



# A Parent's Guide to Care for Your Son's Infant or Childhood Circumcision



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# **A Parent's Guide to Care for Your Son's Infant or Childhood Circumcision**

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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 the post-operative care for your son, or you are concerned with some aspect of his recovery, then you should immediately seek the advice of your medical practitioner or surgeon. This guide is not intended as a substitute and nothing herein is to be construed as 'medical advice'.

***If your doctor has given you specific instructions regarding after-care you should follow those whenever they conflict with the advice in this booklet.***

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## **Introduction**

The circumcision of your son can be an emotionally traumatic time for you, as parents, as well as for him. Any surgical procedure carries with it anxieties, concerns and potential risks. 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 your son's circumcision. We hope you will find it useful in aiding his recovery.

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, and hints given on the Internet by parents recounting what worked well for them and their sons.

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 infants and pre-puberty boys only, and not teenagers or adults for whom there is a companion booklet. Teenagers would normally expect to look after their own care anyway.

## **Preparation**

A companion booklet entitled "Preparation for Infant or Childhood Circumcision" can be obtained from the Inter-Circ web site at: [https://groups.io/g/Inter-Circ/files/Preparation for Infant or Childhood Circumcision](https://groups.io/g/Inter-Circ/files/Preparation+for+Infant+or+Childhood+Circumcision) and is also available from the Circumcision Helpdesk™ at: <http://www.circinfo.com/preparation/prep.html>

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.

## **Involving your son**

Many boys, especially from 9 onwards, are quite capable of doing at least some of their own post-circumcision care. If you judge your son to be sufficiently capable, or if he asks to do some of it for himself, then you should encourage him to do so as it will give him a much better body image and self-confidence afterwards. You can then allow him to do some things himself, but under your supervision.

To assist you in encouraging your son to do some care for himself, we have produced a separate booklet entitled "A Boy's Guide to His Own Care for a New Circumcision". The booklet is based on this one but has been simplified especially

for you to give to your 9-12 year old son. It can be found in the Files section of the Inter-Circ web site or via [http://www.circinfo.com/post-op\\_care/care.php](http://www.circinfo.com/post-op_care/care.php)

***It is not intended that boys should read and act on that guide without parental approval.***

### ***Before leaving your circumcision provider***

Your son's 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 your son is not bleeding and that he can urinate without obstruction.

Fortunately these complications are very 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 of the deeper blood vessels. In either case blood loss would be significant, especially for an infant, and immediate medical attention would be required.

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

Ensure that you have received written post-op care instructions which should include an emergency contact number for the doctor in case there are any problems. They must also tell you how long to wait before removing the initial bandage (if one was used).

Unless the doctor has done so, or prescribed something stronger, give your son some pre-emptive pain relief for when the local anaesthetic wears off (see the Pain relief section on page 8).

### ***Travel***

If you live a significant distance away, some doctors 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 son's fitness to travel after the circumcision operation. This will depend partly on the type of anaesthetic used.

### ***General anaesthetic or heavy sedation***

If he had a general anaesthetic or heavy sedation then he will be required to stay at the hospital for several hours to allow it to wear off to the extent that he is safe to leave. However, there will still be a significant amount of anaesthetic or sedative in his system for at least 6 hours (and up to 24 hours); he may therefore feel a little disoriented and his judgement will definitely be somewhat impaired.

It is safe to drive him home; to use public transport or to fly short-haul (2 hours maximum) with him at this time, but you should wait at least 24 hours before flying medium or long-haul.

### **Local anaesthetic (with or without light sedation)**

Provided he has a rest (up to an hour if he has been sedated) plus some food and drink, it is safe to travel by car or public transport and to fly to any destination shortly after the operation (although he may not be able to move about enough on a long-haul flight).

### ***It looks horrible! What have I done?***

Immediately after circumcision your son's penis may look 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 parents who were happy and confident with their decision to have their son circumcised, but who may then feel overwhelmed by the sight and sensitivity of his penis at this early stage.

Anxiety and regret are common feelings for parents, and their sons, to experience in the immediate post-circumcision period and this is completely natural. It is important to remember three things after circumcision: firstly, that the 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 as significant complications are very rare.

