

CIRCUMCISION

(Including penopubic anchoring, correction of penile curvature / torsion, etc)

What to expect normally:

- The tip of penis may stay swollen for 2-3 weeks.
- Healing fluid may form a yellow, white, or light green layer on the tip of the penis for 7-10 days; this is normal, not infection.
- The sutures are mostly buried; the ones outside the skin will fall off on their own in 14-21 days.
- The tip of the penis may normally appear pink, dark red, blue, or purple.
- The penis may appear crooked while it's swollen and will look better when the swelling resolves.

Pain control:

- For the first 3 days, apply numbing cream (lidocaine/prilocaine - prescribed, or 4% lidocaine over the counter) around the base of penis every 4-6 hours, alternating with Tylenol, such that he has either Tylenol or the numbing cream every 2-3 hours. After 3 days, use the medications as needed every 4 hours.

Wound care:

- Generally, it's best to let the bandages fall off on their own.
- If there is an elastic bandage that remains on the penis after 3 days, remove it after soaking the area in warm water for a few minutes.
- After the dressings fall off, you do not need to replace them.
- For boys still using diapers and pull-ups, apply petroleum jelly (Vaseline), Aquaphor, or A&D ointment on the urethral opening and around the incision every diaper change for 2 weeks.
- For toilet trained boys, apply the same ointments before and after urination for 2 weeks.
- Do not apply alcohol, peroxide, or other chemical antiseptics.

Bathing: You may bathe him normally, including submerging the surgery area in water. Be gentle when drying the area—dab dry, do not wipe. Use non-irritating baby shampoo. Rinse off the area well if stool gets on it.

Feeding: Same as before procedure. Avoid constipation.

Activity: Avoid straddling for 2 weeks. Use a safety seat when traveling in a car as required.

Medications: Follow the doctor's instructions on the prescriptions.

Bleeding: There may be a small amount of bleeding around the surgical site. It is normal to see a few drops of blood in their diaper or underwear. Check your child's penis when you arrive home. If it is bleeding, apply pressure to the area (squeeze gently). Usually, five minutes of pressure will be enough to stop the bleeding. If bleeding persists, call or text the doctor's office.

Use the secure form to upload photos and ask questions: <https://forms.myupdox.com/form/100463>

Send Dr. Hwang a set of photos of the surgery area via the secure form in about 2 weeks after surgery. He will give you additional instructions.

Foreskin retraction: The freshly healed skin edges have a tendency to stick back together as the child grows and the fat pad pushes the skin forward. This could cause formation of skin bridges that would require additional procedures. Start only after the incision has healed, when instructed by Dr. Hwang. Twice a day, push the penile shaft skin to clearly separate the "mushroom" edge from the skin. Apply petroleum jelly / Aquaphor over the mushroom edge. Continue until he gets skinnier around the time of toilet training.

Contact our office if:

- The incision appears infected (redness spreading beyond the penis, green pus discharge, fever)
- He develops a fever of 101.5°F by mouth or 102.5°F by rectum or higher.
- He is urinating only in drops.
- There is persistent bleeding at the incision site.

Visit www.lasvegaspediatricurology.com for additional care instructions, links to forms, and other resources.

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