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A Boy's Guide to His Own Care for a New Circumcision

*A guide especially for parents to give to
their newly circumcised 9-12 year old sons*



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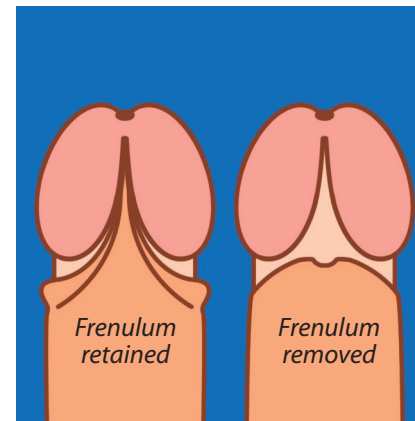
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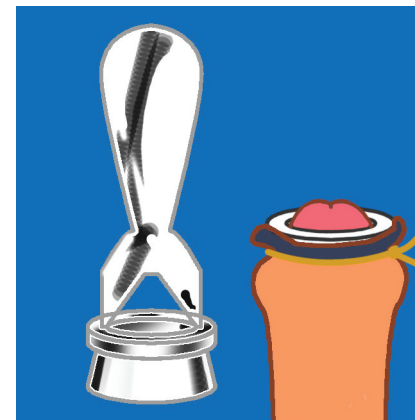
Ventral (underside) view to show the Frenulum



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



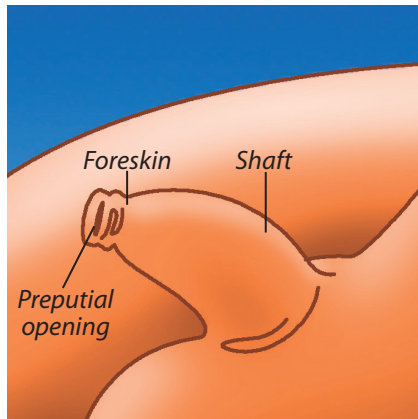
This device is inserted over the glans and under the foreskin. Any adhesions between the two are initially separated with a blunt probe and then the top of the foreskin is cut with scissors along its length, enough for the bell to reach the coronal sulcus (the groove behind the glans).

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

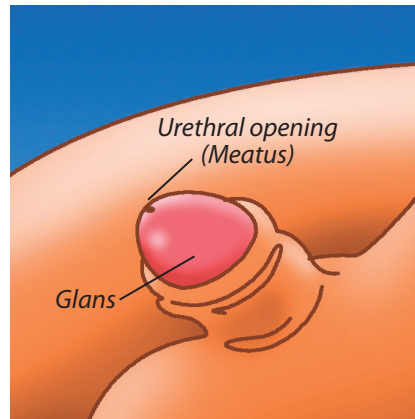
is then trimmed off with scissors leaving a small margin above the thread. This turns blue/black in about a week or ten days, from loss of blood supply, leaving a sealed and healed wound needing no further attention. The Plastibell™ comes in a range of sizes; the doctor will measure the glans and choose the correct size. 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.

Circumcised and uncircumcised boy's penises

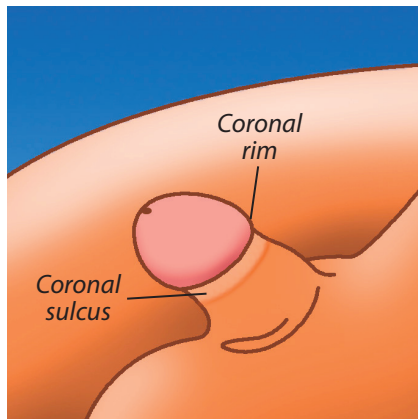
Uncircumcised penis
with foreskin in normal position



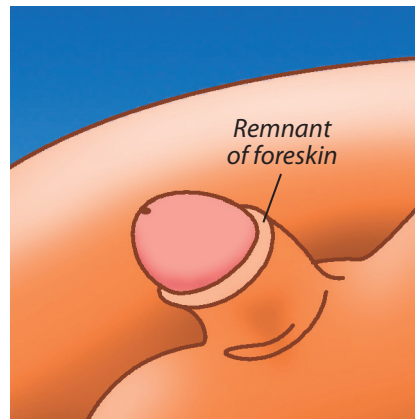
Uncircumcised penis
with foreskin retracted



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 early childhood, the foreskin stump will usually fail to grow as the penis develops and full glans exposure should be apparent before or by puberty.