### ***Circumcision methods***

As explained in the booklet on Preparation, there are two major methods of performing circumcision for an infant or pre-puberty boy.

The *occlusion* method uses a plastic bell or equivalent clamp which remains on the boy's 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 bell or clamp in 7 to 10 days. Typical devices are the Plastibell™, Circumplast™, Smart KLamp™ or Ali's Clamp™. Normally no bandage is required, nor used, with this method. The Shang Ring is another occlusion method but it requires removal after 1-2 weeks.

In the *excision* (or cut and stitch) method the foreskin is pulled forward, temporarily clamped in front of the glans, and then cut off with a scalpel. The cut edges are then stitched (or glued) together. Stitches may, however, be unnecessary for an infant. Typical names for this method are Gomco Clamp™, Mogen Clamp™ or Forceps Guided. The penis will usually be bandaged when this method is used.

The two methods require slightly different after-care. You should ask your doctor which method was used and follow both the general care in the next section and the appropriate after-care section for the method used (on page 10 or 11).

### **General care for all methods**

#### **Food**

A baby should be suckled or given his bottle immediately after the operation. He should be cuddled and reassured as much as possible.

Older children should be given a sweet drink (e.g. Coke) and something to eat, such as chocolate, whilst waiting for their penis to be checked. This will reduce any tendency to post-operative shock.

#### **Swelling**

After the operation your son's whole penis may be swollen and look very bruised. This is a normal effect of the injected anaesthetic as well as the cutting and general handling it necessarily receives. The swelling and bruising will gradually reduce over the next week or two.

The more of the thin inner foreskin that is retained the more swelling there is likely to be. As long as the swelling doesn't cause any pain, nor obstruct the free flow of urine, there is usually nothing to worry about.

For older boys, raising the penis skyward in his underwear (as indicated in the following section) will allow the lymph fluid, which causes most of the swelling, to drain away. Swelling will also reduce significantly once the stitches (when used) are all out.

#### **Peeling glans**

Sometimes, especially when an older boy is circumcised, the glans may 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.

#### **Nappy/Diaper**

A baby's nappy/diaper should be changed as soon as possible each time it becomes damp or soiled.

#### **Underwear and trousers**

If your son normally wears boxers he may find that they give his penis insufficient post-operative support. You may wish to consider buying him some briefs which will hold his penis in position and thus reduce the uncomfortable rubbing of the bare glans, which it would otherwise receive if allowed to move freely in boxers.

Keeping the penis pointing upwards in the tighter underwear helps drain away lymph and thus reduce the swelling. Padding his underwear in the frontal area will protect against knocks and further hold his penis in place.

He should avoid tight trousers or jeans so as not to produce pressure and rubbing on the penis from them and to allow more air to circulate for promotion of healing.

### **Bathing and Showering**

Keeping your son's penis clean is extremely important while his circumcision is healing. For as long as the initial doctor's bandage remains on, no baths or showers should be taken. Instead, a wet towel or washcloth should be used to avoid wetting the bandage. The circumcision wound should, however, be watertight in 2-3 days.

Subsequently, a baby should be given a daily bath as usual whilst a boy can shower or bath normally (until healing is complete, a shower is preferable to a bath for an older boy so that he does not have the wound in dirty water). When showering, he should place one hand above his penis and be cautious of the force of the water on the wound. His hand will take the force of the water while still allowing the penis to get wet. When changing the bandage, he should shower first to remove dirt from his body and then soak the bandage in fresh water in the bath to remove it as described later on page 12. However, if glue has been used see page 11 regarding keeping it dry.

When using a bath, add a table-spoon (approx. 25g) of Epsom Salts (or common salt if Epsom Salts cannot be obtained) to the bath water to promote healing.

If the doctor has given you some antiseptic powder then it should be used as he has directed once the boy is dry after bathing or showering.

### **Healing**

Babies and young children tend to heal quite quickly, but factors such as age, general health, the method used, and the style of circumcision performed can all affect how long healing takes. It is also very likely that those with prior penile problems such as BXO/LS or phimosis; or some existing conditions such as diabetes, may require a longer period of healing.

