CONDITION

Circumcision

Learn why circumcision may be performed, what the procedure and recovery involve, and when bleeding, infection, or urinary problems need medical care.

WHAT IT IS
Procedure removing the foreskin

BODY SYSTEM
Male reproductive system

MAIN SYMPTOMS
Mild swelling, tenderness, bruising, spotting after procedure

WHAT CAUSES IT
Elective choice or medical foreskin problems

HOW IT IS DIAGNOSED
Physical examination, symptom-based testing

MAIN TREATMENT
Surgical foreskin removal

CAN IT BE CURED?
No, it is not an illness

IS IT AN EMERGENCY?
Sometimes, with uncontrolled bleeding

LONG-TERM OUTLOOK
Most heal without serious problems, with permanent penile change

Overview

Circumcision is a procedure that removes the foreskin, the fold of skin covering the head of the penis. It is most often performed during the newborn period. It can also be done later in childhood or adulthood for medical, cultural, religious, or personal reasons.

Circumcision is usually elective, meaning it is a choice rather than a medical necessity. However, a clinician may recommend it for certain foreskin problems, such as repeated inflammation, scarring, or a foreskin that cannot be pulled back because of disease.

Parents deciding about newborn circumcision may weigh family beliefs, possible health benefits, surgical risks, pain control, and the fact that the decision is usually permanent. When circumcision is not medically required, major medical organizations generally support an informed discussion rather than recommending the same choice for every family.

Possible health benefits include a lower risk of urinary tract infection during infancy and reduced risk of acquiring some sexually transmitted infections later in life. Studies in areas with high rates of heterosexual HIV transmission have shown that circumcision reduces, but does not eliminate, a man's risk of acquiring HIV through vaginal sex. Circumcision does not replace condoms, vaccination, HIV prevention medicines, testing, or other safer-sex practices.

An uncircumcised penis is also healthy and can usually be cared for with routine washing. In babies and young children, the foreskin is commonly attached to the head of the penis and does not pull back. This is a normal stage of development and usually does not need treatment. The foreskin should never be forced back.

Symptoms

Circumcision itself is not an illness, so it does not have symptoms. Symptoms may instead come from a foreskin condition that leads someone to consider the procedure.

Phimosis means that the foreskin cannot be pulled behind the head of the penis. In young children, this is often normal and painless. It becomes more concerning when there is scarring, repeated infection, painful erections, difficulty urinating, or persistent symptoms that do not improve with appropriate nonsurgical care.

Balanitis is inflammation of the head of the penis. Posthitis affects the foreskin, and balanoposthitis affects both areas. Symptoms can include redness, tenderness, itching, swelling, discharge, or an unpleasant smell. These symptoms have several possible causes, including irritation, infection, and skin conditions. They should be assessed rather than assumed to require circumcision.

Paraphimosis occurs when a retracted foreskin becomes trapped behind the head of the penis and cannot be returned to its usual position. This can cause increasing swelling and pain. It requires urgent medical treatment because prolonged pressure may affect blood flow.

After circumcision, mild swelling, tenderness, bruising, and a small amount of spotting can be expected. A yellow-white film may form over the healing surface. This is often part of normal healing and is not necessarily pus.

Seek urgent medical advice after the procedure if there is:

Call emergency services for heavy or uncontrolled bleeding, severe weakness, difficulty breathing, or blue, gray, or very dark discoloration of the penis.

- Bleeding that continues despite the pressure advised by the care team
- Inability or marked difficulty passing urine

- Increasing redness, warmth, swelling, discharge, or pain
- Fever, especially in a newborn or young infant
- Separation of the wound or concern that a device has moved or become trapped

Causes and risk factors

Circumcision may be chosen for cultural, religious, family, or personal reasons. Medical reasons are less common and should be confirmed by an appropriate clinician.

A medical circumcision may be considered for pathologic phimosis. Unlike normal childhood tightness, pathologic phimosis is caused by inflammation or scarring. One possible cause is penile lichen sclerosus, also called balanitis xerotica obliterans. This chronic skin condition can make the foreskin pale, thickened, tight, and less flexible. It can sometimes affect the urinary opening.

Repeated balanitis or balanoposthitis may also lead to a discussion about circumcision, particularly when symptoms continue despite good hygiene and treatment of the underlying cause. Circumcision is not automatically needed after a single episode.

Some people consider circumcision after recurrent urinary tract infections. Before surgery, clinicians may look for other explanations, especially in children, because urinary infections can be related to structural or functional urinary tract problems.

Factors that can increase the chance of complications include a bleeding disorder, current illness, premature birth, poor wound healing, or an active infection near the surgical area. Risk may also be affected by the person's age, the technique used, the clinician's training, the setting, and access to follow-up care.

Certain differences in penile anatomy require specialist assessment before circumcision. Examples include hypospadias, in which the urinary opening is not at the tip of the penis, and significant penile curvature. The foreskin may be needed for later reconstructive surgery, so routine newborn circumcision is generally deferred until evaluation.

