



Surgical treatment of a tight foreskin

These instructions are intended for printing. The instructions contain sections to be filled in.

Tight foreskin (phimosis) is a condition where the foreskin cannot be fully retracted behind the head of the penis. On an adult, the tightness may cause inflammatory symptoms, even complicate urinating and make sexual intercourse difficult, because the foreskin may become scarred and hard. The best treatment for a tight foreskin is circumcision.

Procedure

In the procedure, the foreskin is removed, so that only approximately 3–4 millimeter is left on the edge of the penis head. The elastic band of tissue under the penis (frenulum) is left in its place. The inner and outer foreskin are removed up to the edge of the penis head, and very carefully, the small blood vessels are cauterized to stop bleeding. The inner and outer skins are sutured together behind the penis head using absorbable sutures. The operation may be performed under either spinal or local anaesthesia in which the penis is anaesthetized from its base. The area of the foreskin grows numb well and without exceptions, and the operation is painless.

Recovery

You should rest for the most of the day of your operation. Walking and moving is allowed after 24 hours, depending on how you feel. Heavy physical effort and sports should be avoided for a week. The wound usually heals within 4 weeks. You should avoid sexual intercourse during that time. Complications are very rare. Bleeding is usually insignificant and stops by itself, but it may cause the penis to swell. You can protect your trousers with a light dressing for a few days.

Wound care

The sutures absorb by themselves in approximately 3 weeks. The bandages on the wounds may be removed on the next day after the surgery, and the wound can and should be showered with warm water every morning and evening, and always when going to the toilet. Dry the operated area by patting it carefully. You may go to sauna after one week. After showering you may spread basic skin lotion or white vaseline to prevent mucous membranes from drying.

Treatment of pain

It is recommended that you take pain killers regularly for 1–4 days and after that when necessary:



Paracetamol

Anti-inflammatory

Strong painkiller

Other medication

Sick leave is usually 2–3 weeks.

Contact us

If problems arise in the healing, for example, you experience heavy or foul smelling discharge, or prolonged pain, contact:

Day Surgery Unit on working days from 07.00–15.00, telephone 06 213 1552

Your own health Centre or occupational health Centre

Telephone nursing services from 15.00–08.00 on Monday–Thursday and from 14.00–08.00 on Friday and 24 hours a day during weekends and on midweek holidays, telephone 116 117

The Wellbeing Services County of Ostrobothnia • en.osterbottensvalfard.fi • Switchboard +358 6 218 1111

This instruction is suited for patients and clients.