

Procedure Information Sheet – Circumcision

Hosp No. : HKID No.:

Case No. : Name :

DOB : M/F

Adm Date : Contact No.:

1. Introduction

- 1.1. Circumcision is the surgical removal of the foreskin from the head (tip) of the penis and tissues.
- 1.2. After the operation, the tight foreskin will not be retracted and can be reduced.
- 1.3. Indications:
 - 1.3.1. Phimosis: The condition where the foreskin is too long or too tight to be retracted, blood circulation of the penis will be affected.
 - 1.3.2. Paraphimosis: The retracted foreskin of an uncircumcised male cannot be returned to its normal anatomic position.
 - 1.3.3. Balanitis: Glans is covered beneath the foreskin, which makes effective cleaning difficult. Infection, redness, swelling indicated by pain or odorous pus formation may result.
 - 1.3.4. Difficulty in passing urine: when the opening of the foreskin is too tight, difficulty in urination may be experienced. This may lead to haematuria or urinary tract infection.

2. Procedural Preparation

- 2.1. The surgeon will explain the operation procedure and potential complications to the patient, written consent is required.
- 2.2. The anaesthetic process and its associated complications will be explained by the anaesthetist.
- 2.3. Skin preparation is required to reduce the chance of infection. Good personal hygiene is highly recommended.
- 2.4. Patients will be instructed to keep nothing by mouth, usually for 6-8 hours before operation.

3. Procedure

- 3.1. The operation will be performed under general anaesthesia.
- 3.2. This foreskin is removed and absorbable sutures are used to close the wound.

4. Recovery Phase

- 4.1. Mild throat discomfort or pain and increased mucus secretion might be experienced after tracheal intubation
- 4.2. Tiredness, nausea and vomiting may be experienced after general anesthesia. Inform the nursing team if symptoms persisted or become severe.
- 4.3. After urination, the wound dressing should be kept dry and intact after operation. Use normal saline/ disinfectant / distilled water /cool boiled water to rinse the wound after passing urine, or use cotton ball soaked with disinfectant then apply to the wound for few minutes.
- 4.4. Inform medical staff when excessive bleeding from the wound occurs.
- 4.5. Use a bottomless paper cup to protect the wound.
- 4.6. Bath to promote good personal hygiene. However, do not apply soap directly onto the wound.
- 4.7. Do not wear tight garment and avoid pressure on wound/dressing.
- 4.8. Swelling on penile area or the surrounding tissues occurs approximately for 1 week. Wound heals approximately in 7-10 days.
- 4.9. Avoid having sex for at least four weeks after the operation.

5. Possible Risks and Complications

- 5.1. During the procedure
 - 5.1.1. Anesthetic complication.
 - 5.1.2. Damage on Glans of the Penis, urethra or other organs or excision of excessive foreskin.
- 5.2. After the operation (the early stage)
 - 5.2.1. Wound infection.
 - 5.2.2. Excessive bleeding.



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- 5.2.3. Urinary tract infection.
- 5.2.4. Scab & exudate secretion.
- 5.2.5. Acute retention of urine (difficulty in passing urine due to wound pain).
- 5.2.6. Wound Pain.
- 5.3. After the operation (rare)
 - 5.3.1. Stricture on ureteral opening.
 - 5.3.2. Large scale of scabs on penis.
 - 5.3.3. Bent penis.
 - 5.3.4. Tenderness and pain in erection.
 - 5.3.5. Psychiatric or psychosexual disorder.

6. Remark

6.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

7. References

- 7.1. UpToDate. Neonatal circumcision: Risks and benefits.
- 7.2. UpToDate. Techniques for neonatal circumcision.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature:	
Patient/ Relative Name:	
Date:	



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