



Preparation for a Teen or Adult Circumcision

A General Guide



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Preparation for a Teen or Adult Circumcision

A General Guide

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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 how to prepare for your circumcision 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 or hospital has given you specific instructions regarding preparation you should follow those whenever they conflict with the general advice in this booklet.

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Introduction

Deciding to get a circumcision as a teen or adult is one of the most difficult decisions a male may have to make, simply owing to the multi-level importance of the organ throughout his life. Undergoing the circumcision can be a physically and emotionally traumatic time.

This booklet is intended as a general guide to the planning and preparations you should make for your teenage or adult circumcision. The guidance applies to the circumcision of pubescent or post-pubescent male teenagers and adults; but not to infants or pre-pubescent boys for whom there is a companion booklet.

Any surgical procedure carries with it anxieties, concerns and potential risks. These should be discussed with your surgeon at a consultation prior to the operation.

There are no hard and fast rules regarding how to prepare for a circumcision so the following information is only a guide. This information has been gathered from a variety of sources including some doctors' preparation notes and comments made on the Internet by newly circumcised men recounting what worked well for them.

Getting advice from others who are, or have been, in the same situation is desirable so that you are as well prepared as possible. Discussion on the Inter-Circ Forum can be especially valuable in answering specific questions. There is also a wealth of general information about circumcision available from the Circumcision Helpdesk™ as well as on Circlist and other web sites (see the Recommended links on page 13).

Choosing the doctor

If you have a clear and immediate medical need for circumcision then you should normally start by approaching your usual doctor (GP) who will refer you to a suitable specialist. This is the route that you must normally take if you wish medical insurance to pay for your circumcision.

In the case of a purely elective circumcision for religious, cultural, prophylactic or aesthetic reasons you can start with your usual doctor or go straight to one of the many doctors or clinics offering a circumcision service. Most of these doctors are urologists, but some are not. Experience here is more important than pure paper qualifications.

To find a suitable doctor or clinic you can simply look in Yellow Pages (or an equivalent classified directory) for adverts mentioning circumcision. However it is better to use a doctor of known experience who is recommended by other patients. Once again, asking on the Inter-Circ Forum can elicit suitable names.

Another source of doctors/clinics is the listing maintained by The Circumcision Helpdesk™. When making any enquiry of them, ensure that you state your location

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(Town, State or County and Country) and if it is for a teen (give age) or adult, so that only the most relevant ones are recommended to you.

Should you be seeking a revision circumcision to correct or improve on a previous operation then it is especially important that you use a doctor well versed in revision circumcisions as these require much more skill, experience and attention to the wishes of the patient than the original operation. In any enquiry about doctors or clinics, please specifically mention if you are wanting a revision.

Cost

Doctors, clinics and hospitals are free to set their own fees, especially for elective procedures. The cost of a circumcision will therefore vary widely from doctor to doctor. Costs are also vastly increased when a general anaesthetic or heavy sedation is used and/or an overnight hospital stay is required.

Remember that neither the cheapest nor most expensive is necessarily the best!

Before making any appointment you should ascertain what the total costs will be. You also need to find out if payment can be made using a credit/debit card or if only cash will be accepted, since this will affect you on the day.

Timing

When planning your circumcision you should, if at all possible, consider the timing of it to avoid potential problems.

Whilst there is no absolute need to take time off school or work after circumcision, you may find it very hard to concentrate on your studies or 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 for long periods and unable to freely move around (e.g. in call centres). If you will be given a general anaesthetic or heavy sedation then you must not drive nor operate machinery for at least 24 hours afterwards and time off may be needed.

Do not schedule a circumcision within 2 months before major examinations or interviews if you wish to concentrate without distraction and do well. Remember that during them you cannot get up and walk around to relieve any pressure on your penis.

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, horse riding and swimming until your circumcision has fully healed (usually 6-8 weeks), so again take this into consideration if participating in sport is important to you.

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 fitness to travel after the circumcision operation. This will depend on the type of anaesthetic to be used.

General anaesthetic or heavy sedation

If you are to have 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 at least 6 hours (and still some for up to 24 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 preferably stay with you for 24 hours.

It is safe to fly short-haul (2 hours maximum) with your companion at this time, but you should wait a further 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 (up to 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 at least an hour longer before driving yourself.

