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Post Operative Care for a Teen or Adult Circumcision

A General Guide



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with little or no knowledge of the true medical facts, who express their own prejudices, especially ones fuelled by anti-Semitism. These sites, which often have deliberately confusing names, regularly give incorrect and even thoroughly dangerous 'advice' and must be avoided.

Some false sites are actually so very dangerous that their 'advice' can seriously set back your healing. Please, therefore, only use the sites recommended below, and those they link to, in order to get medically correct information.

Recommended links

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommended as they are based on medically correct information. Inter-Circ has no control over the content of external sites and therefore does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum
<https://groups.io/g/inter-circ>

The Circumcision Helpdesk™ Web Sites
<http://www.circumcisionhelpdesk.org>
<http://www.circinfo.com>

The Circ-Info Web Site
<http://www.circinfo.net>

The Circumcision Facts web Site
<http://www.circfacts.org>

The Circlist Web Site
<http://www.circlist.com>

For your own notes

You may wish to use the remaining space to record the doctor's instructions or other information that you may have acquired. You may also find it helpful to keep a separate diary of the event and the progress of recovery.

gives the illusion that the penis is shorter in length. When the swelling settles this will noticeably disappear.

The only time when the effective length of the penis may actually be reduced is if one has requested and received an ultra-tight circumcision that has pulled a significant amount of abdominal skin onto the penile shaft.

The tension on the penile skin may then be enough to pull the penis back towards the abdomen whilst at the same time extending the abdominal skin forwards, thus hiding some of its true length. This skin may gradually expand over time, reducing the tension and showing the true length again. This situation is rare in normally performed circumcisions.

Erections may not be as strong during the immediate post-operative period as they used to be. Again these will return to normal once healing is complete and the penis has fully settled down.

One positive change may be that, without the compression of a foreskin, the rim of the glans expands to its maximum natural potential as healing is completed.

It should, of course, be noted that obesity always hides some of your penis length.

My question has not been answered

Although every effort has been made to ensure that this booklet is as comprehensive as possible on all of the major post-operative issues after being circumcised, it is inevitable that it will fail to answer every question or concern that you may experience during the post-operative period.

We always recommend asking your medical practitioner or surgeon for advice if you are in any doubt or if you are concerned about any aspect of your recovery. If you have not found a suitable answer to your question within this booklet then you should contact your doctor for information.

It is essential that you call or visit your doctor immediately if you have serious concerns about your recovery, e.g. bleeding, infection or the wound opening.

For further help and support, you can always ask questions on Inter-Circ: The International Circumcision Forum. The membership can help and advise you on their basis of their own knowledge and experience. The forum is not, however, a substitute for medical advice from your own medical practitioner.

We would welcome suggestions for any improvement to this guide. Please submit them via the Inter-Circ Forum, or by e-mail to info@circumcisionhelpdesk.org

Beware of false sites

There are many false web sites and social media areas claiming to provide genuine information on circumcision. However, they are run by anti-circumcision fanatics

Post Operative Care for a Teen or Adult Circumcision

A General Guide

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in conjunction with The Circumcision Helpdesk™**

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Inter-Circ: The International Circumcision Forum

is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to discuss topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:

<https://groups.io/g/inter-circ>

Disclaimer

Whilst every effort has been made to ensure the accuracy and applicability of the information contained within this booklet, it is intended as a general guide only and not as a source of complete or totally indisputable information. The authors stress that if you are in doubt about your post-operative care, or you are concerned with some aspect of your recovery, then you should immediately seek the advice of your medical practitioner or surgeon. This guide is not intended as a substitute for the advice of a doctor and nothing herein is to be construed as 'medical advice'.

If your doctor has given you specific instructions regarding after-care, which differ from the general advice in this booklet, you may wish to discuss these with him, but ultimately take his advice as they may be specific to the methods used.

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Overall, it is best to avoid deliberately inducing an erection before healing is complete. Of course, nocturnal erections are involuntary and cannot be avoided.

Smoking

Any form of smoking, whether tobacco or other substances, reduces the oxygen carrying capacity of the blood and hence slows down healing. It is advisable to at least cut down smoking to a minimum until healing is complete.

Alcohol

Alcohol dehydrates you which, in turn slows down healing. You should therefore not drink during the first two weeks and thereafter limit alcohol intake during healing to not more than one glass of wine, cider or beer – taken with a main meal – once in the week.

