



Adult Circumcision

We recommend that you read this carefully in order to prepare yourself or family members for the proposed procedure. If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure. We may clarify any pertinent issues. "An educated patient is the best patient."

Circumcision is the removal of the prepuce (foreskin) that covers the glans penis (head of penis).

In an adult, there are a few reasons a circumcision might be performed.

1. *Phimosis*: The opening of the foreskin has scarred down and consequently, the patient cannot pull it back properly, or in some cases, at all. This may result in poor hygiene, and in extreme cases, interfere with urination.
2. *Balanitis or Posthitis*: The head of the penis or foreskin becomes infected. Patients who have this once are more likely to have problems with recurring infections.
3. *Elective*: In these cases, an individual may tell the urologist he wants a circumcision for cosmetic or religious reasons.
4. *Discomfort with intercourse*: In rare instances, a patient can have a prominent frenulum. This is the web like tissue on the under surface of the penis that goes from the shaft to the head of the penis. In some males, this can be tight and cause a pulling sensation during sexual intercourse.

**Diabetic patients are at a very high risk for severe infection if they have phimosis and consequently poor hygiene. Diabetics with recurrent infections may be advised to undergo circumcision.*

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the

morning, but do not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist. Instructions will have been given to you. The procedure will not be performed if you are currently taking or have recently taken any medications that may interfere with your ability to clot your blood (blood thinners, aspirin, plavix, Coumadin, anti-inflammatory medications, etc.) The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over the counter). Please refer to the attached list and tell us if you took any of the the medications within the last 7 days. We will have reviewed all of your current medications with you during the pre operative consultation. You are obligated to inform us if anything has changed since your previous visit.

Procedure

To review the basics of what we discussed in the office: The procedure usually takes less than 1 hour. Adhesions, tissues stuck to one another, from phimosis or prior infection may add to the operative time. Circumcision can be performed with local anesthesia only (injection directly into the skin and nerves around the penis), or local injection in conjunction with sedation. Sometimes, sedation alone is adequate. It can also be performed under general anesthesia.

There are many different methods to perform circumcisions. In most cases it is the surgeon's choice. After you are sufficiently numb and/or asleep, the foreskin is cut and removed. Bleeding vessels are cauterized or tied with a suture. Sutures are then placed in the skin around the full circumference of the penis.

If there is a tight or pulling frenulum, it is cut and sutured to allow the foreskin to be fully retracted. Antibiotic ointment may be placed around the incision and a gauze dressing may be wrapped around the incision.

Post Procedure

After the procedure, you will be in the recovery room for a short time before being sent home. You may have discomfort over the incision. There may be a small amount of blood staining through the gauze. If the dressing becomes saturated, or you see active oozing, please contact us. Sometimes, the bandages fall off before the following day. If there is no active bleeding, there is no need for concern. Otherwise, we will usually instruct you to remove the dressing the following day and take a shower. You should avoid a bath or swimming for the first few days unless otherwise instructed. Some surgeons may ask you to take warm baths a couple times per day beginning a few days after the surgery. Often, we suggest that you apply ice compresses to the penis when you arrive home. We ask that you refrain from any strenuous activity until your follow-up. Every patient has some degree of swelling and bruising and it is not possible to predict in whom this might be minimal or significant. We encourage you to take the following day off of work and perhaps more if your occupation requires very strenuous activity

or heavy lifting. In the first 24 hours, it is to your advantage to minimize activity. Some patients have almost no discomfort while others are uncomfortable for a few days. We may provide you with a prescription for pain medication, but you may take over the counter pain reliever medication to which are not allergic. The sutures we use are self-dissolving, and therefore they just fall out on their own within 2 to 3 weeks after surgery.

*You absolutely must abstain from any type of sexual activity until cleared by your doctor. This is typically 3 to 4 weeks, but may even be longer in diabetic patients who often heal more slowly.

Expectations of Outcome

The swelling may take several weeks until it is fully resolved. The suture line may seem very obvious for weeks or months, but typically begins to fade and flatten out over time.

If there were significant adhesions of the skin to the head of the penis, there may be redness and stinging. Sometimes a scab can form over the next few days. You should not peel the scab off.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from the anesthesia complications, it is important that every patient be made aware of all possible outcomes which may include, but are not limited to:

- Hematoma: This is when a small blood vessel continues to ooze or bleed after the procedure. The result is greater swelling and bruising because the blood may be caught under the suture line. This almost always resolves over time with compresses, much like any bad bruising or swelling. If the hematoma is cumbersome or painful or does not show resolution in reasonable amount of time, a procedure to evacuate the clots may be required. In other words, we may have to open the incision to allow drainage.
- Infection: Infection is possible with any procedure. Usually, local wound care and antibiotics are sufficient. Occasionally, an infection would require partially opening the wound and allowing proper drainage. Infections are far more common in diabetic patients. The signs of infection are usually redness, increasing pain, and/or whitish or yellowish discharge from in between the sutures. Please call the doctor if you note signs of infection.

- Injury to the glans penis: This can be seen in patients with severe phimosis (complete inability to pull the foreskin back). The foreskin can be stuck to the glans. Although we take every precaution to carefully separate the two, we can sometimes cause an abrasion or laceration to the head of the penis. It is very rare that we would need to suture the area. In almost all cases, the area heals with antibiotic ointment and time. This area may be quite tender for a few days.

We provide this information for the patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure, and the points on this page have been covered in face-to-face consultation.