Diagnosis

No medical testing is usually needed before an uncomplicated elective newborn circumcision. A clinician examines the baby to confirm that the penis appears suitable for the procedure and that the baby is stable enough to undergo it. The care team also reviews pregnancy and birth history, medications, vitamin K administration, and any family history of unusual bleeding.

For an older child or adult with foreskin symptoms, diagnosis begins with a medical history and physical examination. The clinician may ask about pain, infections, urinary symptoms, hygiene practices, sexual symptoms, skin changes, and previous treatments.

The examination helps distinguish normal developmental tightness from scarring or disease. Ballooning of the foreskin during urination can occur in children and does not, by itself, prove that circumcision is needed. More important findings include pain, a scarred ring, repeated inflammation, weak urine flow, or difficulty emptying the bladder.

Testing is based on the symptoms. A urine test may be used when a urinary infection is suspected. A swab or other testing may be considered for discharge or possible sexually transmitted infection. Blood sugar testing may be appropriate when repeated fungal or bacterial inflammation raises concern about diabetes. Suspicious or persistent skin changes may require review by a urologist or dermatologist, and occasionally a tissue sample is examined after removal.

Treatment and management

When circumcision is elective, the clinician should explain expected benefits, limitations, pain control, possible complications, and alternatives. Parents or guardians provide consent for a child. Older children should receive an age-appropriate explanation and, when possible, be involved in the discussion. Adults provide their own informed consent.

Newborn circumcision is commonly performed with a clamp or plastic ring device. The penis is cleaned, local anesthetic is used to reduce pain, and the foreskin is removed or allowed to separate according to the device. Comfort measures such as swaddling may support pain control but should not replace effective anesthesia.

Circumcision in older children and adults is generally performed in an operating room or procedure setting. Local, regional, or general anesthesia may be used depending on age, health, and surgical circumstances. The foreskin is removed, bleeding is controlled, and the skin edges are usually closed with dissolvable stitches.

Not every foreskin problem requires surgery. For symptomatic phimosis, a clinician may recommend a prescribed steroid cream like hydrocortisone or betamethasone together with gentle stretching. Forceful retraction should be avoided because it can cause pain, tearing, and more scarring. In selected cases, a foreskin-preserving operation called preputioplasty may widen the tight area without removing the entire foreskin.

Balanitis treatment depends on its cause. Management may involve avoiding irritating soaps, improving gentle hygiene, or using a clinician-recommended antifungal like fluconazole or

terbinafine , antibiotic like amoxicillin or doxycycline , or anti-inflammatory treatment. Medicines should not be started solely on appearance because different conditions can look similar.

After circumcision, follow the specific instructions provided by the surgical team. General care often includes keeping the area clean, changing dressings as directed, and using an advised protective ointment to prevent sticking. Only clinician-approved pain relief should be used, particularly for newborns and young children.

For an older child or adult, recovery instructions may include temporary limits on sports, cycling, heavy activity, swimming, and sexual activity. Swelling and sensitivity usually improve gradually. The final appearance can take longer to settle than the initial wound.

People who are not circumcised should wash the outside of the penis normally. Once the foreskin retracts easily, it can be gently pulled back during bathing, rinsed with water, dried, and returned to its usual position. A child's foreskin should be left alone until it retracts without force.

Complications

Most circumcisions heal without a serious problem when performed by a trained clinician in an appropriate setting. Even so, complications are possible.

Early complications include bleeding, infection, pain, swelling, and problems passing urine. Too little or too much skin may be removed. Injury to the head or shaft of the penis is uncommon but can be serious. Device-related problems can occur if a ring or clamp moves, remains in place unexpectedly, or compresses tissue.

Later complications may include scar tissue, skin bridges, adhesions, an uneven cosmetic result, or narrowing of the urinary opening, known as meatal stenosis. Some problems resolve with observation, while others may require treatment or another procedure.

Circumcision changes the penis permanently. Research on sexual sensation and function has produced varied findings, and individual experiences differ. A person considering circumcision later in life should have the opportunity to discuss expected physical changes, healing time, and personal priorities with the surgeon.

Follow up

Routine follow-up depends on age, technique, and local practice. Some newborns are reviewed during their usual post-birth care, while others need a specific wound check. Older children and

adults are more likely to have a planned surgical follow-up.

Contact the care team routinely if healing is slower than expected, stitches do not dissolve as described, the result is concerning, or pain and swelling are not steadily improving. Ask before applying powders, antiseptics, herbal products, or nonprescribed creams to the wound.

Same-day medical advice is appropriate for increasing redness, pus-like drainage, worsening pain, fever, reduced urination, or a device that does not separate within the period given by the clinician. Persistent bleeding or a trapped, very swollen foreskin also needs urgent assessment.

Emergency care is appropriate for uncontrolled bleeding, inability to pass urine with increasing discomfort, severe tissue discoloration, or signs of a serious allergic reaction.

Sources

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