Time off school or work

There is no absolute need to take time off school or work after circumcision, but you may find it very hard to concentrate on work for the first few days and it may be useful to take a week off.

A week (or even two) off work is very desirable if you do heavy lifting or if your job keeps you seated and unable to freely move around for long periods (e.g. in call centres).

If a general anaesthetic or heavy sedation was used you must not drive nor operate machinery for at least 24 hours. You should also take this time off school as you may not be able to concentrate on learning.

Sports

You must not participate in fast-moving, high impact or contact sports such as football, soccer, rugby, basketball, boxing or wrestling; nor in running, cycling, or horse riding until your circumcision has fully healed. You should also avoid swimming pools and hot tubs as the chlorine in the water may sting the wound and delay healing. Sea, lake or river swimming is definitely contra-indicated to avoid infection.

Has circumcision shortened my penis?

It is a common myth that circumcision makes the penis shorter. A circumcision does not reduce, nor extend, the length of the penis. The penis will remain the same size that it was prior to circumcision (with the exception of the irrelevant former overhanging length of the removed foreskin).

Part of the reason this concern arises is due to the amount of swelling in the immediate post-operative period. When the penis is swollen and looks ‘fatter’ it

The frenulum

Regardless of whether or not your frenulum was removed during your circumcision, the area will still require attention as part of your post-operative care. If the frenulum has not been removed during your circumcision then its area will very likely have been cut and stitched anyway. If the frenulum has been removed, then stitches (or glue) will definitely have been used to close the wound in that area.

The frenulum is often the most 'angry' looking part of the penis while it is healing and takes a little longer than the main wound to heal. It is normal for the frenulum to bleed a little occasionally and also for lymph fluid to ooze from the area. Heavy or prolonged bleeding from the frenulum may be indicative of a cut sustained to the frenular vessels and if this is experienced you should immediately seek medical advice.

A white appearance during healing is not infection but dead skin resulting from the cautery used to stop bleeding.

Lifestyle factors

Sex and masturbation

There aren't any fixed rules when it comes to sex and masturbation in the post-circumcision period, but don't be over eager to have sex, or masturbate, until your circumcision has fully healed, which will normally take up to eight weeks. Some people may feel comfortable in resuming sexual activity sooner than others. However, a person definitely should not attempt have sex or masturbate while they still have stitches or glue present as this may cause injury or opening of the wound. It is probably unlikely that a person would feel sufficiently able to resume such activities that quickly anyway.

As a guide, it is generally recommended to avoid masturbation for at least 3-4 weeks, and then to do so only gently, stopping at once if any pain is felt. If you need relief during the healing process then try techniques which stimulate places other than the glans and scar line. These can include squeezing the shaft alone, massaging the nipples or prostate massage.

It is also recommended to avoid sexual intercourse for 6-8 weeks, and to avoid anything rigorous for a while thereafter. It is important to remember that the penis will still be healing at this time and therefore there is a possibility that injury could occur unless caution is exercised. To avoid excessive friction on the healing scar line, and any exposed inner foreskin, you should consider the use of a condom.

A condom should always be used for penetrative sex (even with a regular partner) until the scar line is completely healed and settled down, which may take two to three months to achieve.

Introduction

A circumcision can be one of the most worrying and emotive events in a man's life (especially for a teenager), owing to the importance of the penis to a male.

Any surgical procedure carries with it anxieties, concerns and potential risks. Though your post-operative experience may be stressful, it will ultimately be worth the temporary difficulties you may experience in the healing period.

This booklet aims to allay your anxieties, address your concerns and explain in simple terms what to do, and what to look out for, after having undergone circumcision as a teen or adult.

There are no hard and fast rules regarding how to care for a new circumcision, so the following information is only a guide. This information has been gathered from a variety of sources including the post-op care advice sheets of several different doctors, as well as hints given on the Internet by newly circumcised men recounting what worked well for them.

Getting advice from others who have been in the same situation is desirable so that you are able to cope as well as possible. Discussion on the Inter-Circ Forum can be especially valuable in answering specific questions, although it should not be used as a substitute for immediately talking to your doctor about serious concerns.

Please note that this booklet refers to circumcision of male teenagers and adults only, not infants or pre-puberty boys for whom there are companion booklets. We hope you will find it useful in aiding your recovery.