Consent

The doctor will require informed consent before he can perform the circumcision. The law on medical consent varies from one jurisdiction to another, especially in respect of 16/17 year olds. Please see the separate 'Circumcision Consent' booklet (available from the Inter-Circ and Circumcision Helpdesk™ web sites) for some general guidance.

Adults will need to give their own informed consent to the surgery. Parents must consent for teens under the age of 18 (16 in some places such as the UK) and normally both parents must consent.

If you are 16/17, are legally entitled, and wish to use only your own consent, please check with the doctor before making the appointment (even though you may be legally entitled to give your consent alone, some doctors may still expect parental consent). If you wish to attend without at least one parent then ensure that this will be acceptable to the doctor provided you have their written consent (if your own

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is not sufficient). If parental consent is required, check whether both parents must consent or if consent from only one is sufficient besides your own.

Circumcision methods

There are 2 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 are the Smart KLamp™ or Ali's Clamp™. Occasionally the clamp has to be removed by the doctor after this time.

In the most common *excision* 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. Typical names for this method are Mogen™ Clamp or Forceps Guided.

Another *excision* method, uses a Gomco™ Clamp. In essence a metal bell is placed over the glans and under the foreskin. A metal plate is passed over the foreskin and the bell, which then fits closely into a chamfered recess in the under side of the plate. The foreskin is pulled through the gap between plate and bell until the desired tightness is obtained. The bell is tightly clamped to the plate and the foreskin cut off using the upper surface of the plate as a guide, before the whole clamp is removed. The cut edges are stitched, or glued, together. The resulting line of the cut is much closer to the back of the glans than with the preceding methods.

Sleeve resection is another *excision* method, in which the inner and outer layers of the foreskin are cut around separately and a longitudinal cut made between them with the resulting sleeve of skin being effectively peeled off before stitching or gluing the remaining edges together. Both tightness and position can be carefully controlled with this method, but it requires much greater surgical skill.

Doctors generally use only one method, so if this is important to you then you will need to ask about it before making an appointment.

Making the appointment

Having taken the preceding factors into consideration, you (or your parents) are now ready to make an appointment for your surgery.

Some doctors' lists fill up months ahead. So if timing is important to you, e.g. to fit in with available holiday dates, then be sure to make your initial contact with the doctor well in advance. You can always fix a date for several months ahead, even if earlier dates are available.

Consultation

The doctor will require you to have a preliminary consultation. This can be some time before the date of the circumcision but is most commonly done immediately before the operation.

At this consultation the doctor will ensure that you know what is involved and will collect some medical details from you to eliminate obvious contra-indications. At the end you (and/or your parents, as appropriate) will be asked to sign an informed consent form which the doctor must have before he can operate.

Be sure to tell the doctor if you are allergic to any anaesthetic, sedative or antibiotic; if you suffer from diabetes, epilepsy or panic attacks; have a heart condition; if you are on any prescribed medication; or if you have recently had any other medical treatment including immunisations or surgery. **It is also desirable to mention these when making the initial booking as they may be contra-indications or affect the timing.**

This is also the time to discuss with the doctor any particular outcome that you require, e.g. a 'tight' or 'loose' circumcision, 'high' or 'low' placement of the scar line, removal or retention of the frenulum. Remember that the terms 'high' and 'low' may not be familiar to the doctor, or he may consider them the opposite way from you! So be specific and indicate exactly where you want the scar line placed. (See also the Glossary of terms on page 11.)

Ask any other questions you may have about the proposed circumcision. It is a good idea to write down in advance anything you wish to ask about, and what you want by way of tightness and positioning, so you don't forget something when talking with the doctor. This is your last chance to opt out, or choose a different doctor, if you are not entirely happy to proceed.

Make notes of what the doctor tells you, especially if your consultation is separate from the circumcision itself.

Personal preparation

Pubic hair

It is undesirable to completely shave your pubic hair (unless you already keep it that way), as this can result in very uncomfortable stubble as well as cuts to your skin which may become infected. It is, however, desirable to trim it fairly short as this aids asepsis during the operation and prevents hairs becoming painfully trapped in the bandaging afterwards. Trim your pubic hair about a week in advance of the operation to allow time for the cut ends to soften again.

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Many hospitals will require your pubes to be shaved, in which case let them do it rather than trying to do it yourself as you may make small cuts in your skin which can attract infection.

