

Your child's procedure to correct a buried penis (congenital megaprepuce repair)

This leaflet is about your child's procedure called congenital megaprepuce repair to correct a penis with a buried appearance. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is congenital megaprepuce penis repair?

Congenital megaprepuce repair is a procedure to correct a condition where the penis appears buried. The aim is to give the penis a circumcised appearance. It then looks like the fold of skin (foreskin) that covers the head (glans) of the penis has been removed.

Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

Why should my child have a congenital megaprepuce penis repair?

Some boys are born with a rare condition called congenital megaprepuce. The penis can appear buried. Parents sometimes report that they need to squeeze their child's foreskin to empty it of urine.

Other symptoms of this condition are:

- the foreskin is larger than usual (enlarged)
- there is less normal skin on the stem (shaft) of the penis
- there is too much skin on the inside (mucosa) of the foreskin

The condition affects the appearance of the penis. It can also cause discomfort or difficulty when your child pees (empties the bladder).

Congenital megaprepuce repair is a procedure that aims to correct these problems. After the procedure, your child's penis will have a circumcised appearance. It will look like the foreskin has been removed.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we do the repair procedure. There are several stages to congenital megaprepuce repair. The surgeon:

- releases the foreskin that covers the head of the penis
- removes the scar tissue that holds down (tethers) the penis
- removes the extra inner skin of the foreskin (mucosa)
- uses the outer part of the foreskin to replace missing skin on the penis shaft

The procedure lasts about 2 hours.

The surgeon closes the wounds with dissolvable stitches that do not need to be removed. They may also use medical superglue.

We may cover your child's penis with a dressing. They may have a tube called a catheter to drain urine from their bladder. If we use a catheter, it will drain into either:

- your child's nappies
- a bag if they are potty trained

Are there any other treatment options to this procedure?

Congenital megaprepuce can be left without surgery. It is not certain if the condition improves on its own.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Sometimes, we need to take a child back to the operating theatre after a congenital megaprepuce repair. We can then correct any problems with the dressing or catheter.

After the procedure, there is a small risk of a wound infection or bleeding from the wound.

It can be hard to make the different skin from the outside and inside of the foreskin blend well at the end of the procedure. This may be because there is not enough outside foreskin. Sometimes, too much skin may be left behind. As a result, the final appearance of the penis may not be what you would like. If so, it may be possible to do another procedure to improve the appearance of the penis.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

After the procedure, your child may have a dressing to protect the penis. They may also have a catheter coming out of their bladder to drain urine.

Will my child be in pain after their procedure?

We give your child a long-lasting local anaesthetic medicine during their procedure. This medicine gives them pain relief for up to 6 hours after they wake up. The anaesthetic doctor explains about this before the procedure. Your child wakes up with very little pain.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

If your child has a catheter to drain urine, this can cause sudden tightening of the muscles (spasms) in the bladder. These spasms may be painful. We give your child medicine, such as oxybutynin, to prevent bladder spasms.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child after the procedure?

The surgeon or a member of their team gives you specific instructions about caring for your child after the procedure. They explain the arrangements for their follow-up care.

Sometimes, medicine to prevent bladder spasms can make your child constipated. This is when they find it hard to poo. We may recommend that your child takes a laxative, such as lactulose. This medicine treats constipation by making the poo softer and easier to pass.

If your child has a dressing and catheter, the nurses will show you how to look after them. Please do not put your child in the bath with the dressing. It is important that you try to keep the dressing clean. If the dressing gets dirty, you can clean it with baby wipes or something similar. However, it is common for the dressing not to be clean when the time comes to remove this.

We explain how any dressing and catheter will be removed. This may be done at home or you may need to bring your child to hospital again. Before you go home, it is important that you understand the arrangements for removing any dressing and catheter. If you need to return to hospital, please make a note of where and when you should come.

If we remove the dressing and catheter in hospital, we will check that your child can pee without problems afterwards. You need to wait until your child has peed twice before you go home.

How can I manage my child's pain after their procedure?

We recommend giving your child paracetamol and ibuprofen if they do not have any problems taking these medicines. You can give your child the medicines regularly for a few days and then as needed to control pain. Please remember to buy the pain medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours

- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

After your child's procedure, contact a GP or go to your nearest emergency department (A&E) if you feel that they are unwell or notice any of the following issues:

- **Catheter stops draining urine**
If urine stops coming out of the catheter or drains alongside the catheter, this could mean that the catheter is blocked or not working.
- **Bleeding**
There are often some blood stains on the dressing. If your child has a catheter, there may be a little blood in their urine. This comes from where the catheter rubs against the bladder. These small amounts of bleeding are not usually a problem. However, it is important to get medical help if:
 - the blood stains on the dressing get bigger
 - blood starts coming out through or around the dressing
 - there is increased swelling or bruising of the pouch just below the penis that contains the testicles (the scrotum)

- **Infection**

If your child has a high temperature (fever), this could be a sign of an infection.

Do you see my child again after their procedure?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

Contact us

Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** evelinaurologydoctors@gstt.nhs.uk

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

After the procedure

For **medical advice**, **email** evelinaurologydoctors@gstt.nhs.uk

For **advice from the clinical nurse specialists**, **email** evelinabladdernurses@gstt.nhs.uk

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** paediatricappointmentsurology@gstt.nhs.uk

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk



Leaflet number: 5383/VER1

Date published: June 2023

Review date: June 2026

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A list of sources is available on request