Note for parents of teens

Unless your son is at least 18 (16 in some places, such as the UK) you, as parents, will have given your consent to his circumcision and will now have primary responsibility for his post-operative care. However, it is widely recognised that teenage boys, especially older ones, will generally prefer to look after their own care at this time without parental involvement. This booklet assumes that the patient himself will do this, but you may wish to read it anyway in case your assistance or advice is sought by him.

Your son may express regret at the loss of his foreskin or having to undergo surgery, especially if he had no control over it by reason of medical necessity such as phimosis or infection. Be sure to reassure him that circumcision brings many proven lifelong health and sexual benefits. In many parts of the world it is also regarded as an introduction to manhood and a thing to be greatly prized.

Ensure that he reads medically accurate information about circumcision, and help him counter the deliberate lies and half-truths found all over the internet (and Social Media) from anti-circumcision activists, many with a hidden anti-Semitic agenda.

Preparation

A companion booklet entitled Preparation for a Teen or Adult Circumcision can be obtained from the Inter-Circ web site at

[https://groups.io/g/inter-circ/files/Preparation for a Teen or Adult Circumcision](https://groups.io/g/inter-circ/files/Preparation%20for%20a%20Teen%20or%20Adult%20Circumcision)

and is also available from the Circumcision Helpdesk™ via

<http://www.circinfo.com/preparation/prep.php>

As well as very useful advice on preparing for your circumcision, it includes a list of things which you should take to the surgery for use immediately afterwards.

Before leaving your circumcision provider

Your post-op care starts in the doctor's surgery as soon as you are told that the operation is over. The doctor will probably ask you to wait for up to half an hour before leaving the surgery so that he can check and be satisfied that you are not bleeding and that you can urinate without obstruction.

Fortunately these complications are rare. Small bleeds are to be expected as with any surgical procedure, but heavy bleeding may be indicative of parting of the wound or leakage from the deeper blood vessels. In either case blood loss could be significant and immediate medical attention is required.

Experiencing difficulty or pain when urinating could also be serious and should receive urgent medical attention. Note however that the first urination might 'sting' a bit – this is nothing to worry about and will go away after that first time (or possibly the second time).

Ensure that you have received written post-op care instructions from the doctor, which should include an emergency contact number for him in case of any problems. They should also tell you how long to wait before changing the first bandage (see also page 9).

Take some pre-emptive pain relief for when the local anaesthetic wears off (see the Pain relief section on page 7).

Travel

If you live a significant distance away, the doctor may ask you to remain fairly local to the surgery in case of any problems occurring in the 24 hours following the procedure. This would enable you to return easily for corrective action if needed.

Your travel planning also needs to take into account your fitness to travel after the circumcision operation. This will depend partly on the type of anaesthetic (and/or sedation) used.

Infection

Infection rates in the post-operative period are low, and where an infection is present it is normally mild and easily treatable with a standard course of antibiotics. One common error is mistaking lymph fluid for pus. Lymph fluid is the watery yellow-looking fluid which collects in your penis and causes swelling. Leaking a little lymph fluid is normal and is not a sign of infection. Any leaked lymph will dry to a pale yellow crust. Pus, on the other hand, is a thicker, yellow or white, almost custard-like secretion which will smell bad. If in doubt, consult your doctor.

Reducing the risk of infection can be achieved by practising good hygiene techniques, changing the dressings regularly, washing and drying your hands and the penis appropriately, and using an anti-bacterial product appropriate for wounds, such as anti-bacterial Vaseline® or Betadine® dry powder. **Do not** use strong liquid antiseptics as these can destroy newly forming skin and slow down healing.

The circumcision scar

As with other surgeries, a scar occurs where new tissue forms to join the edges of the wound. When the circumcision is performed using an occlusion device (such as an Ali's Klamp™) the foreskin will shrivel and fall away. When the device falls off, the scar will already be formed but may feel very raw. Applying a skin cream containing Vitamin E to the wound will help to dispel this raw feeling.

When the circumcision has been performed by cutting away the foreskin conventionally, the two edges will require stitching or gluing together. If the stitches are close together and the edges of the wound are set tightly against each other, then the scar tissue will form in about two weeks. A loosely stitched wound will take longer to heal. Applying a Vitamin E cream may help to speed up the formation of the scar tissue. The scar line is always more noticeable with a 'high' cut than a 'low' one (or a basal cut). Some men actually like to see a well defined scar and may refer to it as their 'ring of confidence'. To reduce the visible appearance of the circumcision scar, products such as BioOil™ or Mederma™ cream can be used – but only once healing is complete. Do not apply them to a raw wound, were they may delay healing, or whilst the scar is scabbed over where they can do no good until the scabs have all naturally fallen off.

