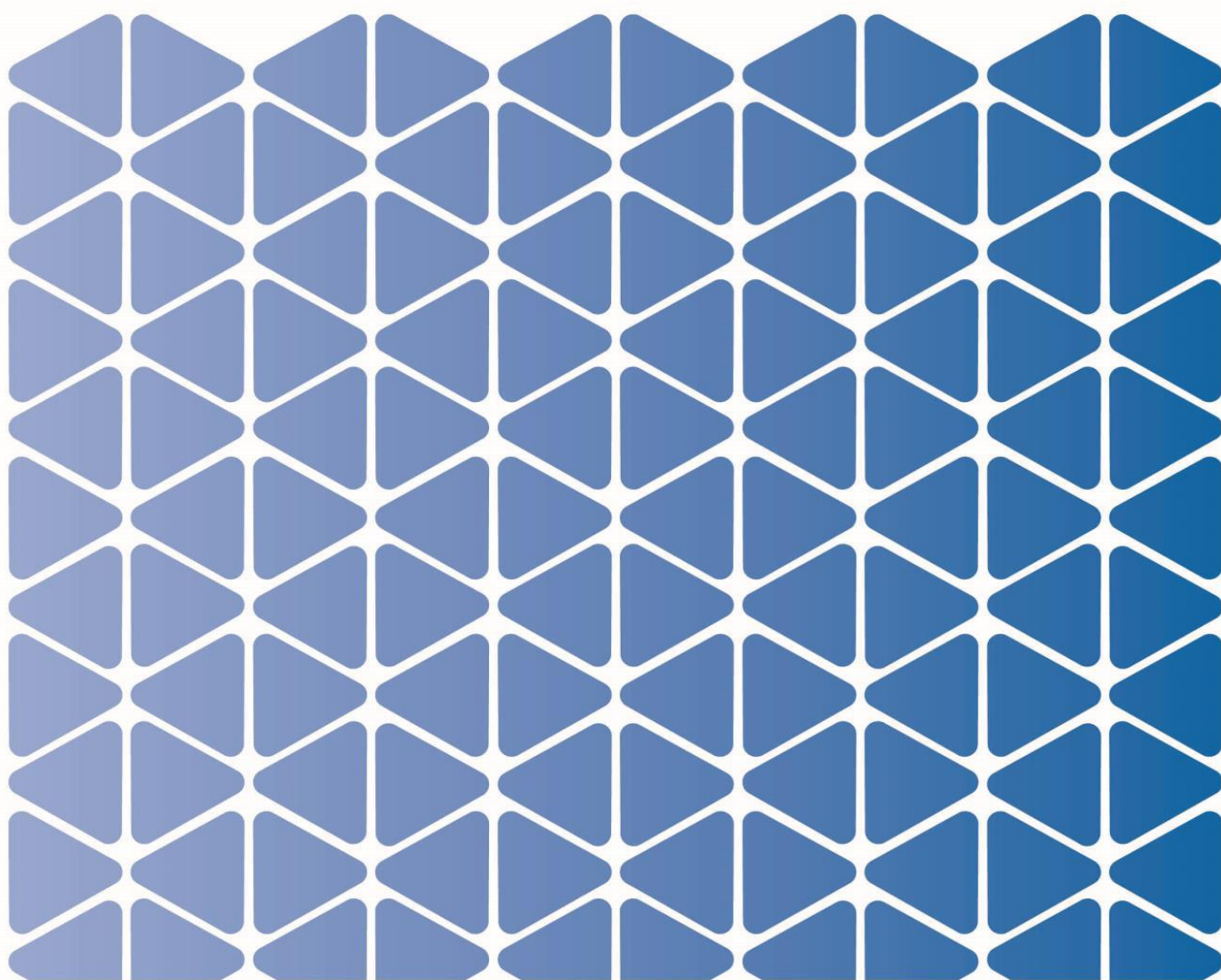


PATIENT INFORMATION

CIRCUMCISION (CHILD)



It has been recommended for your child to have a circumcision, which is the name given to the operation to remove the foreskin.

At birth the foreskin completely covers the end of the penis, with only a pinhole opening. By the age of five years, in nine out of ten boys it will retract freely and easily. It is not abnormal for the foreskin to balloon when urine is being passed.

Circumcision is the surgical removal of the foreskin and is only recommended if the natural process has not occurred, usually because of scar tissue, which prevents the natural stretching process. At operation the foreskin is surgically removed and the skin repaired with absorbable sutures (stitches).

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision for your child. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree for your child to have the procedure by signing a consent form, which your health professional will give you.

Benefits of the procedure

The aim of the surgery is to remove the scarred foreskin. If the foreskin will not retract in adult life, there is a significant risk of chronic infection, sexual difficulty and in old age even cancer of the penis.

