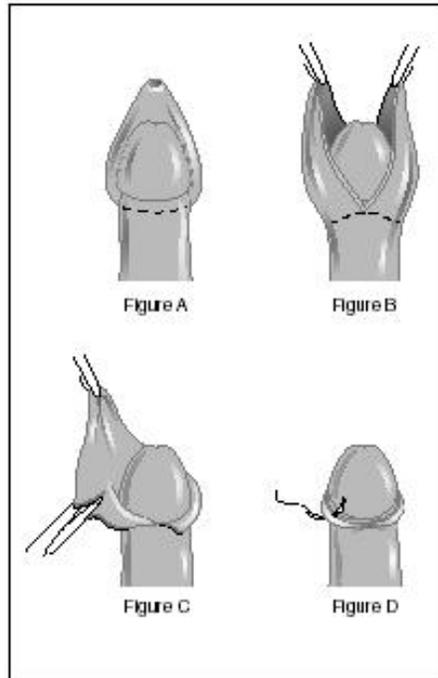
### What will the incision look like?

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 or soft Vaseline should be applied to the operative site for at least one week and until sensitivity of the site has decreased.

*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.*



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**When can bathing begin?**

Your child may start tub or shower bathing 2 to 3 days after the surgery. Do not rub the area. Apply ointment to the area after each bath or shower, and with each diaper change.

**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 about 2 weeks after surgery. Please call the Pediatric Surgery office at 206-215-2700 to schedule an appointment.



**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](http://www.swedish.org)