Avoiding skin bridges

If there are raw patches on the glans, e.g. from prior infection or inflammation, then there is a risk that the cut edges of the foreskin may contact and fuse with the glans to form skin bridges.

These can be avoided if the foreskin is gently pushed back away from the glans at each time of washing or change of dressing until fully healed.

Note that contrary to some misinformation on the Internet, water does *not* loosen or dissolve surgical stitches. They are dissolved only by enzymes from within your body.

Urination

Do not be surprised during the first few days if your urine tends to spray instead of forming a neat stream. This is a natural result of the swelling and will correct itself as the swelling subsides. In the meantime you may prefer to sit to urinate.

Sometimes you may find the meatus (piss slit) seems to be stuck closed. This is due to the swelling. Gently pinch the glans from top and bottom to open the meatus before urinating.

Sleeping and nocturnal erections

After your circumcision you may worry about being woken from your sleep by soreness, discomfort or a painful erection. Such worries are common but are easily dealt with. Try to keep to your regular sleep routine and use the lightest bed-covers that will still keep you warm enough. If it's possible, arrange them to keep your pubic area cooler than the rest of your body. It is best not to drink anything in the two hours before bedtime and to empty your bladder before going to bed.

Wearing a clean pair of briefs in bed will keep your penis held snugly; whilst sleeping on your side with your knees drawn up in the foetal position will help to reduce the tension on your penis and helps any erection to subside. You may find it more comfortable to place a thin pillow between your legs if you do this. The first one or two nights are often very uncomfortable, but after this sleeping will become considerably easier. A cold compress, applied immediately before going to bed, can also be used to help.

You may get a better night's sleep if you take the day's last dose of pain relief about 30 minutes before going to bed.

It is rare for a stitch to come loose because of erections, but this can occasionally occur. This is usually nothing significant to worry about and the wound will still heal fully. If you wake in the night with an erection it is advisable to simply empty your bladder, return to bed and distract your mind by reading a book, quietly watching television or playing a computer game until you feel sleepy again.

It is usually best to avoid anti-erection medications as they are unreliable. One medication which may however help is Sudafed® Original Brand which contains pseudoephedrine hydrochloride.*

** This is a controlled substance in some countries so you may have to produce a doctor's prescription and/or identification in order to purchase items which contain it.*

General anaesthetic or heavy sedation

If you had a general anaesthetic or heavy sedation then you will be required to stay at the hospital for several hours to allow it to wear off to the extent that you are safe to leave. However, there will still be a significant amount of anaesthetic or sedative in your system for up to 24 hours (and definitely for at least 6 hours).

You may feel a little disoriented and your judgement will definitely be somewhat impaired. You **must not** drive yourself for at least 24 hours and you **must** have a companion to accompany you home, whether by car or public transport, and stay with you, preferably for 24 hours but at least for 6 hours.

It is safe to fly short-haul (2 hours maximum) with your companion at this time, but you should wait at least 24 hours before flying medium or long-haul, which you can then do unaccompanied.

Local anaesthetic (with or without light sedation)

Provided you have a rest (at least an hour if you have been sedated) plus some food and drink, it is safe to use public transport, or to fly to any destination shortly after the operation, although it may be advisable to wait longer before driving yourself.

It looks horrible! What have I done?

Immediately after circumcision your penis may look and feel very unpleasant. It may look bruised, bloody and swollen and it may feel strange, sore, painful and uncomfortable. This can be a difficult time even for people who are happy and confident with their decision to be circumcised – they can feel overwhelmed by the sight and sensitivity of their penis at this early stage.

Anxiety and regret are common feelings to experience in the immediate post-circumcision period and this is completely natural. It is important to remember three things after you have been circumcised: firstly, that your penis will take time to heal; secondly, that every day that passes yields an improvement; and thirdly, that usually there is nothing to worry about since significant complications are very rare.

Healing and its promotion

How long a person takes to heal from circumcision varies from person to person. Factors such as age, general health, lifestyle, the method used and the style of circumcision performed can all affect how long a person takes to heal. It is also possible that those who had prior penile problems such as phimosis or BXO/LS; or medical conditions such as diabetes, may also require a longer period of healing.

