



# Circumcision using general anaesthetic

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**This leaflet explains what to expect before and after your circumcision (foreskin surgery) done using a general anaesthetic (you are asleep). It is important that you understand what to expect and feel able to take an active role in your treatment.**

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## **What is a circumcision?**

A circumcision is an operation to remove the foreskin, which is a flap of skin that covers the end of the penis. Although circumcision is practised for religious and social reasons, in the NHS it is usually done for medical reasons, the most common of which is lichen sclerosus (also known as balanitis xerotic obliterans – BXO). It is also used to treat conditions such as phimosis, paraphimosis and Zoon's balanitis.

The foreskin is simply cut away and the remaining skin edges sewn together. During the procedure we inject a local anaesthetic into the skin of the penis to reduce the pain after surgery.

## **About the operation**

This procedure is usually performed as a day case under general anaesthetic (you are asleep), but depending on your medical history or home circumstances, you may have to stay in overnight. There will be many different health professionals involved in your care during your stay and there will be a clear plan for any aftercare when you are discharged from hospital. This leaflet answers some of the questions that you may have but it is important that you understand what to expect and feel properly informed about your treatment. If there is anything that you and your family are not sure about then please do not hesitate to ask.

The same operation can also be carried out using local anaesthetic in the Frederick Potts Unit. Your consultant will discuss the best method of anaesthetic with you and can explain the risks and benefits of both methods.

## **How long does the operation take?**

Although the operation usually takes around half an hour, you will be off the ward longer because of the time required to attach monitors, administer your anaesthetic and the time recovering from the anaesthetic. You will be in the recovery room while you are coming round until you are fully awake and ready to return to the ward. The nursing staff will accompany you back to your ward.

## **Will I need to stay in hospital?**

The vast majority of patients are treated as a day case, i.e. you come into hospital and go home the same day. If this is the case, you will need someone to take you home and stay with you overnight. If you have other illnesses, or have bleeding or any problems after the anaesthetic, then sometimes it is safer to stay in hospital overnight for observation.

Although this is unlikely, you should be prepared for an overnight stay in hospital.

### **Will it be painful afterwards?**

The local anaesthetic takes up to 6-8 hours to wear off and you may need to take painkillers for a few days. Paracetamol 1 gram every 8 hours (usually 2 x 500mg tablets but occasionally they are sold as 1 gram tablets so read the dosage on the box carefully) or Ibuprofen 400 mg (usually 2 x 200 mg tablets) every 8 hours.

If the pain is very severe (which is unusual) then alternate the paracetamol and ibuprofen so that you are getting a dose of painkiller every 4 hours. If the pain continues at this level for more than a few days then consult your GP to make sure that all is well.

### **Can I drive afterwards?**

You should not drive, use machinery or make important decisions for 48 hours after your anaesthetic. Even after that it is also important not to drive if pain from the wound could distract you, or prevent sudden movement such as an emergency stop.

### **Going back to work**

You should allow one week off work, especially if your job involves a high level of manual work. You may need to stay off work for longer than this if the healing process is slow. Please make an appointment with your GP if this needs to be reviewed. Avoid heavy lifting for a further two weeks when you return to work.

Please ask staff if you require a sick certificate for work and this will be given to you before you leave hospital. If you require a longer time off work than is indicated on the certificate your GP can provide you with an additional certificate.

### **Do the stitches need to be removed?**

No, the stitches are made of a substance that dissolves so they don't need to be taken out. The length of time that they take to dissolve varies – between 1-6 weeks – although most people take 2-3 weeks for their stitches to dissolve. Only very rarely will the stitches not dissolve properly, and they will need to be removed. If they are still present 8 weeks after the operation then visit your GP.

### **How do I keep my penis clean after the operation?**

It is very difficult to keep a dressing on the end of the penis and most fall off either before you leave hospital or soon after you get home. It is important that any dressing is not applied too tightly so that it does not interfere with the blood supply to the tip of the penis.

In the first 24 hours it is best to let air get to the wound and to allow the wound to seal. Thereafter, just briefly shower or bath the penis daily to keep it clean and wash away any blood or ooze from the wound. A clean dressing pad inside tight underpants seems to be the best way to keep it clean and comfortable.

### **Sexual activity**

Once the wound has healed and the stitches have dissolved, you may resume gentle sexual activity. This is usually two to three weeks after the operation.

## Are there likely to be any complications after surgery?

Most circumcisions are uncomplicated but it is important for you to appreciate that on occasions there can be problems that arise after surgery.