A Boy's Guide to His Own Care for a New Circumcision

*A guide especially for parents to give to their newly circumcised
9-12 year old sons*

Authors

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in conjunction with The Circumcision Helpdesk™**

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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 basic guide only and not as a source of complete or totally indisputable information. The authors stress that if you are in doubt about your post-operative care, or you are concerned with some aspect of recovery, then you should immediately talk to your parents who may then 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.

To parents

It is only intended for you to give a copy of this booklet to your son if you consider him capable of assisting with his own circumcision After-Care, with minimal oversight from you, and he wishes to do it.

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Some words you may not know

Proper word(s) (as used in here)	Explanation, or the common or slang word you may normally use
Adhesions	Little bits of skin inside the foreskin of a young boy which join it to the surface of the glans.
BXO or LS	Nasty scarring of the glans.
Erection	Stiffy or Boner.
Frenulum or Frenum	The 'cord' on the under side of the penis. 'Banjo string'
Glans	Penis Head or Knob.
Lymph	A body fluid that brings 'building materials' to a wound to repair and heal it.
Nocturnal	At night time.
Penis	Dick or Willy
Phimosis	A tight foreskin that cannot be freely retracted. This is a very common reason for circumcision.
Post-operative shock	Dizziness and feeling sick.
Scalpel	A special very sharp knife used by doctors
Urination or Urinate	Peeing or Pissing.

For your own notes

You may wish to use this space to record the doctor's instructions or other information that you may have acquired. You may also find it helpful to keep a diary of the event and the progress of your recovery.

It is essential that your doctor is called, or visited, immediately if you have serious concerns about your recovery, e.g. bleeding, infection or the wound opening.

For further help and support, your parents can always ask questions at Inter-Circ: The International Circumcision Forum. The membership can offer help and advise to them 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 ask your parents to submit them via the Inter-Circ Forum, or by e-mail to info@circumcisionhelpdesk.org

Beware of false information

Beware of obtaining incorrect information from ill-informed school friends or, worse still, reading and believing the lies and other utter nonsense spread on the internet and social media by the very tiny (but noisy) group of anti-circumcision fanatics (many of whom have a hidden anti-Semitic agenda). 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.

The Circumcision Helpdesk™ has a booklet on the general health benefits of circumcision which can be obtained from the web site at <http://www.circinfo.com>. The web sites, listed below as recommended links, contain medically approved information in accordance with the latest thinking and medical research.

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>

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>

A note for Parents

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. If you have not already done so, we encourage you to download and read our booklet "A Parent's Guide to Care for Your Son's Infant or Childhood Circumcision" which can be obtained from the Inter-Circ web site at [https://groups.io/g/inter-circ/files/A Parent's Guide to Care for Your Son's Infant or Childhood Circumcision](https://groups.io/g/inter-circ/files/A%20Parent's%20Guide%20to%20Care%20for%20Your%20Son's%20Infant%20or%20Childhood%20Circumcision)

and is also available from the Circumcision Helpdesk™ via http://www.circinfo.com/post-op_care/care.php

Many boys, especially from 9 onwards, are quite capable of doing some of their own after-care and they should be encouraged to do so whenever possible. This booklet aims to explain in simple terms what he should do, and what to look out for, after his circumcision. We hope you and he will find it useful in aiding his recovery.

It is only intended for you to give a copy of this booklet to your son if you believe he is capable of assisting with his own circumcision after-care, with some supervision by you. It is not intended for boys to read without parental agreement.