Initial healing usually takes around 3-4 weeks, after which the most important and difficult part of healing is over. General healing usually takes 6-8 weeks to complete. However, it may take as long as 6 months for a person's penis to return to a completely normal-looking condition, with all swelling gone. The frenulum, if it

has been removed during circumcision, is usually the last place to heal. It commonly heals completely within a week of the main wound.

Do not apply any liquid antiseptic to your penis, nor add any antiseptic to bath water, unless prescribed by your doctor. Whilst they do help to kill germs, most are corrosive to new skin and actually slow down healing. In the rare case where an infection develops, see a doctor as soon as possible.

It can be beneficial and very soothing to soak the wound for 10 to 15 minutes a couple of times a day in a cupful of cooled, boiled water to which has been added a teaspoon (approx. 6g) of Epsom Salts (or common salt if Epsom Salts are unavailable). This soothes, promotes healing and reduces the risk of infection.

Please note that you may experience some 'stinging' from the action of the salt. This is normal and a sign it is doing good.

Swelling

Swelling is to be expected after circumcision. The amount of swelling and how long it may last will vary from person to person. Some people can expect the whole penis to look 'inflated', whereas for others the swelling can be localised; usually like a rubber ring around the base of the glans. Either way, this is completely normal.

The more of the thin inner foreskin that is retained the more swelling there is likely to be, and the longer it may last. Any swelling will also reduce significantly once the stitches or staples (if used) are all out. Do not be surprised if the scrotum initially swells due to lymph draining into it. All will be well after a few days; but wearing briefs rather than boxers will provide useful support.

As long as the swelling doesn't cause any pain, nor obstruct the free flow of urine, there is usually nothing to worry about.

To ease the swelling experienced, it is recommended to raise the penis skyward and to support the penis in that upright position for as long as possible; this will allow the lymph fluid, which causes most of the swelling, to drain away. Wearing fairly tight supportive underwear may help you to do this. Some have suggested wearing a jock strap, snug briefs or athletic compression shorts to aid in keeping the penis pointed up. There are also Chinese-made KingStyle briefs with a special pocket to keep the penis pointed up; however some people may find these too uncomfortable, and if so, they would be better avoided. Post-operative swelling will reduce in 6-8 weeks, but the penis may still look a little swollen for up to 6 months.

Peeling glans

Whilst not everyone will experience it, it is not unusual for the glans to peel (similarly to sunburn) as it adjusts to being permanently exposed. This is nothing to worry about but some moisturising cream can usefully be applied at this time.

followed by applying a new, sterile bandage to protect the wound as it continues to heal. A thin coating of a bland ointment, e.g. Vaseline® or Sudocrem®, before applying the bandage will reduce the possibility of blood making it stick to the skin.

The following is a list of things which may help when changing your bandages:

- Soak the bandages off as for the first one and replace them with new ones until there is no longer any blood or lymph on the old bandage.
- Use a liberal amount of Vaseline® on the glans, shaft and bandages. This will prevent the material sticking to your wound, glans or frenulum.
- Use a small gauze pad, coated in Vaseline®, to protect the frenulum area while healing.
- If your doctor has supplied you with some, use Betadine® dry powder antiseptic on the penis to help guard against infection.
- Use appropriate surgical tape when sticking the gauze bandages. The bandage and tape should be firm but not tight. A little room for movement can be advantageous.
- Use a piece of gauze, once again coated in Vaseline®, and place it inside your underwear on top of the exposed tip of the glans which has not been covered by the bandage. This will avoid any pain from the glans sticking to the underwear.

You should change your bandages subsequently every 24 to 48 hours. Do not be concerned with small amounts of urine splashing the bandages, but if very wet they should be changed as soon as possible. The use of petroleum jelly (Vaseline®) will not cause any infection.

Washing and bathing

Keeping your penis clean is extremely important while your circumcision is healing. For as long as your initial doctor's bandage remains on, you should refrain from baths and showers. Clean yourself instead using a wet towel or wash cloth and avoid wetting the bandage. The circumcision wound should be watertight in 48-72 hours (2-3 days).

After you have changed your initial bandage, you should still try to avoid taking a bath as you risk washing dirt and bacteria into the wound. Taking a shower is the preferable option of the two. But if you do so, then you should place one hand above your penis and be cautious of the force of the water on your wound. Your hand will take the force of the water while still allowing the penis to get wet.