- **Bleeding:** A small amount of oozing from the cut skin edges is normal as is some swelling of the penis. If bleeding is worse than that, we may need to keep you in hospital overnight or, if you have gone home, we may need to see you again. If the bleeding is sufficient to fill a coffee cup or the penis becomes very swollen then call Hopkins Ward on 0118 322 7771. If there is difficulty getting through then ask switchboard to bleep the on-call Urology doctor. If the bleeding is very severe then press on the bleeding point and then either come to the Emergency Department (A&E) or call an ambulance on 999. Such cases are rare and only a very few patients will need to return to the operating theatre to stop the bleeding.
- **Infection:** Any cut or wound can get infected. The signs of infection are redness, pain, swelling and a high temperature. Obviously, some redness, pain and swelling are inevitable after the operation but if it is getting worse after a few days rather than better then visit your GP as a small percentage of patients will need a course of antibiotics.
- **Loss of sensation:** A few patients have complained of loss of sensation after circumcision. It is difficult to know how much of this is due to psychological factors, to the operation, or to the underlying lichen sclerosus which itself can reduce sensation. The vast majority of patients do not complain of this.
- **Narrowing of the tip of the urethra:** Lichen sclerosus can affect the skin of the glans and the urethra. This can lead to narrowing of the tip of the urethra and this can be made worse by circumcision. This is much more common in children than adults but it is important to keep an eye on the tip of the urethra on the glans of the penis to make sure it has not become narrowed. If it is narrowed you should also notice that the flow becomes slower or the urine comes out with a fine jet. If this happens you should contact your GP.
- **You may not like the appearance of your penis after circumcision:** Obviously when the foreskin is removed it will look different. Although many children and men are circumcised and are happy with the result, occasionally patients can be dissatisfied with the way it looks. Equally, when the operation is done for medical reasons, the disease process (e.g. BXO) may also adversely affect the cosmetic appearance. You should bear in mind that the procedure cannot be reversed.
- **Retention of urine:** Although the urethra is not cut or disturbed during this operation, some patients do have difficulty in passing urine afterwards. In adults it can be due to the prostate trouble and some children become so worried it may hurt that they are reluctant to pass urine after surgery. Sitting in a warm bath may be helpful but if you can't pass urine after surgery then call the hospital.

## Is there an alternative to surgery?

Lichen sclerosus can be controlled, to some extent, by strong steroid creams but for most patients with LS it delays, rather than replaces, the need for circumcision. Chronic fungal infections can be controlled with anti-fungal cream although the infection frequently recurs when stopping the cream treatment.

## Are there likely to be any complications if I don't have the operation?

There are unlikely to be any serious consequences of not having surgery for chronic fungal or Zoon's balanitis except the need to put up with the discomfort. Patients with lichen sclerosus rarely face more serious consequences if they remain uncircumcised.

- **Progression of the lichen sclerosus:** Leaving mild lichen sclerosus is unlikely to have any serious consequences except that it might, with time, get worse. It can involve the glans penis and the thickening and discolouration of the skin is usually permanent and can be unsightly.
- **Urethral involvement:** With more severe lichen sclerosus, the chances of affecting the urethra increase. If the narrowing goes down the urethra it can require quite lengthy and complex surgery but this is rather rare.
- **Penile cancer:** Lichen sclerosus is common and penile cancer is exceptionally rare but when we do see penile cancer it is often in association with lichen sclerosus. The risk of developing cancer is very, very small but fit patients with severe lichen sclerosus (i.e. they cannot withdraw their foreskins to clean underneath) may take this remote possibility into account when deciding whether to have a circumcision.

## During the first 24 hours following your discharge

If you have any further concerns about your surgery, the Frederick Potts Unit can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team 0118 322 8629. If you need help/advice outside these hours, then either call your GP or NHS 111. For emergencies only, telephone the hospital switchboard on 0118 322 5111 and ask to speak to the oncall urology doctor for advice. If you have serious concerns, go to your nearest A&E. After 24 hours, please seek advice from your GP.

## Useful numbers

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your nurse.

Adult Day Surgery Unit:	0118 322 7622
Pre-Operative Assessment:	0118 322 6546
Hopkins Ward:	0118 322 7771
Royal Berkshire Hospital:	0118 322 5111
West Berkshire Community Hospital:	01635 273492

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Urology, March 2026. Next review due: March 2028.