There are no hard and fast rules regarding how to care for a new circumcision so the following information is only a guide. 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 pre-puberty boys only, and not that of infants, teenagers or adults for which there are companion booklets. Teenagers would normally expect to look after their own care anyway.

A note for Boys

Like many boys of your age, you may well be very capable of doing at least some of your own care for your new circumcision, with a little help from your parents. This booklet, which has been designed especially for you, aims to explain in simple terms what you should do, and what to look out for, whilst your circumcision is healing. We hope you will find it useful in aiding your recovery.

There is a separate booklet for your parents (listed in the first paragraph on this page) which will enable them to help you if you are not sure about anything in here, or do not feel up to doing some of the necessary care yourself, in which case please tell your parents at once. Similarly, if you do not want to be involved, that is ok, but let your parents know at once, so that they can promptly do all that is needed.

Wording

This booklet uses the correct medical names for parts of your body and common activities such as urinating. You may be used to common or slang words for these. If you are not sure about any words used in this booklet then you can find some explanations on page 15 and even more on-line at <http://www.circinfo.com/glossary/glossary.php>

Before leaving your circumcision provider

Your post-op care starts in the doctor's surgery as soon as you are told that the circumcision is over. The doctor will probably ask you to wait for up to half an hour before leaving so that he can check that you are not bleeding and that you 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 caused by parting of the wound or leakage from the deeper blood vessels. Since you could then lose a lot of blood, immediate medical attention is required in such cases.

Experiencing difficulty or pain when urinating could be serious and you would need to receive urgent medical attention. Note however that the first urination or two after circumcision might 'sting' a bit – this is nothing to worry about and should go away after those first couple of times, but if it continues then tell your parents at once.

Your parents will have received written post-op care instructions from the doctor, which you should also read carefully. Those instructions will tell you how long to wait before removing the initial bandage (if one was used). They will also include an emergency contact number for your parents to call the doctor in case there are any significant problems.

You may experience some slight pain when the local anaesthetic wears off (usually about 2 hours after the procedure) and you may wish to take some pain relief in advance (see the 'Pain relief' section on page 7).

It looks horrible! What is wrong?

Immediately after circumcision your penis may look very unpleasant. It can look bruised, bloody and swollen and it may feel strange, sore and uncomfortable, (sometimes even painful). This can be a difficult time for you, even if you were happy and confident with the decision that you should be circumcised. You may feel overwhelmed by the sight and sensitivity of your penis at this early stage. Anxiety and regret are common feelings for boys, and their parents, to experience in the period immediately after circumcision. This is completely natural but will go away with time.

don't to be upset by it. You know that being circumcised is good for you, even if they don't!

There are several reasons why lots of boys are circumcised:

- Many boys experience difficulty in fully retracting their foreskin to be able to wash daily under it to avoid nasty smells and serious infections. This problem, known as phimosis, can only be fully cured by circumcision, which then prevents it from ever happening again.
- You may have developed an infection under your foreskin (such as balanitis or BXO/LS) and need the foreskin removed so as to allow the glans to dry out and the infection to be fully cured.
- If you are Jewish or Moslem then it is a requirement of your religion, based on cleanliness.
- Some ethnic groups in many places, like Africa, the Philippines and many Pacific Islands, have it as a custom and introduction to manhood. Your circumcision will then have been so that you can fully fit in with other members of your group, even if you are currently living in a different country.
- Your parents may simply have wanted to ensure that you will gain from the many well proven life-long health and hygiene benefits of being circumcised.

These benefits include:

- Much easier daily washing without the need to retract a foreskin, so the circumcised penis almost cleans itself when you bath or shower.
- A significantly reduced risk of painful and dangerous urinary tract infections (UTIs).
- Prevention of phimosis, paraphimosis and frenulum breve developing during puberty.
- A greatly reduced risk of catching any of several serious sexually transmitted infections (STIs) later in life. These include chlamydia, HPV and HIV/AIDS.