When changing the bandage, shower first to remove dirt from your body and then soak the bandage in fresh, salted water in the bath to remove it as previously described.

get it off. Just remove as much as possible, but don't pull too hard nor pick at it, however much you'd like it all off, as you may disturb the glue.

Dry your penis and any remaining small bit of old bandage (get it reasonably dry, but it's not essential to get it totally dry). Apply the replacement bandage over the remaining bit. The stuck bit of initial bandage will probably fall off next time you do a bandage change.

Do not apply any ointments or creams over the glue.

Bandages

Some doctors bandage only the immediate area of the cut but most will apply a bandage to the whole shaft. This bandage will normally be of a special compression type or else be wound tightly around the penis. It serves two purposes: to protect the wound, and to contain and reduce the swelling.

Removal of the initial bandage is a compromise between maintaining the compression for as long as possible to reduce swelling as fast as possible, and changing the dressing on the wound before it sticks too much to the healing skin. If it is left for too long the potential for infection also increases significantly.

If your doctor has not specified a different time, two days after the operation is generally regarded as the best compromise time. Before you remove your bandage, and before you re-dress the wound, you should ensure that your hands are thoroughly washed and that the immediate 'changing' environment is clean. All dressings you use should be *new* and sterile. The initial bandage will, most likely, be well caked in blood (particularly the inner layers) and will need to be soaked off in the bath to avoid tearing the healing wound.

Put only enough lukewarm water in a bath as needed to just cover your groin completely. Mix in a table-spoon (approx. 25g) of Epsom Salts (or common salt) to promote healing. DO NOT add any form of antiseptic solution. Clean a pair of small scissors by dipping in an antiseptic solution followed by a quick rinse in clear water (they will not actually touch your wound, so need not be absolutely aseptic). Use these to cut the bandage into manageable lengths as you unwind it. (Having a small plastic bag available to put the used bandage into is a good idea.) Slowly unwind the bandage, stopping whenever you start to need to use any force to release it – let the water soak the clotted blood off and then continue. Be sure to remove ALL of the bandage, including any odd strands of gauze which might otherwise become embedded in the wound (a cleaned pair of blunt tweezers may be useful here).

Once the bandage is off, swill away the bloody water and replace with more lukewarm water and salt. Allow the exposed penis to soak for a few minutes (not too long, but enough to remove caked blood) and then pat dry with a gauze pad

Pain and discomfort

Everyone reacts differently in respect of pain. For most people circumcision will not be truly painful, but significant discomfort is to be expected during the first few days of healing. Some things you can do which will help ease your discomfort:

- Wear comfortably tight briefs-style underwear to keep the penis still and supported.
- Wear loose jogging bottoms, pyjama bottoms or shorts so that you can move more easily.
- Use a liberal amount of petroleum jelly (Vaseline®) on the glans to prevent it sticking to your underwear.
- Wrap some sterile gauze or a few turns of a new bandage around your penis.

Things you should *avoid* which will make you feel uncomfortable:

- Wearing boxer shorts – they do not support the penis nor keep it still.
- Wearing jeans or tight trousers – they are made of hard and rough materials which restrict movement and may cause irritation of the bare glans.
- Keeping the glans uncovered – early contact with underwear can be very uncomfortable, so it is desirable to wait for 2 weeks before acclimatising the glans.
- Moving about too much – the more you move the more irritated the area is likely to be.

Pain relief

Your doctor may give you, or prescribe, a strong painkiller such as one based on codeine. If you wish to 'mix and match' this with other painkillers then check with him first as some must not be used together.

It is a good idea to take a dose of painkillers immediately after the operation so as to prevent any pain if the local anaesthetic wears off during the journey home.

If you have not been prescribed anything stronger you can take both Acetaminophen (Paracetamol/Tylenol) and Ibuprofen. If used together, these are best taken alternately halfway between doses of the other product, but both can be taken at the same time as one another. Be careful to follow their individual instructions precisely. Do not take more than the recommended maximum dose of each. Acetaminophen is preferable to Ibuprofen if only one is being used as Ibuprofen should only be taken with food to avoid stomach problems.

Pain relief tablets take about 30 minutes to be effective, so it is best to take them at regular intervals to pre-empt pain rather than waiting for it to occur.