Serious or frequent risks

Everything we do in life has risks. Circumcision is generally a safe operation with few risks, but complications can occur.

The general risks of surgery include problems with:

- the wound (for example, infection); and
- breathing (for example, a chest infection).

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Those specifically related to circumcision include problems with:

- Bleeding from the wound;
 - Occasionally minor bleeding occurs which stops before discharge from hospital. Rarely the bleeding persists and a second operation becomes necessary.
- Infection;
 - Minor wound infections sometimes occurs, with a discharge. These usually do not need any specific treatment.
- Difficulty with passing urine;
 - The urethra, the tube along which the urine passes, is not touched by the operation so there should be no pain on passing urine. However the wound around the end of the penis sometimes exudes a clear yellow fluid which dries into a scab, which may partly block the urine passage and need removing.
- Penile swelling;
 - Some degree of swelling of the penis is almost invariable. It is most obvious in the first two days after the operation. It resolves spontaneously.

A skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day will care for your child. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

A few boys have a foreskin that is not narrow or scarred but remains stuck down to the end of the penis (the glans). If this persists, rather than a circumcision a very simple procedure to free the foreskin is necessary. It takes a minute or two to carry out and recovery is immediate. The foreskin should then be retracted regularly to prevent recurrence. This is called freeing division of preputial adhesions.

Your child's pre-surgery assessment visit

We may ask you and your child to go to a pre-surgery assessment clinic where members of the nursing team of the surgical unit will see you. The aim of this visit is to check that your child is fit for surgery and to collect any information that the anaesthetist may need. Blood tests and x-rays are rarely necessary.

The members of the nursing team will check that you agree that your child should have the planned surgery. Please bring your child's operation consent form (which you were given in Outpatients), making sure that you have read and understood the form before your clinic visit. If you have not understood any part of the information, you will be able to ask any questions you may have about your child's planned surgery.

Your child's pre-surgery admission to the ward

Your child will usually be admitted on the day of operation. We will welcome you and your child to the ward and check your details. We will fasten an armband containing your hospital information to your child's wrist.

We will usually ask you to continue with your child's normal medication during your stay in hospital, so please bring it with you.

Your child's anaesthesia

We will usually carry out your child's surgery under general anaesthesia. This makes sure that your child is unconscious and free of pain during a test (investigation) or operation.

Preparation

There are many things that you can do to prepare your child for coming into hospital. Unless your child is too young to understand you should tell them:

- that they are going into hospital;
- that they will be having an operation or investigation, and tell them why; and
- some basic information about what will happen to them when they are in hospital.

You should explain everything to your child in a way that he or she can understand.

- Explain that the operation or investigation will help your child to get better.
- Encourage your child to talk about the operation and ask questions. Books, games and stories can help.
- Tell your child when he or she will have the operation or investigation and how long they will stay in hospital.

If your child will be staying in hospital overnight, let him or her know if you will be able to stay too. If it is not possible for you to stay with your child, it is important that you explain to him or her when you will be able to visit.

Your child can help pack his or her own bag and decide which nightclothes and toys to bring.

We have play specialists who can explain things to your child and encourage them to talk through play and appropriate communication.

When to discuss things with your child

- You should tell children between two and three years of age about the operation two or three days before and again on the day they go into hospital.

- You should tell children between four and seven years of age about the operation four to seven days before they go into hospital.
- Older children will usually be involved in making decisions about the operation or investigation, and you can discuss it with them a few weeks before they go into hospital.

Please phone the hospital if your child develops a severe cough or cold, or has contact with chickenpox shortly before the day of the operation or investigation.

On the day your child is admitted to hospital

Nothing to eat and drink (nil by mouth)

We have clear instructions about eating and drinking before an operation. It is important for your child to follow these.

If there is food or liquid in your child's stomach during the anaesthetic, it could come up into the back of their throat and damage his or her lungs.

These are the latest times that you should give your child anything to eat or drink before their operation or investigation.

- Up to six hours before their operation, your child can have a light meal, a glass of milk or a fizzy drink. Bottle-fed babies can have formula feed.
- Up to three hours before their operation, babies can have breast milk.
- Up to two hours before their operation, all children and babies can have a drink of water or diluted squash but not a fizzy drink.

A pre-operative visit

An anaesthetist will visit you and your child before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, previous experiences of an anaesthetic, any medicines your child is taking, any allergies he or she might have and whether your child has any wobbly teeth.

This is a good time to talk about any previous experiences your child has had with injections or hospitals, or any particular concerns you have about this hospital visit.