As a guide, a baby will normally heal fully in less than two weeks, and a young boy about 3 weeks; whilst a boy approaching puberty may take up to 6 weeks. The frenulum, if it has been removed, is usually the last place to heal. It commonly heals completely within a week of the main wound.

Do not apply any antiseptic liquids or creams to your son's 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 cases where an infection develops, see a doctor as soon as possible.

Once the bandages are off, it can be beneficial and very soothing for an older boy 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 table salt if Epsom Salts cannot be obtained). This promotes healing and reduces the risk of infection. Please note that he may experience some stinging from the action of the salt – this is normal and a sign it is doing good.

### **Urination**

Do not be surprised if your son's urine tends to spray instead of forming a neat stream for the first few days. This is a natural result of the swelling and will correct itself as the swelling subsides. He may find it more convenient to sit rather than stand to urinate during this time.

### **Pain relief**

A local anaesthetic will normally continue to be effective for a couple of hours after the operation, but it may be useful to give your son an age appropriate dose of painkillers immediately after the operation, before leaving the surgery, to prevent any pain as the local anaesthetic wears off during the journey home.

Your son should not be in pain after this but may experience significant discomfort for a few days. If this happens then he should be given appropriate pain relief for his age. Be sure to read the instructions regarding dose and frequency carefully.

It is worth noting that one may use both Acetaminophen (Paracetamol/Tylenol) and Ibuprofen pain relief (but Ibuprofen must **NOT** be given to children under 12 years old). 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 give your son more than the recommended maximum dose of each for his age.

Do **NOT** use Aspirin (acetylsalicylic acid) based pain relief as this thins the blood and makes bleeding more likely. Paracetamol (or Ibuprofen) based medicines are to be preferred as they also have an anti-inflammatory action. Some doctors may prescribe other, stronger, tablets.

If a baby does not settle then, provided he is at least 2 months old, you can use an infant pain relief (e.g. Infant Calpol®). Otherwise consult the doctor.

### **Infection**

With care, infection rates in the post-operative period are very low, and where an infection is present it is normally mild and easily treatable with a standard course of antibiotics from your usual doctor. One common error is mistaking lymph fluid for pus. Lymph fluid is the watery yellow-looking fluid which collects in the penis and causes swelling. Leaking a little lymph fluid is normal and is not a sign of infection.

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 any 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.

### **Sleeping**

After his circumcision an older boy may worry about being woken from sleep by soreness, discomfort, nocturnal erections or the need to urinate. Such worries are common but are easily dealt with. Try to keep to his regular sleep routine and use the lightest bed-covers that will still keep him warm enough. If it's possible, arrange them to keep his pubic area cooler than the rest of his body. It is best that he does not drink anything in the two hours before bedtime and for him to empty his bladder immediately before going to bed.

Wearing a clean pair of briefs in bed will keep his penis held snugly. Sleeping on his side with his knees drawn up in the foetal position will help to reduce the tension on his penis. He may find it more comfortable to place a *thin* pillow between his legs if he does this. The first one or two nights are often very uncomfortable, but sleeping will soon become considerably easier. A cold compress, applied just before bed, can also be used to help.

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 as the place will still heal. If he wakes in the night with an erection it is advisable for him to simply empty his bladder, return to bed and (if necessary) distract himself by reading a book, quietly watching television or playing a computer game until feeling sleepy again.

### **Sports, etc.**

Your son *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 his circumcision has fully healed.

He should also avoid swimming pools and hot tubs as the chlorine in the water may sting the wound and delay healing. Sea, lake and river swimming is definitely contra-indicated to avoid infection.

### **Time off school**

There is no absolute need for a boy to take time off school after circumcision, but he may find it very hard to concentrate on work for the first few days and so it may be useful for him to take up to a week off depending on how he feels.

Wherever possible, many parents arrange their son's circumcision for early in the main school holidays so that he is fully healed and returns to school on schedule.

### **Possible problems**

Notify the doctor immediately if:

- There is persistent bleeding
- There is excessive swelling
- The boy is in significant pain or the baby fails to settle
- The wound becomes infected
- The stitches or glue (if used) have not fallen out/off after 14 days
- The plastic bell or equivalent (if used) slips down onto the shaft of the penis
- The plastic bell or equivalent (if used) has not fallen off after 10 days

### ***Occlusion method (e.g. Plastibell™, Circumplast™ or equivalent)***

#### **General**

Very little special care is needed when this method is used.

