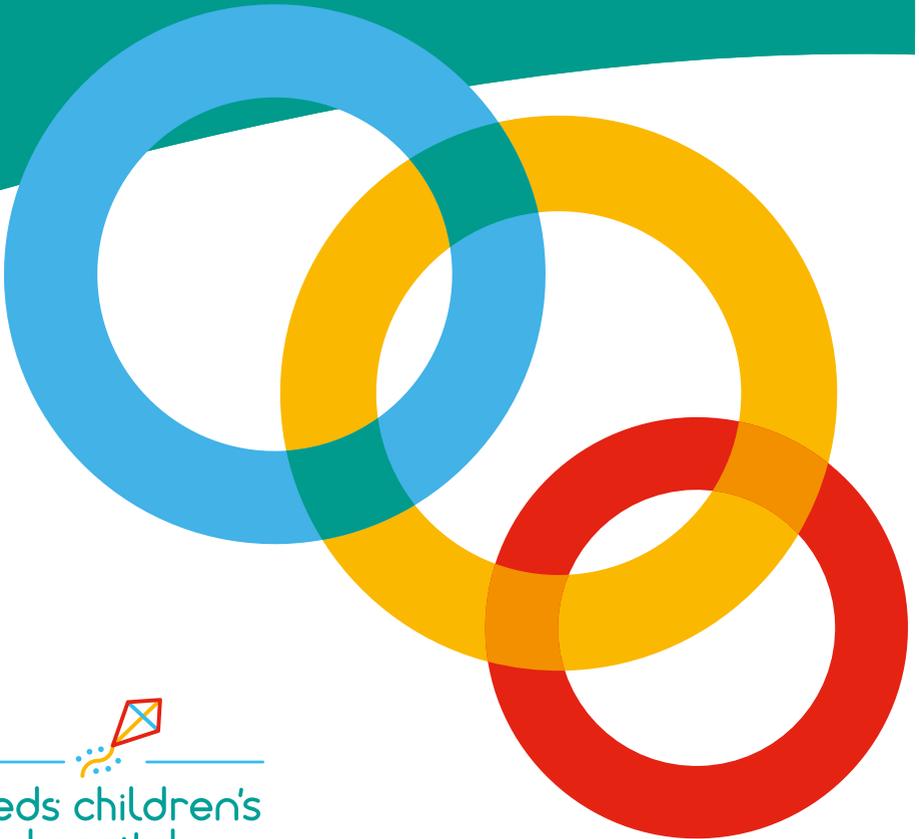


# Circumcision

Information for parents



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## Why and when should my child have a circumcision?

In some boys the foreskin cannot be retracted back to allow the glans (tip) of the penis to be seen. This can be perfectly normal in early life and therefore circumcisions are not performed in early childhood routinely.

When scar tissue causes problems with retracting the foreskin in later childhood secondary to recurrent infections or a specific skin condition exists (balanitis xerotica obliterans "BXO") a circumcision may be offered.

Ritual circumcision is not performed by the NHS unless the child has comorbidities preventing this from happening outside of a hospital setting.

## Are there any alternatives to an operation?

The most important tip is prevention of infections from an early age as the foreskin is separating from the glans. To do this use the shower head or bath water and routinely clean the foreskin by aiming clean water into the hole in the foreskin to clean out any stagnant urine.

There is some evidence that where mild scarring exists steroid ointment for a short period can help break down these adhesions and increase the ability to pull back the foreskin. Other alternatives include; separating the foreskin from the penis, or widening the foreskin, if the parent and child wish to avoid circumcision. However, if the scarring is significant or BXO is present then a circumcision should be considered.

## What happens in the operation?

Circumcision involves removing the foreskin covering the head of the penis and attaching the penile shaft skin to just below the glans.

## What are the risks?

This is a common operation and for most boys the risks are low. All operations have a risk of bleeding and infection, there is no special risk with this operation. All operations have a risk of damaging nearby structures: the nearby structure we take special care around with boys in this operation is the wee tube. Penile skin can scar back onto the penile head, this skin is left long rather than short as to prevent significant issues with penile twisting, bending and pain, particularly on erection. To prevent the penile skin from sticking we advise applying Vaseline or similar product to the area.

## What about the anaesthetic?

Circumcision in boys is nearly always done under general anaesthetic. On the day of the surgery the anaesthetist will discuss the details of this with you. Local anaesthetic will also be given along with pain relief to make your child more comfortable after surgery.

## How do I look after my child after?

You can pick them up, cuddle them and treat them normally from immediately post operatively. We advise loose clothing that will reduce the chances of the wound sticking to the fabric. In bigger children we advise against sports for 4 weeks after surgery. They shouldn't need more than paracetamol and/or ibuprofen to control their pain (if your child doesn't have any special reason why they can't take these medicines). The wound will have dissolvable stitches/ skin glue or a mixture of both and so nothing needs taking out. Try to keep the wound clean and dry for 3-5 days after which your child can shower and bathe normally.

## Will I be followed up?

Not usually as this should be a fixed problem. Should there be evidence of BXO at the time of the procedure your son may be followed up in clinic due to the risk of narrowing of the hole that he pees from.

If however you do experience problems you can either visit your local GP or get in contact with us through the main hospital switchboard on **0113 243 2799** and ask to be put through to the ward you were looked after on or the secretary of the surgeon who did your operation. Do bear in mind there is a limit to what staff will be able to advise on without seeing your child. If your child is unwell and you need help as an emergency you should get them to your nearest A&E.