

Your child's procedure to repair the skin on the end of the penis (foreskin reconstruction)

This leaflet is about your child's procedure to correct the hooded appearance of the skin on the end of the penis (foreskin). 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 foreskin reconstruction?

Foreskin reconstruction is a procedure to correct a hooded foreskin that is not fully developed. The penis has a hooded appearance because only the top half is covered by foreskin. This creates a hood of skin at the top of the penis.

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 foreskin reconstruction?

Some boys are born with a hooded foreskin. This is a condition where the skin on the end of the penis called the foreskin does not have the usual appearance. The hooded foreskin is widely open on the front side of the penis.

A hooded foreskin is most commonly seen when boys have a condition called hypospadias. This is when the opening of the water pipe (urethra) is not in its usual place on the head (glans) of the penis. There may be a curve to the penis when it is erect. If your child has a foreskin reconstruction, we repair the large opening of the foreskin to give it a more usual appearance.

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, the surgeon repairs the foreskin on the end of the penis. They close the gap in the foreskin with several layers of fine stitches. This gives the penis a more usual appearance.

The procedure leaves a wound under the foreskin where we have done the repair. The surgeon closes the wound with dissolvable stitches that do not need to be removed. Sometimes, they also use medical superglue.

Your child may need a tube to drain their urine (catheter) and a dressing to protect the wound. The whole procedure lasts about 1 hour 30 minutes.

Are there any other treatment options to this procedure?

A hooded foreskin can be left without surgery. Your child's hooded foreskin and penis will continue to look different from a typical foreskin and this appearance will not change. The emotional (psychological) effect on children growing up with a hooded foreskin is not clearly known.

We can remove a hooded foreskin with a procedure called a circumcision. If your child has hypospadias, the opening of the water pipe (urethra) will not be in the usual place on the head of the penis. Circumcision may make this more noticeable and does not usually have any important medical benefit. Most men in the UK are not circumcised.

Another treatment option if your child has hypospadias is a hypospadias repair operation. We move the water pipe opening (meatus) onto the head of the penis and straighten the penis. This procedure is more complex and takes longer. It can be combined with foreskin reconstruction or circumcision.

After a hypospadias repair operation, your child would need a special dressing and catheter for 1 week. There can sometimes be problems with repair of the water pipe during this procedure. Your child may then need more surgery to make the water pipe work properly.

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.

After foreskin reconstruction, there is a small risk of a wound infection or bleeding from the wound. Sometimes, part of the repair might not heal properly. This could cause a hole in the repair (fistula).

In some cases, the foreskin cannot be pulled back after the procedure. Rarely, the water pipe can be damaged during the repair. Your child might need another procedure to treat these complications.

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.

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.

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 your child's wound. They explain how to care for your child after the procedure and the arrangements for their follow-up care.

It is important not to pull back the repaired foreskin until this has a chance to heal. Your child's surgeon explains how long you should wait before starting to pull back the foreskin (for example, to wash underneath). This period is at least 6 weeks but can be longer.

Your child can have a bath or shower after 2 days. They can return to school or nursery when the pain is well controlled. This is usually after a few days.

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

We recommend giving your child paracetamol and ibuprofen regularly for a few days if they do not have any problems taking these medicines. 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:

- continuous or heavy bleeding (bleeding can sometimes happen under the surface of the skin and appear as increased swelling or bruising)
- signs of infection, such as redness that spreads on the skin, swelling or leaking yellow-green liquid called pus

On white skin, the area around the wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour.

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



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