

The Children's Hospital

Prepuccial Adhesions

Information for parents and carers



What are preputial adhesions?

Preputial adhesions are areas of scar tissue between the tip of the penis (glans) and the inside of the foreskin.

Preputial adhesions can make it difficult to retract or pull back the foreskin (the sleeve of skin that covers the tip of the penis) to keep the underneath clean. This may result in soreness or infections. Your surgeon has recommended that your son has an operation to trim the foreskin, to allow it to be pulled back fully. This differs from a circumcision (which is the removal of the foreskin), because the foreskin is left in place.

What are the benefits?

The benefits of your child having this operation are:

- relief of soreness or pain
- a better urine stream.

What are the risks?

This is a simple and safe operation. However, all operations will carry some risks. The following complications have a less than 10% chance of occurring (10 out of 100 people):

- bleeding
- infection (continued signs of redness, yellow discharge, swelling, or pain)
- the adhesions returning.

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 5.

Are there any alternatives?

The alternative is circumcision (removal of the foreskin) or preputioplasty (partial release of foreskin). If this is appropriate the doctor will have already discussed this with you.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The surgeon will trim under the foreskin to allow it to be pulled back fully.

The operation takes about 10 minutes but your son will be away from the ward for about an hour. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

Whilst your child is asleep, some local anaesthetic may be injected into the base of their penis, to help prevent pain afterwards.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. Your child must pass urine (have a wee) before he is discharged home. He may still find it slightly uncomfortable to pass urine at home, but a warm bath, plenty of clear fluids and painkillers will often help.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Your child can have a quick bath or shower daily to keep his penis clean, but leave it to dry on its own until it is healed. Do not use bubble bath or shower gel until the wound is completely healed - this usually takes about 2 weeks. His penis will look red and swollen, but this will settle down over the next few days.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- worsening redness or swelling
- bleeding or leaking from of the wound
- new or increased pain not resolving with regular pain relief
- your child has a high temperature (this could be a sign of infection).

Stitches

Any stitches your child has are dissolvable and will gradually disappear over the next few weeks.

Getting back to normal

Your child should rest for a day or two after the operation. It is best to keep them off school for 2-4 days. They can return to gentle sporting activities, such as swimming, walking, running, etc., after 2 weeks. They should avoid contact sports (such as football and rugby), riding a bike and strenuous exercise (for example, PE) for 4 weeks.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward:

Tel: **01865 234 148**

(7.30am to 7.30pm, Monday to Friday)

Outside of the hours, you can contact:

Robin's Ward:

01865 231 254/5

Melanie's Ward:

01865 234 054/55

Tom's Ward:

01865 234 108/9

Bellhouse Drayson:

01865 234 049

Kamran's Ward:

01865 234 068/9

Horton General Hospital Children's Ward: **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard:

Tel: **0300 304 7777**

Further information

You can find further information about coming into hospital on our website:

www.ouh.nhs.uk/children/documents/literature-list.pdf

References

¹From the Royal College of Anaesthetists (2014) Fourth Edition
Your child's general anaesthetic. Information for parents and guardians of children.
www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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