A dark brown or black area around the plastic bell (or clamp) is perfectly natural. This is dead skin and will fall away along with the bell. The skin under the string or clamp may also become soft and yellow (like a baby's umbilical cord stump) which is quite normal.

The bell or clamp will fall off naturally after about a week, leaving a fully healed circumcision. Do not attempt to pull the bell or clamp off your baby or young child even if it seems loose. It sometimes hangs by the last vestige of dead skin, but leave it fall off of its own accord. During healing, it may be necessary to use suitable clothing to prevent a baby or young child having access to his penis.

An older boy must be warned against attempting to speed up the release of the bell or clamp by pulling at it, even when almost off.

#### **Adhesions and skin bridges**

The glans may be a little raw from separation of adhesions, especially with infants and young boys. It is very important to ensure that the glans and the cut edge of the foreskin cannot come into contact so as to prevent the two fusing together and forming 'skin bridges' once the bell or clamp has fallen off.

The exposed cut edges should always be gently pushed back away from the glans and petroleum jelly (Vaseline®) applied to stop them sticking together. This should be done each time the baby is changed or bathed. For older boys it should be done every morning and evening as well as after bathing or showering.

This protection against the formation of 'skin bridges' must be continued for at least a month after the bell or clamp has fallen off, or longer if the glans or circumcision site still look red or raw.

## **Bleeding**

There may be a little pink or red staining of the nappy/diaper or underwear for a few hours after the circumcision and again when the ring (or clamp) separates. There should not be any significant or sustained bleeding – **should this occur contact the doctor immediately or take the boy to the Hospital Emergency Department. This is especially important for infants as they have only a small total blood volume.**

## **Excision method (e.g. Gomco™, Mogen™ or Forceps Guided)**

### **Bleeding**

There may be a little staining of the bandage for a few hours after the circumcision. There should not be any significant or sustained bleeding.

If there should be excessive bleeding: – using the thumb and index finger, make a ring around the penis in the area of the circumcision and squeeze tightly for **FIVE MINUTES**.

**If the bleeding does not stop, contact the doctor immediately for advice or take the boy to the Hospital Emergency Department. This is especially important for infants as they have only a small total blood volume.**

### **Stitches (medically called Sutures)**

If stitches have been used, these will usually fall out by themselves within 12-14 days and no special action normally needs to be taken about them. In the case of older boys it is a good idea to ask the doctor or nurse to remove the stitches after this time to ensure that 'stitch tunnels' cannot form.

Contrary to some misinformation on the internet, water will *not* dissolve or loosen the stitches, so the boy can be bathed or showered normally once the initial bandage is off.

### **Surgical glue**

In some cases, particularly for older boys, the doctor may have used a surgical glue instead of, or in addition to, stitches to seal the wound. It is important that you and your son do not rub or pick this off, even if it seems to be loose. Always allow it to fall off of its own accord when it has finished doing its job (usually up to 2 weeks).

Don't get the glue wet if you can avoid it. No baths for 2 weeks, but showers are usually 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 get it off immediately. Just remove as much as possible, but don't pull too hard nor pick at it, however much you or he would like it all off, as you may disturb the glue.

Dry his 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.

### **Dressings (Bandages)**

Your son may have only a light dressing over the wound itself or the doctor may have applied a compression bandage to the whole penis. In either case, if the dressing falls off early do not worry. There is no absolute need for another dressing to be applied, but you can use a light one if you wish, which will keep the wound cleaner.

Timing the 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 bandage on the wound before it sticks too much to the healing skin. If it is left for too long the potential for infection 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 the 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 son's 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 the 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 dressings, 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 dressing 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 any caked blood) and then pat dry with a gauze pad followed by applying a new 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.

Some boys, even quite young ones, may be happier changing the dressing for themselves under supervision. Please see the section 'Involving your son' on page 3.

The bandages should be subsequently changed every 24 to 48 hours in the same way. Do not be concerned with small amounts of urine splashing the bandages, but if very wet they should be changed as soon as possible.