It is worth noting that many people do not take a sufficient dose of Acetaminophen each time – the Extra Strength works well every 4 to 6 hours. Over the counter

Ibuprofen pills are not very strong; it might be advisable to take 400 mg every 8 hours.

Do **NOT** take Aspirin (acetylsalicylic acid) based product since these thin the blood and have an anti-clotting action which can increase bleeding from a wound. Products based on Paracetamol or Ibuprofen are to be preferred as they also have an anti-inflammatory action.

Circumcision methods

As explained in the booklet on Preparation, there are two major methods of performing a teenage or adult circumcision (namely occlusion or excision).

The *occlusion* method uses a plastic clamp which remains on the penis for a week or so and works by depriving the foreskin of its blood supply, whereupon it dies, turns black and falls away with the plastic clamp, typically in 7 to 14 days. Typical devices used on teens and adults are the Smart KLamp™ or Ali's Klamp™. Occasionally the clamp has to be removed by the doctor after this time. Neither stitches nor bandages are normally required, nor used, with this method. Another occlusion device is the Shang Ring which, however, needs to be removed after 1-2 weeks.

The *excision* method involves cutting off the foreskin with a scalpel, with or without the aid of a clamp or guide. The result is immediate and no clamp remains on the penis afterwards. The cut edges are then stitched, or glued, together. Typical names for this method are Mogen™ Clamp, Gomco™ Clamp, Forceps Guided or Sleeve Resection. The ZSR stapler also falls into this category but no stitches are used.

Depending on the method used, some of the subsequent sections may not apply, especially if an occlusion method has been used.

Stitches (Sutures)

When stitches (sutures in medical parlance) have been used, they need to remain in place long enough for the cut edges to knit together but not so long as to allow the skin around them to fully heal and form 'stitch tunnels'. In practice this usually means that they should only remain for between 12 and 14 days. Non-dissolving stitches must be removed at this time anyway.

If you have dissolving stitches then these *can* be left to disappear of their own accord but are better removed, otherwise the scar may be left with a 'train track' appearance; or small holes, like piercings, which are often referred to as 'stitch tunnels', may result. Please note that stitches are *not* dissolved by water but only by enzymes in lymph which the body brings to the wound site, so you can bath or shower normally without affecting the stitches.

In some cases, surgical glue (see the next section) may have been applied in place of, or in addition to, stitches. Do not pick at the glue, even if it seems loose! Any stitches remaining after the glue comes off should be removed (as above, after 14 days) to avoid 'train tracks' or 'stitch tunnels'.

As stitches close the shaft wound and frenulum area, it is highly likely that they will be found to be covered in blood during the first bandage change. It is recommended therefore that you follow the procedure on page 10 when changing the bandage. Never pick at the stitches to remove blood clots as this may cause them to come undone prematurely. Instead, wash the areas lightly with water and gently dab dry with a gauze pad or cotton buds.

Stitch removal can be done by your doctor or a nurse, or you can do it yourself (preferably just after a shower). If you do it yourself then ensure that the area where you will do it is clean (it doesn't have to be completely sterile). Prepare a pair of fine-bladed scissors, a pair of tweezers and fresh gauze or bandage to re-dress the area.

Locate one of the knots of the stitches and grasp it in the tweezers. Cut just below the knot on ONE side of the stitch and pull it out using the tweezers. Don't worry about a spot of blood, but if it bleeds a lot then stop and wait another couple of days.

Having removed one stitch, move two knots round and repeat. Work like this on alternate stitches until you get back to the start and then remove the intermediate ones. However, if the wound should start to gape open, stop and wait a couple of days before trying again.

If, unusually, the doctor has used a continuous running stitch instead of individually tied and cut stitches, *do not* cut this yourself as the entire suturing will unravel and the wound open if not yet fully sealed. Ask your doctor or nurse to do it for you.

Glued wound closure

Some doctors will use a surgical form of superglue to seal the wound without stitches (or with minimal stitches placed under the join).

Care must be taken not to pick or rub at the glue, even if it seems loose, but to allow it to slough off in its own time (usually up to 2 weeks).

Don't get the glue wet if you can avoid it. No baths for 2 weeks, but showers are ok after 4 days.

When changing the bandages only use a little water trickled on the bandage to loosen any caked blood, don't soak in a bath, as described in the next section, whilst glue remains. Sometimes the initial bandage may be stuck to the glue so as to make it impossible to remove the final bit. Don't worry as it is not essential to immediately