Sex

There will be a period of six to eight weeks after circumcision when you will not be able to indulge in any form of sex. It is desirable therefore that you reduce your desires beforehand. On the morning of the operation it is a good idea to either have sex with your partner or masturbate to climax.

Food

Unless you are to have a general anaesthetic or heavy sedation (in which case you must be fasting for the prescribed time – usually at least 12 hours – before the surgery), ensure that you eat a light meal before setting out. Having surgery on an empty stomach can cause fainting. Also take with you some chocolate and a sweet drink (like Coke®) to replenish your sugar levels after the operation. Do not wait too long after the surgery before having your next meal, even if only a light snack.

Alcohol

Do not take any alcohol, whether with or without a meal, for at least 2 days prior to the operation as it can dehydrate you and may reduce the effectiveness of the anaesthetic, or slow healing.

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 cut down smoking to a minimum in preparation for your circumcision.

Drugs, medicines and supplements

Unless the doctor or hospital has told you otherwise, take any prescribed medication as usual. Do not take any other drugs or supplements for at least 24 hours prior to the operation unless suggested to you by the doctor.

However, some doctors recommend taking Vitamin C, 500mg, 3 times a day for a week before the surgery. You can always safely do this even if your particular surgeon has not suggested it.

Take any prescribed medications (or a copy of your complete prescription) with you to show the doctor so that he/she is immediately aware of what you are taking. Confirm when you last took a dose of each.

Hygiene

On the morning of the circumcision ensure that you take a good bath or shower and pay particular attention to your genitals. Retract your foreskin as far as you can and clean well under it, remembering to rinse off the soap and dry your penis.

Immediately before the time of the operation empty your bowels and bladder (as far as possible, retract your foreskin to urinate). Be sure to wash your hands afterwards.

What should I take with me?

Your doctor may ask you to bring certain items. The following is a guide to what else it may be desirable to have with you when you go for the surgery.

- Identity document (particularly important if you do not look your age or are a teen unaccompanied by a parent).
- Written parental consent (preferably from both parents) if you are an underage teen unaccompanied by a parent; or from the other parent if only one is accompanying you; and parental consent is required.
- Details of any current medications, recent surgery or immunisations (take the medications themselves if possible, otherwise a copy of the prescription).
- Social Security or Health Insurance details if the operation might be covered by any form of insurance.
- Your reminder notes of questions etc. for discussion with the doctor.
- A clean pair of underwear, preferably snugly fitting briefs (not ordinary boxers) to give support to your bandaged penis.
- Acetaminophen (Paracetamol) and/or Ibuprofen tablets to be taken immediately after the surgery (if the doctor hasn't given or prescribed you something stronger) so as to forestall pain when the local anaesthetic wears off. Do not use any Aspirin (acetylsalicylic acid) based product as it can lead to excessive bleeding.
- A bar of chocolate and a bottle of drink such as Coke® to replenish sugar levels immediately after the procedure and avoid 'surgical shock'.
- If desired, a book, game console, mobile phone (set to silent) or small tablet to use for distraction during the surgery. Note that it must be comfortable to hold in your hands for up to an hour whilst lying on your back as nobody can easily take it from you whilst they are working in sterile conditions.
- Details of how to reach the surgery and any public transport timings, car parking locations, etc. and small change for parking meters, so that you don't arrive late!

- Appropriate means of payment, if not already paid in advance. (See note on the use of credit/debit cards in the Costs section on page 4.)

What about post-operative care?

Booklet of advice

A companion booklet on Post-Operative Care can be obtained from the Inter-Circ web site at:

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

and is also available from the Circumcision Helpdesk™ at

http://www.circinfo.com/post-op_care/care.php

Suggested Purchases

If you don't have them already, it is a good idea to obtain in advance the materials you will need for your care after the operation. For items already in your medicine cupboard, check any with 'use by' dates to see that they have not expired.

Based on the advice in the Post-Op Care booklet, you may wish to ensure that you have:

- Close-fitting briefs, compression shorts or jock straps.
- New bandages and gauze pads.
- Micropore tape.
- Paracetamol and/or Ibuprofen pain relief.
- Epsom Salts.

Once the wound has scabbed over and then shed its scabs, you may wish to use a Vitamin E cream or some oil on the scar to reduce it. There is little point in buying this well in advance as, by the time you may want to use it, you will be moving around freely and can shop for it then.