For practical reasons, the anaesthetist who comes to see you on the ward may not always be the same one who gives your child's anaesthetic, but the information you give them will be passed on.

At this stage, the anaesthetist may prescribe some medicines for your child to take before the operation.

Your child may have local anaesthetic cream (Magic Cream) put on their hand or arm. This is used before injections so that they do not hurt. It works well for nine out of 10 children.

Delaying the operation or investigation

Occasionally the anaesthetist may learn something about your child that means it would be safer not to do the procedure on that day.

This could also happen if your child has a bad cold, has a rash or has eaten food too recently.

Going to theatre

- Your child will usually be offered a gown to wear to the operating theatre or may be able to wear his or her own clothes.
- Your child will be able to keep underwear on.
- Your child may travel to the anaesthetic room in a bed, on a trolley, walking or being carried.

In the anaesthetic room

A nurse will come to the anaesthetic room with you. Your child will be able to take a toy or comforter with them.

If you want, you will usually be welcome to stay with your child until he or she is unconscious. However, there are a few circumstances when this will not be possible. It might also be possible to give your child the anaesthetic while he or she is sitting on your lap.

Your child can either have an anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube inserted into the back of their hand using a needle). Some children prefer gas and some prefer injections. If both methods are safe for your child, they may be able to choose which one they want to be used.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. Anaesthetic gases smell similar to felt-tip pens. The anaesthetist generally cups a hand over the child's nose and mouth or uses a face mask to give the anaesthetic gas. Your child may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

When your child is unconscious, the nurse will take you back to the ward.

In the operating theatre

Your child will be taken into the operating theatre to have the operation or investigation.

The anaesthetist will monitor your child's blood pressure, pulse, temperature and breathing closely throughout the procedure, making sure that he or she is safe and fully unconscious.

After surgery

Most children go to a recovery room where a specialist nurse cares for each child until he or she has regained consciousness and is comfortable enough to return to the ward. Some children are upset when they first wake up but then settle. You will usually be able to come to the recovery room with a nurse to collect your child.

Pain relief

We will give your child pain-relieving drugs before and during the anaesthetic to make sure that your child is as comfortable as possible after surgery. The type and strength of pain relief given will depend on the procedure. If your child is in pain at any time, please tell a member of staff.

Ways of giving pain relief

- Syrups and tablets – just like at home.
- Suppositories – some pain-relieving medicines like paracetamol can be given into the bottom. These are often given while your child is under anaesthetic and last for several hours. Suppositories are very helpful when children cannot take medicines by mouth or are feeling sick.
- Local anaesthetics – these are injected near the nerves around the area that will be operated on to numb the area. The injections are given while your child is under anaesthetic and the pain relief lasts for several hours.
- Strong pain-relieving drugs, such as morphine, can be given in many different ways.

Side effects and complications

In modern anaesthesia, serious problems are uncommon.

We cannot remove all risk completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The chance of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail before the operation.

For a child in good health having minor surgery:

- one child in 10 (like one person in a large family) might experience a headache, sore throat, sickness or dizziness;
- one child in 100 (like one person in a street) might be mildly allergic to one of the drugs that have been given; and
- one child in 20,000 (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.

Throughout the whole of a person's life, they are at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of an anaesthetic.

Leaving hospital

Length of stay

Nearly all children having this type of surgery will be able to go home the same day.

Medication when your child leaves hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes for your child to fully recover from surgery varies from child to child. As a general rule, children need not be restricted in their post operative activity. They are the best judges of what they are able to do. If your child is of school age, he/she will be able to return within a few days.

Stitches

Dissolving stitches are used to close the skin after circumcision. They disappear anything from a week to a month after the operation.

Personal hygiene

Your child may bath or shower while he is in hospital, and this can continue as normal after he leaves hospital. It is probably wise to avoid swimming until the wound is sound and dry – about seven days after the operation.

Outpatient appointment

The majority of children recover very quickly and easily from their surgery and a follow-up appointment is rarely needed.

Post discharge

Should your child have any problems related to the their operation in the early days first 24 hours after leaving the ward please feel free to contact us.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Riverbank Unit Nursing Staff, Worcestershire Royal Hospital (phone 01905 760588)
- Ward 1 Nursing Staff, Alexandra Hospital, Redditch (phone 01527 512095)
- Anaesthetic department, Worcestershire Royal Hospital (phone 01905 760637)
- Anaesthetic department, Alexandra Hospital, Redditch (phone 01527 503858)
- Day Surgery Nursing Staff, Treatment Centre, Kidderminster Hospital (01562 512384)

Other information

The following internet websites contain information that you may find useful.

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease.
- www.nhsdirect.nhs.uk
On-line Health Encyclopaedia and Best Treatments Website.
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.