Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Circumcision Operation

Version number: **10**
Last modified date: **12th November 2026**

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Patient Information

Welcome to Day Surgery Ward 3

- Author ID: MW
- Leaflet ref: SW3 004
- Version: 10
- Leaflet title: Circumcision Operation
- Last review: June 2024
- Expiry Date: June 2026

Welcome to:

Day Surgery

Ward 3

Leigh infirmary

The Avenue

Leigh

WN7 1HS

7:30am to 8:30pm, Monday to Friday, telephone: 01942 264260 or 264261

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered by this leaflet, please feel free to speak to a member of staff.

What is Circumcision?

Circumcision is the surgical removal of the foreskin, which covers the head of the penis (glans). This is a common operation performed on males of all ages – from the very young to the very old. If left untreated a tight foreskin can become infected and very sore. A tight foreskin should not be forced back behind the ‘glans’ of the penis, as it may be difficult or impossible to replace it to the ‘normal’ position.

Indications of Circumcision

- Cultural or religious.
- Phimosis (Inability to pull back foreskin completely).
- Recurrent Balanitis /Balanoposthitis (infection of the foreskin / head of penis.)
- Balanitis Xerotica Obliterans (BXO)- (Chronic Inflammatory skin condition.)
- Paraphimosis (Inability to pull the foreskin from retracted state, requiring emergency surgery).
- Large warty lesions of the foreskin.
- Cancerous or pre-cancerous lesions of the foreskin.

What does the operation consist of?

At the operation a circular portion of the foreskin is cut away. The remaining foreskin is then stretched in place with dissolvable stitches. This leaves the head of the penis (Glans) without a foreskin covering.

Benefits include:

- Treatment of phimosis
- To deal with recurrent foreskin inflammation/infection

Alternative therapies

Creams or drugs to relieve inflammation. Once treatment is stopped symptoms often return.

Risks of surgery

You should discuss with your surgeon about risks and their impact on you as an individual. All patients will experience swelling of the penis which lasts several days.

Almost all patients will experience;

- Increased sensitivity of the head of penis which can last for up to two weeks.
- Permanent altered or reduced sensation in the head of the penis.

Between 1 in 50 and 1 in 100 patients:

- Bleeding of the wound occasionally needing a further procedure.
- Infection of the incision requiring antibiotics or surgical drainage.

Between 1 in 50 &1 in 250:

- Dissatisfaction with the cosmetic result.
- Odema (swelling) of excess skin requiring further surgery and skin removal.

Pre-operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests, ECG's as necessary. The nurse will advise you about your operation. He/she will explain to you about your pre- and post-operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work etc. If you need a sick note, please ask the nurse on arrival to hospital on the day of your admission.

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan.

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk which is situated on the ground floor below Wards 2 and 3. You will then be directed to the ward; here you will meet your nurse and other members of the team who will be looking after you. The facilities and general routine of the ward will be explained to you.

(Please note that you are on a theatre list with several other people; so be prepared for a wait.)

People who will see you

The Doctors

You will be seen on the ward by the surgeon, who will confirm your consent for operation. This is a good time to ask any questions you have or talk about anything worrying you.

The Anaesthetist

This is the doctor who will give you your anaesthetic and look after you during the operation. To assist him/her you will be asked to complete an anaesthetic questionnaire.

Going to theatre

You will be asked to put on a theatre gown. A nurse will check that you have a wristband on with your name, ward, and District number and that your documentation and test results are in order. A special checklist is used to ensure nothing is overlooked. On arrival to theatre your anaesthetic nurse will escort you to the anaesthetic room where your anaesthetic will be administered.

After the operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic wear off. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest.

Back on the ward

You will continue to be monitored on the ward. Your blood pressure, pulse and dressing will be checked. Refreshments will be offered; you will be able to have these as soon as you feel ready.

Will I be in pain?

Expect some discomfort. You will have been given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate. Please ensure you obtain your own pain relief for once you are discharged home.

You will be given pain-killing tablets to take home, which you should take as directed. Remember, if you dress comfortably with loose fitting pyjamas or clothes, this will help reduce soreness too. The exposed head of penis will feel very sensitive for the first two weeks. Applying a little Vaseline can help decrease sensitivity.

Going home

You must make sure an adult can collect you from the ward and take you home in a car. You will need to go to bed or rest on the settee when you get home. An adult must stay with you for the first 24 hours after your operation. You must not drink alcohol for a minimum of 48 hours after your operation.

What to look out for

It may be several hours before you pass water. If you have any difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local Accident and Emergency Department.

You will get some swelling and bruising of the penis which may last several days. You should not suffer excessive pain, excessive bruising, or excessive swelling. If this occurs you may contact the ward you attended for advice, see your GP, or attend your local Accident and Emergency Department.

If the wound is showing signs of infection i.e. increased pain, hot, redness, swelling or discharge or you have a high temperature; seek advice from your GP.

Bleeding

If the wound begins to bleed you should apply pressure with a clean pad for at least ten minutes. If the bleeding continues, please contact the ward for advice, speak to your G.P. or attend A&E.

What about my wound and stitches?

In theatre a Vaseline coated, or similar non sticky dressing is used. This may be removed by staff prior to discharge, if not the dressing can be eased away in the bath/shower the day after your operation. Please remove if it becomes soaked in urine. Having at least one bath or shower each day until everything has healed is a good idea. Salt water is not necessary. Avoid soaking in the bath. Pat the wound dry gently with a clean towel. Bathing may help ease pain, it will gently loosen any scabs, and help prevent infection. The wound and surrounding skin will look swollen and uneven to begin with. The stitches used are dissolvable so these will not need to be removed and will dissolve in approximately two to three weeks. The final cosmetic appearance of the penis can take up to six weeks.

Outpatient appointment

An outpatient appointment is not generally given. See your GP or contact the ward for advice if you have any problems.

The first few days

It is important to increase your activity over the next few days, little and often initially until you are more comfortable.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilise.

What about work?

Depending on your type of work you may be able to return to work when comfortable. See the doctor about your individual case.

If you require a medical certificate, please ask the nurses on the ward on admission.

Sports

You should be able to return to sports activity within three to four weeks depending on the sport. You should not swim for two weeks.

When can I resume sex?

You will get erections as normal. The scar tissue will feel tight but after a few months it will regain its normal elasticity.

Avoid sexual activity/masturbation for four weeks.

Driving

You may drive as soon as you feel comfortable to do so. Check with your insurance company.

These notes do not cover everything. We hope you will find them useful however, and that they will help towards making your stay in hospital less worrying.

Acknowledgement

Possible side effects and the ratios from the BAUS information leaflet.

The BAUS website includes a section dedicated to information for patients – please go to www.baus.org.uk/patients

The British Association of Urological Surgeons Limited registered in England and Wales.

Registered Charity No: 1127044

Registered Company No: 06054614



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