

Circumcision in boys



Published by Bupa's health information team, January 2008.

This factsheet is for parents who are considering having their son circumcised. Circumcision is an operation to remove the foreskin from the penis.

There is a separate factsheet available for men considering having a circumcision - [Circumcision in men](#).

Your son's care will be adapted to meet his individual needs and may differ from what is described here. So it's important that you follow the surgeon's advice.

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About circumcision

Circumcision is a simple operation to remove the foreskin from the penis. The foreskin is always stuck to the head of the penis at birth, but it gradually separates and can usually be pulled back by the age of about three.

Circumcision may be done for medical reasons; such as if the foreskin is too tight and difficult to pull back over the head of the penis (phimosis). This is usually caused by recurrent infections under the foreskin and is most common in boys around puberty.

If your son has a tight foreskin and he forces it over the head of his penis, there's a risk it will get stuck there. This condition is called paraphimosis and it usually needs urgent medical attention.

Circumcision may also be done for cosmetic, religious or social reasons. Circumcision that is done for any reason other than medical need is called non-therapeutic (or ritual) circumcision.

What are the alternatives?

If your son has a tight foreskin there are creams that may help thin and soften the foreskin so that it's easier to pull back. But there is no scientific proof that they work permanently. Alternatively the surgeon may suggest your son has a procedure called preputioplasty. This involves making one or two small slits in the foreskin to help it stretch.

Preparing for your son's operation

Circumcision is usually done as a day case under general anaesthesia. This means your son will be asleep during the procedure. Typically, your son must not eat or drink for about six hours before a general anaesthetic. Often the operation will be planned for the morning so that he will only have to miss breakfast.

At the hospital a nurse will ask you questions about your son's general health and check that your son has not had anything to eat or drink. He or she will also measure your son's heart rate and blood pressure. You must tell the nurse if your son has any allergies or if there is any history of bleeding problems in the family.

If you and your son are happy for the operation to proceed, a consent form must be signed. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

If you have parental responsibility for the child, you will be asked to sign the consent form. People with parental responsibility are usually, but not invariably, the child's birth parents. Your son may wish to sign this form too. In some circumstances a child can sign their own consent form independently, providing he or she understands what they are being asked to do.

Non-therapeutic circumcision

Both parents must give consent for non-therapeutic (or ritual) circumcision. Boys that are old enough to express how they feel about having the operation may say that they do not want to be circumcised. Their wishes are important and the surgeon will take them into account.

For circumcisions that are not required for medical reasons, many surgeons and parents consider the risk of complications greater than any advantages.

About the operation

The operation takes 20 to 30 minutes.

The foreskin is pulled forward and trimmed away. The skin edges are closed using dissolvable stitches and/or special glue.

Your son's penis may be wrapped in a paraffin-based dressing to protect it from rubbing against clothing. The dressing is usually removed after 24 to 48 hours.

Your son may be given a local anaesthetic before he wakes up, either by injection or by gel applied to the area. This means that he will feel less pain immediately after the operation.

What to expect afterwards

Your son will be monitored for a short while. He will be groggy, and may feel or be sick. He will need to rest on his bed or on your lap until the effects of the general anaesthetic have passed.

A nurse will give you advice about caring for your son's healing wound and a date for a follow-up appointment before you go home.

Recovering from a circumcision

A paediatric community nurse may visit your son the day after his operation, to check on his progress and to answer any questions you may have.

The local anaesthetic will keep your son free of pain for up to eight hours. After this, if needed, you can give your son over-the-counter painkillers such as paracetamol or ibuprofen syrup (for example, Calpol or Calprofen). Follow the instructions in the patient information leaflet that comes with the medicine and ask your pharmacist for advice. Do not give aspirin to children under 16.

Bathing

It's important to keep the tip of his penis clean. The area should be kept dry for 48 hours after the operation. After this, give your son warm baths once or twice a day, without adding bubble bath or scented soaps, as these may irritate the healing wound. His penis should be left to dry naturally after each bath.

Your son should wear loose underwear and clothing until the wound is fully healed. If your son is very young and still in nappies check the nappy isn't too tight and change it frequently. Give your son regular nappy free time but make sure he doesn't pull on his healing wound.

You son will find it painful when passing urine for the first few days. Applying petroleum jelly (for example, Vaseline) to the tip of his penis after he has passed urine may help to ease this and stop clothes or the nappy from sticking to it. Contact your GP or the hospital if your son complains of severe pain or shows signs of worsening pain. For example babies and toddlers cry more when they are in pain and are difficult to settle.

Dissolvable stitches will disappear on their own in seven to ten days. The wound may bleed slightly until all the stitches have dissolved. Contact your GP or the hospital if the healing wound bleeds heavily or starts to weep yellow or white discharge.

Your son can usually return to school or playgroup after seven to ten days. Full recovery can take two or three weeks.

What are the risks?

Circumcision is commonly performed and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of this procedure.

Side-effects

These are the unwanted, but mostly temporary effects of a successful procedure, for example feeling sick as a

result of the general anaesthetic. Common side-effects include pain, swelling and bruising of the skin around the penis, which may last several weeks.

Complications

This is when problems occur during or after the operation. Most boys are not affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding or infection. Bleeding is usually stopped by applying pressure. Very rarely, heat (diathermy) or fine stitches are used to seal the blood vessels. Your son may need to stay in hospital overnight for observation. Infection is usually mild and treated with antibiotics.

Specific complications of circumcision are rare, but can include:

- removal of too little or too much of the foreskin
- abnormal scar tissue formation - it may be possible to correct this with further surgery
- damage to the penis or urethra (the tube which carries urine out of the body) - this is very rare but if it happens another operation may be necessary

It's possible that circumcision may affect future sexual sensation (although this is impossible to measure).

The exact risks are specific to your son and differ for every person, so we have not included statistics here. Ask your surgeon to explain how these risks apply to your son.

Your son's circumcision Q&As

See our answers to common questions about [your son's circumcision](#), including:

- [My son is being circumcised, how do I take care of the healing wound?](#)
- [Will the foreskin grow back?](#)
- [Will circumcision affect my son's ability to have sex later in life?](#)

Related topics

- [Caring for surgical wounds](#)
- [General anaesthesia](#)

Sources

- Williams N, Kapila L. Complications of circumcision. Br J Surg 1993;80:1231-1236
- Rickwood AMK, Kenny SE, Donnell SC. Towards evidence-based circumcision of English boys: survey of trends in practice. BMJ 2000;321:792-793
- Barber MD, Scobie WG. A simple alternative to circumcision. Pediatr Surg Int 1996;11:507-508
- The law and ethics of male circumcision - guidance for doctors. The British Medical Association, June 2006.
www.bma.org.uk
accessed 23 August 2006
- Holman JR, Lewis EL, Ringler RL. Neonatal circumcision techniques. Am Family Physician 1995;52:511-518
- British National Formulary. BMJ Publishing Group and RPS Publishing, March 2007

This information was published by Bupa's health information team and is based on reputable sources of medical evidence. It has been peer reviewed by consultant urologist Raj Persad, MB BS, chM, FRCS (Urol), FEBU at United Bristol Health Care Trust and by Bupa doctors. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.

Publication date: January 2008.