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 care issues after your circumcision, it is impossible for it to answer every question or concern that you may experience during the healing period.

If you have not found a suitable answer to your question within this booklet then you should talk to your parents who, if necessary, will contact your doctor for information. We always recommend asking your medical practitioner or the surgeon for advice if you are in any doubt or if you are concerned about any aspect of recovery.

Put only enough lukewarm water in a bath as needed to just cover your groin completely. Mix in a table-spoon (approx 25g) of Epsom Salts (or table 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 circumcision itself, 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. Except if stuck to skin glue (see previous section), 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.

Thereafter, the bandages should be changed every 1 or 2 days in the same way. Do not be concerned if small amounts of urine splash the bandages, but if very wet they should be changed as soon as possible.

Adhesions and skin bridges

Your glans may be a little raw from separation of adhesions. 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 joining 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 cut edges and glans each morning and evening as well as after bathing/showering or whilst changing the bandage. This needs to be continued for at least a month after healing seems to be complete, or longer if the glans or circumcision site still looks red or raw.

Why was I circumcised?

Only your parents will be able to tell you exactly why you have been circumcised. Hopefully, well before the date of the circumcision, they will have discussed with you why you were going to be circumcised. You should be able to feel good and positive about this small change to your body, and ready to counter any ill-informed teasing you may encounter from school friends – joke and laugh with them, and

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 there is usually nothing to worry about as significant complications are very rare.

Circumcision methods

There are two major methods of performing a circumcision for a boy of your age.

The *occlusion* method uses a plastic bell, or equivalent clamp, which remains on your penis for a week or so and works by depriving the foreskin of its blood supply. Your remaining foreskin will turn black and fall away with the bell or clamp in about 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 cut off with a scalpel. The cut edges are then stitched (or glued) together. Typical names for this method are Gomco Clamp™, Mogen Clamp™ or Forceps Guided. Your penis will usually be bandaged when this method has been used.

The two methods require slightly different after-care. If you are not sure, you or your parents should ask the doctor which method was used. Follow the General Care below **and** the appropriate after-care section (on page 9 or 10).

General care for all methods

Food

It is good to have a sweet drink (e.g. Coke) and something simple to eat, such as chocolate, whilst waiting for your penis to be checked. This will reduce any tendency to post-operative shock.

Swelling

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

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

Swelling will also reduce significantly once the stitches (when used) are all out.

Underwear and trousers

If you normally wear boxers you may find that they do not give your penis sufficient support. You may wish to ask your parents to buy you some briefs which will hold your 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 your underwear in the frontal area can protect against knocks and further hold your penis in place.

Although your underwear should be close fitting, you 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 the promotion of healing.

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.

Bathing and showering

Keeping your penis clean is extremely important while your circumcision is healing. For as long as the initial doctor's bandage remains on, no baths or showers should be taken. Instead, to avoid wetting the bandage, a wet towel or wash cloth should be used when daily washing your genital area. The circumcision site should, however, be watertight in 2-3 days.

After this time, you can shower or bath normally (until healing is complete, a shower is preferable to a bath so that you don't have the wound in dirty water). When showering, you should place one hand above your penis and be cautious of the force of the water on the cut edges. Your hand will take the force of the water while still allowing the penis to get wet. When changing the bandage, you should shower first to remove dirt from your body and then soak the bandage in fresh water in the bath to remove it as described later (under 'Dressings') on Page 11. 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 table salt if Epsom Salts cannot be obtained) to the bath water to promote healing.

Don't rub your penis dry, but pat it with paper towels or use a hair dryer (warm only).

If the doctor has given you some antiseptic powder then it should be used, as he has directed, after drying yourself.

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 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 any glue remains. Sometimes the initial bandage may be stuck to the glue so as to make it impossible to remove the final bit. Tell your parents about this but 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 would like it all off, as you may disturb the glue.

