



CIRCUMCISION

Male circumcision is the removal of the foreskin of the penis, rejoining the shaft skin to the skin behind the glans. The procedure has been performed since the early Egyptian civilization, in many population groups, for medical, cultural and social reasons and at various ages.

Circumcision is an effective treatment for disease affecting the foreskin. Elective circumcision in young children for cultural and religious reasons has at times been controversial and been debated.

There is no clear evidence of functional disturbance following circumcision. Nor is there evidence that uncircumcised men achieve better sexual function than circumcised men, or vice versa.

There is conclusive evidence that circumcised men have a significantly lower risk of sexually transmitted infections and circumcision in an appropriate clinical situation is supported by the World Health Organisation.

Medical indications for circumcision include:

- narrowing of the opening, causing difficulties with erection and voiding
- skin disease affecting the foreskin or glans
- recurrent urinary infections or inflammation affecting the glans

Most circumcision in adults and adolescents can be performed under local anaesthetic only, on a day-visit basis. The local anaesthetic is injected into the base of the penis, providing temporary numbness. The injection itself is painful, but this settles rapidly. The cut skin edges are stitched with dissolving sutures.

Some patients prefer general or spinal anaesthesia for circumcision.

IF YOU ARE HAVING CIRCUMCISION UNDER LOCAL ANAESTHETIC:

WHAT TO DO BEFORE YOUR PROCEDURE:

- eat and drink normally

WHAT HAPPENS AFTER YOUR PROCEDURE:

- wear supportive underwear or a lava lava / sarong
- regular paracetamol 4 hourly to prevent pain, for 48 hours
- ibuprofen may be used as prescribed as additional pain management
- keep dressings dry for 24 hours; remove dressing 2 days after surgery in the shower or bath, or earlier if the dressing becomes soiled with urine
- there is no restriction on driving nor on other activities, but sexual intercourse should be postponed for 2 weeks

IF YOU ARE HAVING CIRCUMCISION UNDER GENERAL ANAESTHETIC:



WHAT TO DO BEFORE YOUR PROCEDURE:

- nothing to eat or drink from 6 hours prior to surgery - see Admission Booklet regarding diet restrictions

WHAT HAPPENS AFTER YOUR PROCEDURE:

- stay 4 hours post-procedure
- bring supportive underwear or a lava lava / sarong to wear home
- regular paracetamol 4 hourly to prevent pain, for 48 hours
- ibuprofen may be used as prescribed as additional pain management
- keep dressings dry for 24 hours; remove dressing 2 days after surgery in the shower or bath, or earlier if the dressing becomes soiled with urine
- you may not drive for 24 hours post procedure and see Admission Booklet regarding further restrictions following general anaesthetic

WHAT CAN GO WRONG:

Although most cases proceed without particular difficulty, bleeding or infection occur in 2% of patients overall. Some swelling is expected and altered (usually temporarily) sensation can occur over the glans. The glans skin will change over time to become more keratinised. Urinary retention requiring catheterisation occurs rarely, secondary to pain. Buried penis may occur in prepubertal children yet to have penile growth, which may require revision surgery. Other complications are considered rare and extraordinary.

ADDITIONAL INFORMATION FOR CIRCUMCISION USING ALISKLAMP

Standard circumcision involves excising the foreskin with suture repair. As an alternative, the Alisklamp, <https://alisklamp.mencircumcision.com/index.php/alisklamp>, is a device that allows the surgery to be done quicker and with less pain and less cost. A disposable plastic device is fitted over the head of the penis, under the foreskin. It is then firmly secured in place by a special plastic clamp so that no sutures or dressings are required.

The clamp stays in place and is usually removed after 3 days. Removal requires a second clinic visit.

Alisklamp circumcision is performed under local anaesthetic only, on a day-visit basis. The local anaesthetic is injected into the base of the penis, providing temporary numbness. The injection itself is painful, but this settles rapidly.

It is very important that prior to clamp removal, the penis is soaked in a warm bath for at least 1 hour.

WHAT HAPPENS WHEN YOU COME FOR REMOVAL OF THE CLAMP:

- **sit in a hot bath for one hour prior to coming to the clinic**
clamp removal is quick, but somewhat painful
removal is made less painful by pre-soaking