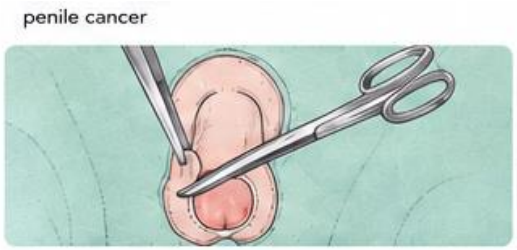
3 THE PROCEDURE

ANAESTHESIA

Circumcision is commonly performed under general anaesthesia, often with a penile block for additional pain relief. Your anaesthetic plan will be discussed before surgery.

SURGERY

The foreskin is removed and bleeding is carefully controlled. The skin edges are usually closed with dissolvable sutures and a light dressing may be applied.



PENILE BLOCK

- Provides additional local pain relief
- May reduce early postoperative discomfort
- Usually wears off gradually after surgery

Most patients are discharged home the same day once comfortable, mobile and able to pass urine.

CONTACT & FOLLOW-UP

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FOLLOW-UP

A postoperative review is commonly arranged at about 2 weeks to assess healing and answer questions.

This brochure provides general information only and does not replace personalised medical advice. Follow the specific instructions given by your surgeon and anaesthetist.

Urologist

Dr Jo Schoeman
UROLOGIST

PATIENT INFORMATION BROCHURE

CIRCUMCISION + PENILE BLOCK

Scan website
drjoschoeman.com.au

Patient information for a safer, smoother recovery.

Please visit drjoschoeman.com.au for more information

1 WHY IS CIRCUMCISION DONE?

Circumcision removes the foreskin covering the glans (head) of the penis. It may be recommended for symptomatic foreskin disease, recurrent inflammation or selected pre-cancerous/cancerous lesions.

COMMON INDICATIONS

- Symptomatic or scarred phimosis when conservative treatment is unsuitable or unsuccessful
- Lichen sclerosus (BXO) affecting the foreskin
- Recurrent balanitis or balanoposthitis
- Paraphimosis after the acute episode has settled
- Penile intraepithelial neoplasia (PeIN) or selected disease confined to the foreskin
- Personal, cultural or religious reasons after informed discussion

2 BEFORE YOUR PROCEDURE

- Tell the team about medicines, allergies, diabetes medicines and blood thinners
- Follow your anaesthetist's fasting and medication instructions exactly
- Report persistent ulcers, lumps, colour change or scarring; suspicious lesions may need pathology
- Shower before hospital and arrange transport home plus adult support after discharge

Do not stop prescribed blood-thinning medication unless your surgeon or anaesthetist specifically tells you to.

4 AFTER YOUR PROCEDURE

SWELLING & BRUISING

Mild swelling, bruising, tenderness and temporary altered sensation are expected. Swelling may look quite noticeable during the first days and should gradually improve.

DRESSING & WOUND

Keep the area clean and dry and follow the dressing instructions. Dissolvable sutures usually disappear over time. If tissue is sent to pathology, the result will be discussed at follow-up.

PAIN RELIEF

Use the pain medicines recommended by your treating team. The penile block may provide several hours of additional relief.

HYGIENE

Gentle showering is usually allowed once advised. Pat dry rather than rubbing. Avoid baths, pools and spas until the wound has sealed and healed.

ACTIVITY

Walking is encouraged. Avoid strenuous exercise, cycling and activities that rub or stretch the wound until healing is comfortable and secure.

SEXUAL ACTIVITY

Avoid intercourse and masturbation until the wound is fully healed, commonly about 4–6 weeks, or longer if your surgeon advises.

Erections during healing can feel tight or uncomfortable but are common.

5 POSSIBLE COMPLICATIONS

Most patients recover without major problems. Possible complications include:

- Bleeding or haematoma
- Wound infection, separation or delayed healing
- Persistent swelling, tenderness or altered sensation
- Scar or cosmetic concerns
- Too much or too little skin removed, rarely needing further treatment
- Meatal narrowing, particularly with lichen sclerosus
- Further treatment/surveillance if pathology identifies PeIN or cancer

SEEK URGENT MEDICAL HELP FOR

- Heavy or persistent bleeding
- Fever or worsening redness/swelling
- Severe uncontrolled pain
- Difficulty passing urine

6 FOLLOW-UP

A review is commonly scheduled at about 2 weeks. Your surgeon will assess healing and discuss pathology if tissue was examined. Lichen sclerosus, PeIN or penile cancer may require longer-term surveillance or additional treatment.

Contact the rooms earlier for concerns. Persistent or new penile lesions should not be ignored and should be reviewed.