Dry your 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)

You may have only a light dressing over the circumcision itself or the doctor may have applied a compression bandage to your 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 chance of infection increases.

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 site, 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.

Adhesions and skin bridges

The glans may be a little raw from separation of adhesions. It is very important to ensure that the glans and the cut edges of the foreskin cannot come into contact, so as to prevent the two joining together to form 'skin bridges' once the bell or clamp has fallen off.

The exposed cut edges should always be gently, but firmly, pushed back away from the glans and petroleum jelly (Vaseline®) applied morning and evening as well as after bathing or showering. This protection against the formation of 'skin bridges' must also be continued for at least a month after the bell or clamp has fallen off, or longer if the glans or circumcision site still looks red or raw.

Bleeding

There may be a little pink or red staining of your underwear for a few hours after the circumcision and again when the bell (or clamp) separates. There should not be any significant or sustained bleeding – **should this occur ask your parents to contact the doctor immediately or to take you at once to the Hospital Emergency Department.**

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 a lot of bleeding, nor should it continue.

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. Your parents may need to help here.

If the bleeding does not stop, ask your parents to contact the doctor immediately for advice or to take you at once to the Hospital Emergency Department.

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. It is a good idea, however, to ask the doctor or nurse to remove any remaining 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 you can bath or shower normally once the initial bandage is off.

Healing

Young boys tend to heal quite quickly, but factors such as your age and general health; the method used; and the style of circumcision performed can all affect how long healing takes. It is also very likely that if you had prior penis problems (such as BXO/LS or phimosis), or some existing conditions such as diabetes, you may require a longer period of healing.

As a guide, a 9 year old may heal in about 3 weeks, whilst a 12 year old 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 circumcision line.

Do not apply any antiseptic liquids or creams to your penis, nor add any antiseptic to bath water, unless prescribed by your doctor. They do help to kill germs, but 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 to soak the end of the penis for 10 to 15 minutes a couple of times a day. Do this in a cupful of cooled, boiled water to which has been added a teaspoon (approx 6g) of Epsom Salts (or table salt). This promotes healing and reduces the risk of infection. Please note that you may experience some stinging from the action of the salt – this is normal and a sign it is doing good.

Pain relief

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

You should not be in pain after this but may experience significant discomfort for a few days. If this happens then ask your parents for appropriate pain relief for your age. Be sure to carefully read the instructions regarding dose and frequency if you are allowed to take the tablets by yourself.

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

Infection

With care, infection rates in the healing 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, your parents should consult your doctor.

Reducing the risk of infection can be achieved by practising good hygiene, changing any dressings regularly, washing and drying your hands and your 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.

Urination

Do not be surprised if your 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 goes down. You may find it more convenient to sit rather than stand to urinate during this time.

Sleeping

After your circumcision you 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 your regular sleep routine and use the lightest bed covers that will still keep you warm enough. If it is possible, arrange them to keep your pubic area cooler than the rest of your body. It is best that you do not drink anything in the two hours before bedtime and for you to empty your bladder immediately before going to bed.

Wearing a clean pair of briefs in bed will keep your penis held snugly. Sleeping on your side with knees drawn up in the foetal position will help to reduce the tension on your penis. You may find it more comfortable to place a *thin* pillow between your legs if you do 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 to worry about as the place will still heal. If you wake in the night with an erection it is advisable to simply empty your bladder, return

to bed and (if necessary) distract yourself by reading a book, quietly watching television or playing a computer game until feeling sleepy again.

Sports, etc

You *must not* take part 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 your circumcision has fully healed.

You 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 are definitely forbidden to avoid infection.

Time off school

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

Possible problems

So that they can call the doctor for advice, tell your parents *immediately* if:

- There is persistent bleeding
- There is excessive swelling
- You are in significant pain
- The circumcision site 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

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 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 even if it seems loose. It sometimes hangs by the last bit of dead skin, but leave it to fall off of its own accord.