



## Operation Information

### Circumcision in Children

#### Introduction

The foreskin is a loose fold of skin that covers the glans of the penis. Circumcision in children is performed to remove the excessive foreskin from the penis when the foreskin is too long or tight. The indications for circumcision in children include balanitis, repeated urinary tract infections, phimosis and paraphimosis.

Although circumcision in children is a minor procedure, general anaesthesia is required in order to prevent struggling during the operation.



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[https://www.kangarooportmedicalcentre.com.au/wp-content/uploads/2022/07/Phimoses\\_01\\_ENG\\_figure-5-1024x682-1.jpg](https://www.kangarooportmedicalcentre.com.au/wp-content/uploads/2022/07/Phimoses_01_ENG_figure-5-1024x682-1.jpg)

#### Outcomes

Circumcision is the surgical removal of the foreskin which is the sleeve of skin covering the tip of the penis. This operation can prevent further infections.

#### Procedures

1. The operation is performed under general anaesthesia.
2. The excessive foreskin is removed and bleeding is controlled.
3. The wound is closed with absorbable sutures.

#### Possible Risks and Complications

##### Intraoperative and early post-operative:

1. Wound bleeding
2. Wound infection
3. Urinary tract infection
4. Crust formation and serous discharge
5. Acute urinary retention
6. Injury to adjacent structures including glans of the penis, urethra or removal of too much skin

##### Late post-operative (rare):

1. Meatal stenosis
2. Extensive scarring of the penile shaft
3. Skin tags and skin bridges
4. Bleeding of the circumcision scar
5. Curvature of the penis
6. Tight, painful erections
7. Psychological and psychosexual problems

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise your child to clean up himself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed by the parents or guardian prior to the operation.
3. Please inform the doctor and nurse your child's past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if your child is taking medications that affect blood coagulation such as Aspirin, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen and Chinese medication.
4. An anaesthetist will visit you and your child to explain about the anaesthesia.
5. Routine tests will be performed before the operation.
6. No food or drink six hours before the operation.
7. Please help to change into a surgical gown for your child after removing all clothing including undergarments and jewellery.
8. Please ensure your child's bladder is empty before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, your child may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief medication may be prescribed to the child by the doctor.

### **Wound Care**

1. As per doctor's prescription, the wound should be cleaned by normal saline, distilled water or cool boiled water after urination and mop dry.
2. In case of minor oozing, apply direct pressure over the site of bleeding.
3. A bottomless paper cup is used to protect the wound from friction and minimize stress on the wound. Loose clothing can be worn to avoid pressure on the affected area.
4. Please avoid removing the scab over the wound. The scab will detach spontaneously after the wound has healed.
5. Your child may experience slightly uncomfortable and pain at first urination. Pain killer will be prescribed by doctor regularly for a few days.
6. Showering is allowed. However, please avoid applying soap onto the wound and the wound must be kept clean and dry afterward.

### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

## **Advice on Discharge**

1. Please comply with the medication regime for your child as prescribed by your doctor.
2. The healing process can take up to 7-10 days. Your child should be able to return to school or kindergarten about a week after the operation.
3. There may be some pain and swelling in the first two weeks which will subside thereafter.
4. Bicycle riding or "sit-on" toys should be avoided until the wound has completely healed.
5. Immediately bring your child to consult his doctor or return to hospital for medical attention in the event of severe wound pain associated with redness and swelling, foul-smelling discharge, secretion of pus, massive bleeding, difficulty in passing urine, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, your child will gradually recover. We wish your child all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