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 pre-operative issues, it is inevitable that it will fail to answer every question or concern that you may have.

We always recommend asking your medical practitioner or surgeon for advice if you are in any doubt. If you have not found a suitable answer to your question within this booklet then you should contact your doctor for information as far ahead of the scheduled operation as possible.

For further help and support, you can always ask questions at: Inter-Circ: The International Circumcision Forum, which can be found at <https://groups.io/g/inter-circ>

The membership can help 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.

The other publications of the Circumcision Helpdesk™ may also be of assistance.

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

Note for parents of teens

If your son's circumcision is not being done solely at his own request, it is very important that as far ahead of the operation as possible you explain fully to him what is to be done for him and why.

When done at his own request, make sure that you support his decision all the way.

After the circumcision, support and reassure him; and as necessary, help him with changing bandages, etc.

Glossary of terms

A number of terms relevant to the penis and circumcision may not be familiar to you, whilst some terms which are commonly used in discussions on the Internet are not medical terms and may be unfamiliar to the doctor. The following non-exhaustive list may be of assistance, as may the diagrams of penile anatomy on pages 14 & 15. A much more comprehensive Glossary booklet may be obtained via the Inter-Circ and Helpdesk web sites.

Low

This is a non-medical term which refers to placing the circumcision cut close to the back of the glans and further from the body. It inevitably removes most of the inner layer of the foreskin and retains more outer foreskin or shaft skin.

High

This is a non-medical term which refers to placing the circumcision cut closer to the body and further from the back of the glans. It inevitably retains most of the inner layer of the foreskin and removes mainly outer foreskin or shaft skin.

Tight

Refers to a circumcision which is performed to remove sufficient total skin (whether from the inner or outer layer) to ensure that there is no free movement when the penis is fully erect, and as little movement as practicable when flaccid.

Most men and their partners prefer a circumcision that is as tight as possible as this tends to give maximum stimulation, and thus greatest pleasure.

Loose

Refers to a circumcision which, whilst removing enough foreskin to ensure the glans is uncovered when flaccid, leaves a significant amount of loose and freely moveable skin when erect as well as when flaccid.

Glans

The head (or knob) of the penis which is covered by the foreskin. This, and especially its rim, is the most sexually sensitive part of the entire penis. A properly performed circumcision leaves the glans fully exposed at all times.

Note that, despite the 's' at the end of the word, this is singular. Be careful also not to confuse it with 'glands' which produce hormones and other products for your body.

Foreskin

This is the double fold of skin which covers the glans. The outer layer is continuous with, and identical to, the shaft skin. At its tip the skin turns inwards and changes texture to thinner mucous membrane. This then changes direction again just behind the glans and becomes continuous with the skin of the glans.

Frenulum (or frenum)

This is a 'cord' (containing a small artery) on the under side of the penis which links the back of the glans to the inner layer of the foreskin. Its sole purpose is to *assist* the foreskin to re-cover the glans as an erection subsides. After a circumcision it serves no useful purpose, as there is no foreskin to re-cover the glans.

The frenulum area can be a source of specific sexual stimulation, but the frenulum only transmits the stimulus to nerves deeper in the penis rather than within itself. Its removal is normal during a circumcision and inevitable with a 'low' cut. Removal does not reduce overall sexual pleasure, but does improve appearance and prevents any future problems with it being too short and tight (a frenulum breve).

Partial circumcision

An incompletely or badly performed circumcision in which some foreskin is left covering part of the glans when flaccid.

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 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 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>

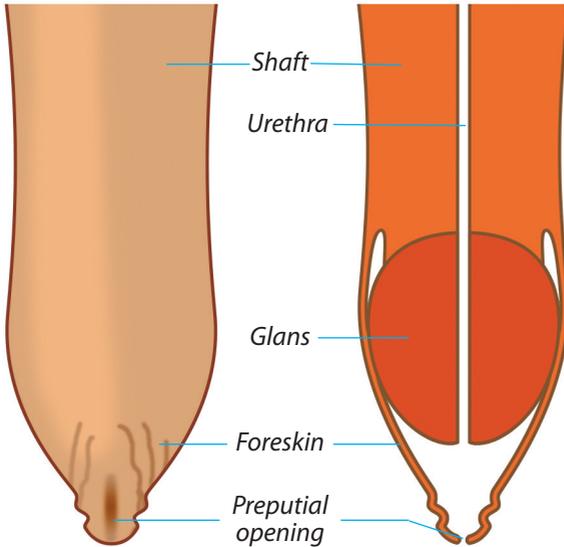
For your own notes

You may wish to use the space on pages 16/17 to record what you wish to discuss with the doctor and his instructions or other information that you may have acquired.