### **Adhesions and skin bridges**

The glans may be a little raw from separation of adhesions, especially with infants and young boys. It is very important to ensure that the glans and the cut edge of the foreskin cannot come into contact, so as to prevent the two fusing together and forming 'skin bridges'.

The edge of the foreskin should be gently, but firmly, pushed back off the glans and a little petroleum jelly (Vaseline®) smeared on the wound and glans each time the baby is bathed or changed. For older boys this should be done every morning and evening as well as after bathing/showering and when changing the bandage.

This needs to be continued for at least a month after healing seems to be complete.

### **Explaining circumcision**

If your son was circumcised as a baby or toddler he will have little or no memory of the event. It is important to take an early opportunity, commensurate with his age and understanding, to point out why his penis may look different from those of some other boys – before they do; which often happens soon after starting school when boys compare penises at the urinals.

If he is circumcised as an older boy, he may well ask why he has just been circumcised – unless of course you have carefully explained everything to him beforehand, which is the best way to do things.

Whenever you have this dialogue, it is important that you be positive to help him feel good about this small change to his body and to counter any ill-informed

teasing he may have from friends. Encourage him to joke and laugh with them, and not to be upset by it.

It greatly helps if his father or other close members of the family have been circumcised because boys look up to their dads, etc. as role models.

If your son has been circumcised for medical reasons after infancy, point out that there are many proven health and hygiene benefits to being circumcised. Explain that for Jewish and Muslim boys, and in many places, like Africa, the Philippines and many Pacific Islands, it is admired as a mark of belonging to their group; coming-of-age and manhood.

If you judge your son is mature enough you might choose to include the sexual dimension, detail the health benefits and preference of female partners for circumcised penises.

Failure to properly explain circumcision and its benefits to your son will lead to him obtaining erroneous information from ill-informed peers or, worse still, reading and believing the utter nonsense promulgated on the internet by the tiny (but noisy) group of anti-circumcision fanatics (many of whom have a secondary anti-Semitic agenda).

The Circumcision Helpdesk™ has a booklet (All About Being Circumcised) which may be useful in explaining things to a 7-10 year old.

A booklet on the general health benefits of circumcision can also be obtained from the web site at <http://www.circinfo.com>.

### ***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 your son's circumcision, it is inevitable that it will fail to answer every question or concern that may be experienced 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 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 son's recovery, e.g. bleeding, infection or the wound opening.

For further help and support, you can always ask questions at Inter-Circ: The International Circumcision Forum. The membership can help and advise you on the 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](mailto: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, 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 son's healing. Please, therefore, use only 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>

Professor Dr Morris's Web Site

<http://www.circinfo.net>

The Circumcision Facts Web Site

<http://www.circfacts.org>

The Circlist Web Site

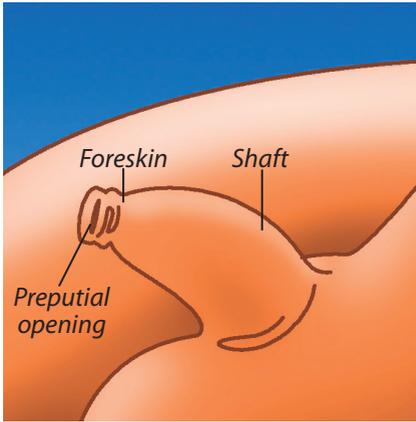
<http://www.circlist.com>

### ***Keeping your own notes***

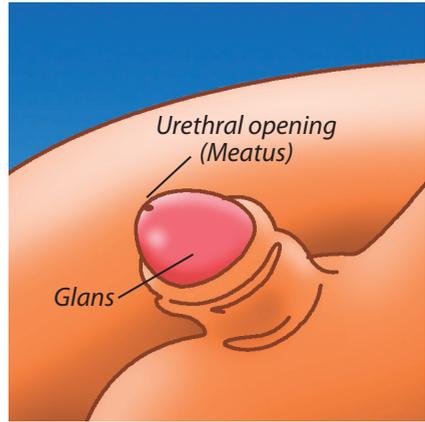
Noting down hospital/clinic instructions or other information that you may acquire will prevent them being forgotten. You may also find it helpful to keep a diary of the event and the progress of your son's recovery.

