



Factsheet on circumcision

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Please read carefully the following and report any misunderstanding to your surgeon.

Circumcision is the surgical removal of the foreskin. The foreskin is the mobile skin on the end of the penis.

It may be performed for medical reasons, or at the request of the patient or his parents. In all cases, as with any surgery, the interest and welfare of the child must be respected and parents must give their informed consent.

Medical **indications** for circumcision include phimosis (inability to retract the foreskin due to a foreskin that is too narrow), foreskin adhesions (the foreskin sticks to the glans), chronic or recurrent inflammation of the penis head and foreskin (balanitis or balanoposthitis), and urinary tract infections in infants.

Phimosis is not always an indication for surgery because it can also be normal (physiological) in small children. In these cases, it may be treated with a cortisone cream. Your surgeon will inform you.

Benefits of circumcision include: elimination of phimosis or adhesions; easier hygiene; fewer infections in childhood (balanitis) and adulthood (STD's, sexually transmitted diseases); lower risk of penis cancer.

Disadvantages of circumcision include: risk of bleeding; unsightly or problematic healing; narrowing of the urinary opening (meatus); burial of the penis. These situations may require further surgery.

Your insurance will cover the **costs** of circumcision ONLY if performed for medical reasons.

A circumcision is always performed under **anesthesia**. This may be a general anesthesia (the patient is asleep) or a local anesthesia (injection). General anesthesia is provided by an anesthesiologist in an operating theater.

Local anesthesia is provided by the surgeon, and the procedure can be done in a medical office if proper equipment is available. In our practice, local anesthesia is performed after application of an anesthetic cream (e.g. EMLA ®) 90 minutes before the procedure. Any allergy **MUST** be reported to your surgeon.

Procedures under local anesthetic may be performed in infants younger than 12 months. Cooperative school-aged children (age 5 and above) may be offered a local anesthetic combined with laugh-gas (nitrous oxide) conscious sedation. Your surgeon will inform you.

After surgery:

- Give **painkillers** on a regular basis. Follow your surgeon's prescription.
- A transparent adhesive **dressing** may be set in place by the surgeon. It will fall off by itself within a few days.
- If the transparent adhesive is not or no longer in place, an ointment must be applied after every urination or each nappy change.
- **Showers** are allowed. The bath is allowed only after removal of the transparent adhesive dressing.

During the first few days, the circumcised penis will look red and swollen. This is normal. There may be whitish or yellowish scabs, often in the frenulum area. This is normal.

Small bleedings are also common during the first two days, especially after changing the dressing or after urination. A significant bleeding should be reported immediately to the surgeon.

School may be resumed after a few days.

Sports and physical activities are discouraged for ten days, up to a month in older teenagers.

Hypersensitivity of the glans is often reported. This is normal and disappears within weeks after the procedure. Your surgeon will determine the frequency and the number of postoperative visits, based on healing.