

# EL CAMINO UROLOGY MEDICAL GROUP, INC.

A Division of USNC

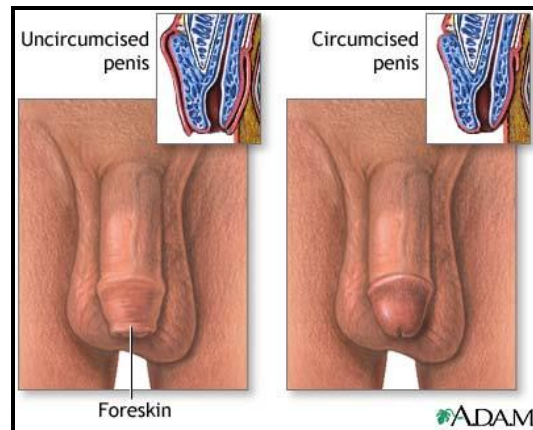
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## Circumcision

Adult circumcision can be performed under local, spinal or general anesthesia. Although there are numerous medical indications for adult circumcision, none of them is very common. The most frequent indication is phimosis, a tightness of the prepuce that prevents its retraction over the glans. A patient may also complain of pain with erection or during intercourse. Paraphimosis, the inability to pull the foreskin back over the head of the penis, is the second most common indication for adult circumcision. Acute paraphimosis is a urologic emergency requiring reduction of the foreskin through surgical or nonsurgical methods. Recurrent balanitis and posthitis (inflammation of the prepuce), preputial neoplasms, excessive prepuce redundancy and tears in the frenulum are also medical indications for adult circumcision. Nonmedical reasons may be social, cultural, personal or religious.

The procedure is commonly performed using the sleeve technique. The sleeve technique provides good control of bleeding in patients with large subcutaneous veins. A dorsal penile nerve block, with or without a circumferential penile block, provides adequate anesthesia. Possible complications of adult circumcision include infection, bleeding, poor cosmetic results and a change in sensation during intercourse.



It is important to provide the patient with adequate information about the procedure ahead of time. Specifically, the patient should be told about the risks of bleeding, hematoma formation, infection, inadvertent damage to the glans, removal of too much or too little skin, aesthetically displeasing results and a change of sensation during intercourse. The patient should also be informed that, during the postoperative period, erections can cause pain and disruption of the suture line that may require replacement of the sutures. Full recovery following circumcision generally requires four weeks of abstinence from all genital stimulation and sexual activity.

## Post Operative Instructions

1. After your circumcision, you will be discharged to home when deemed suitable by your nurse.
2. Fill your prescription for pain medicine and antibiotics as directed on the way home. Also, pick-up any topical non-prescription antibiotic ointment (i.e. Bacitracin ointment) your doctor may have instructed you to apply. Complete all oral antibiotics you have been prescribed.
3. Do not shower or get your dressing wet for 24 hours after the procedure.
4. Your incision will be covered with a dressing wrapped around gauze. You may remove the dressing in 24 hours and leave it open to air dry.
5. You may shower after the dressing is removed, allow water to run down the incision, do not rub the incision, pat dry the penis after showering.
6. Apply antibiotic ointment twice daily to the incision for two weeks. You can loosely place gauze around your incision if staining of your underpants is problematic.
7. Most patients report pain as minimal and only require acetaminophen (Tylenol) for adequate pain control. Only take the prescription analgesic if necessary
8. Refrain from any sexual intercourse or genital stimulation for 4 weeks after surgery. Spontaneous erections after surgery will occur and may cause some discomfort, but will usually abort with stretching on the incision.
9. Swelling and bruising after surgery are normal and will be maximum at 48 hours post-op. Gradual improvement will occur afterwards. Warm bath soaks after 4 days can help with resolution of this process.
10. A small amount of oozing of fluid or blood can occur after surgery around your incision line, especially if a scab is removed prematurely. If any bleeding occurs, hold pressure with a piece of gauze for 5 minutes. If the bleeding persists after this maneuver or is significant, notify your doctor.
11. Notify your doctor if there is any purulent drainage from the incision, significant bleeding with swelling, fevers, or the incision breaks down.
12. Schedule a follow-up appointment with your doctor for 1 week after surgery, unless instructed otherwise.