## Circumcised and uncircumcised penises

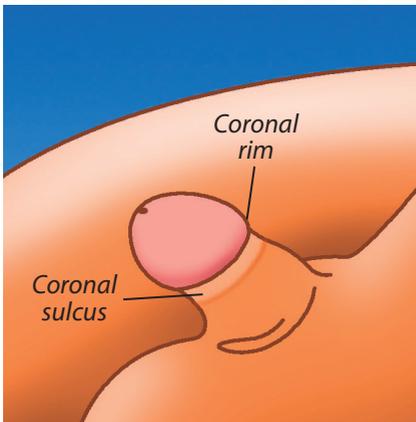
Uncircumcised penis  
with foreskin in normal position



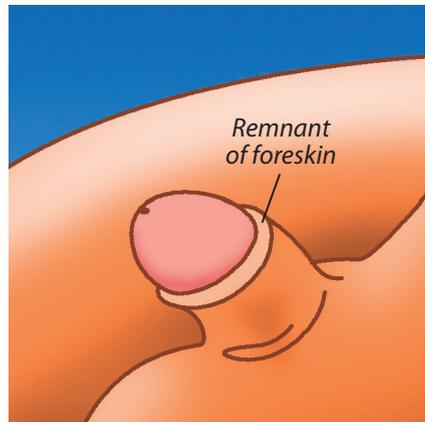
Uncircumcised penis  
with foreskin retracted



Circumcised penis - tight

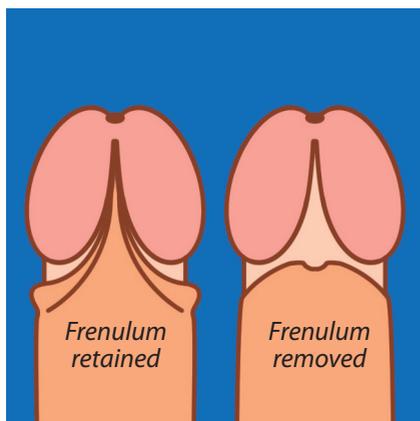


Circumcised penis - loose



The appearance of the circumcision may vary according to the method used, the intentions of the surgeon and parental requests. The aim should be to achieve full glans exposure but, initially, the remains of the foreskin may encroach upon it. When the circumcision is done in infancy or early in childhood, the foreskin remnant will usually fail to grow as the penis develops and full glans exposure should be apparent before or by puberty. For older boys a 'tight' circumcision should be requested to keep the glans clear at all times.

**Ventral (underside) view to show the Frenulum**



The frenulum is an 'elastic band' type of structure which sits in the groove on the underside of the glans. It tethers the foreskin to it as a means of stabilising the foreskin and assisting the re-covering of the glans as an erection subsides. If the frenulum is too short and tight (a common condition known as frenulum breve) it can cause problems, particularly restricting retraction for daily hygiene and inhibiting sexual activities.

For this reason and because the removal of the foreskin renders it redundant, the frenulum is usually (but not always) removed as part of a circumcision.

**Plastibell™ Circumcision**



This device is inserted over the glans and under the foreskin. To facilitate this, any adhesions between the two are separated with a blunt probe and the top of the foreskin is cut with scissors along its length, enough for the bell to reach the coronal sulcus (the groove behind the glans).

A mark having been made to determine the amount of foreskin to be removed, the foreskin is pulled up over the bell and surgical thread is tied very tightly around it on the outside of the foreskin, drawing it into a groove in the skirt of the bell. When done, the handle of the bell is broken off to leave the ring of plastic. Most of the foreskin

is then trimmed off with scissors leaving a small margin above the thread. This turns blue/black in about a week or ten days, from loss of blood supply, leaving a sealed and healed wound needing no further attention. The Plastibell™ comes in a range of sizes with a punched card for the doctor to measure the penis and choose the correct one. It works fine for infants and young boys but is often unsuitable for older boys whose foreskin is more developed and too tough for the thread to make a good occlusion; a cut and stitch method will then be used.



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