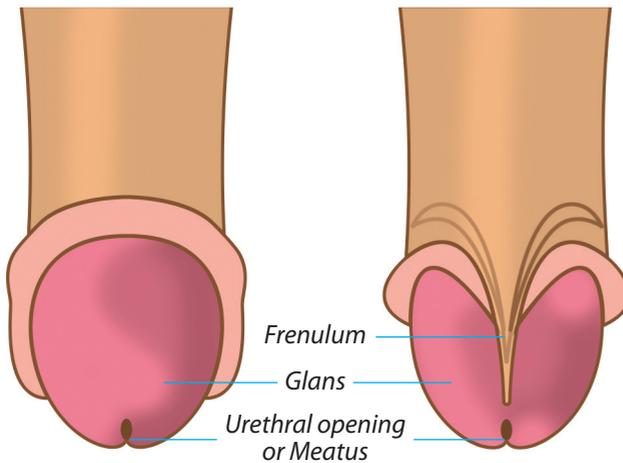
Circumcised and uncircumcised penises

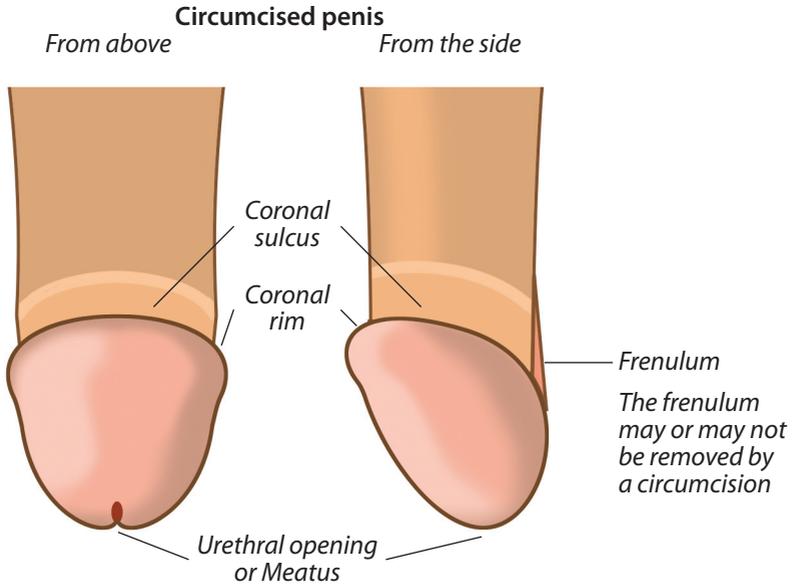
Uncircumcised penis
with foreskin intact

Section through an
uncircumcised penis

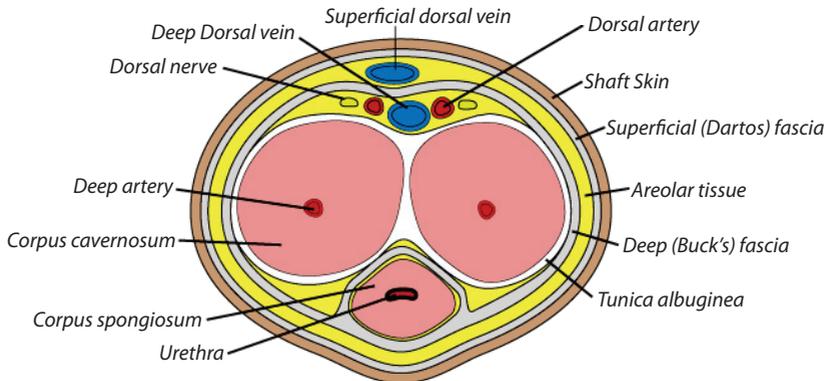


Uncircumcised penis with foreskin retracted
From above *From below*





Cross-section of penis shaft



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