



RADICAL CIRCUMCISION FOR PRE-CANCER OR CANCER OF THE FORESKIN

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



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<https://rb.gy/y5ff7v>

KEY POINTS

- Radical circumcision is usually performed as a day-case procedure under local or general anaesthetic
- Your entire outer & inner foreskin is removed, leaving the head of your penis fully exposed
- Your penis will look and feel different after a radical circumcision
- We use absorbable sutures which normally disappear within three weeks
- The procedure is usually carried out for pre-cancer or cancer of the foreskin

What does this procedure involve?

The procedure involves complete removal of the inner and outer foreskin. It is usually performed for the following reasons:

- severe chronic inflammation of the foreskin e.g. lichen sclerosus
- abnormal lesions of the foreskin; or
- cancerous (or pre-cancerous) lesions of the foreskin.

What are the alternatives?

- **Topical chemotherapy creams** – for pre-cancer, creams may decrease the size of the lesion. However, removing the entire foreskin is associated with better outcomes

- **Cryotherapy or laser treatment** – but for pre-cancer, studies have shown that radical circumcision gives better long-term outcomes

The above alternatives are not suitable or effective in everyone, but your specialist will be able to advise you accordingly.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

If you are having local anaesthetic, an anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.









Details of the procedure

- we normally use a full general anaesthetic and you will be asleep throughout the procedure, but local or spinal anaesthetic may be used instead
- we use local anaesthetic nerve blocks to numb your penis during the procedure even if you have had a general anaesthetic, to provide post-operative pain relief
- you will be given an injection of antibiotics before the procedure, after you have been checked for any allergies
- we make a circular incision in your foreskin, just below the head of your penis, and remove the whole foreskin leaving the glans (head) completely exposed
- the skin of your penile shaft is stitched back at a level just below the head of your penis
- we use absorbable sutures which normally disappear within three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you

should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk	
Swelling of your penis which may last for up to three weeks		Almost all patients
Increased sensitivity of the head of your penis for a few days to weeks		Almost all patients
Permanently reduced or altered sensation in the head of your penis		Almost all patients
Infection of your wound requiring antibiotics or further surgery		Between 1 in 10 & 1 in 50 patients
Bleeding from the wound requiring further surgery or a special dressing		Between 1 in 10 & 1 in 50 patients
Dissatisfaction with the cosmetic appearance		Between 1 in 50 & 1 in 250 patients
Swelling of the glans or skin of the penile shaft requiring further surgery		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);

- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you will get some swelling & bruising of your penis which may last from several days up to a couple of weeks
- it can take up to eight weeks before your penis returns to its final cosmetic appearance
- your exposed glans penis will feel very sensitive for the first few weeks; your penis will eventually become a little less sensitive than it was before the surgery
- if the exposed glans becomes very dry, apply a little vaseline or epaderm ointment; this can also help decrease the early sensitivity
- your sutures will usually absorb within three week
- regular Sitz (salty) baths help with healing after 3 weeks or so
- simple painkillers such as paracetamol should help with any discomfort you experience
- any dressing usually falls off within 24 hours; if it does not, or if it becomes wet with urine, you should remove it a re-dress your penis lightly (we will give you extra dressings on your discharge from hospital)
- some surgeons use a special, blue-tinged, tissue glue to cover the wound; do not peel this off
- try to keep the area dry for 24 to 48 hours and, in particular, avoid soaking in a bath
- you should not swim for two to three weeks unless approved by your specialist
- you will continue to get erections as normal after the procedure but you should refrain from any sexual activity (intercourse or masturbation) for at least four weeks
- when you first get erections, you may feel some tightness and discomfort around the scar tissue; this will settle within a few months as the tissues regain their normal elasticity

It usually takes up to 14 days until the results of the pathology analysis are available; these will be discussed in a multi-disciplinary team (MDT) meeting before any further treatment decisions are made. We will let both you and your GP know the results.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP or access your local [NHS Smoking Help Online](#);
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.