

Adult Circumcision

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Open on
phone

WHAT IS THIS PROCEDURE?

The **foreskin** is the fold of skin covering the head of the penis.

Circumcision removes the foreskin. In adults it is most often done for a tight foreskin that will not pull back (phimosis), repeated infection or inflammation, or patient preference.

How it is done: after the prep, the surgeon numbs the penis with a local anesthetic block. The foreskin is removed, bleeding is controlled with cautery, and the skin edges are closed with dissolvable stitches.

Dressing: a light wrap (Kling and Coban) protects the area for the first day or so.

KEY POINTS

- Local block after prep: 1% lidocaine plain and 0.25% bupivacaine plain, mixed 1:1. **No epinephrine.**
- Have **#15 blade**, 4 straight mosquitoes, 2 straight Kellys and 2 Carmalts ready.
- Dressing: **1" Kling and 1" Coban.**

SUPPLIES

Open

- Circumcision set and minor set
- Clippers
- Straight mosquitoes ×4, straight Kellys ×2, Carmalts ×2
- #15 blade
- 3-0 Monocryl, FS-2
- Lidocaine 1% plain (30 mL) and bupivacaine 0.25% plain
- 12 mL Luer-lock syringe
- Saline 500 mL
- Bacitracin; 1" Kling; 1" Coban

Available in room, open only if asked

- Razor
- Lubricating jelly

GLOVES

- 7.5.

ANESTHESIA

- General anesthesia with local block.
- Surgeon injects a local block after the prep.
- Local block: 1% lidocaine plain and 0.25% bupivacaine plain, mixed 1:1. No epinephrine.
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless contraindicated.

PREP AND DRAPE

- Hair removal: after induction, clip the hair at the base of the penis with clippers. Have a razor and lubricating jelly available.
- Hibiclens wash and rinse.
- Square off with towels, then lap drape.

CAUTERY

- Grounding pad on.
- Valleylab 30/30.
- Smoke evacuation pencil.

SPECIMEN

- Foreskin to pathology in formalin.

POSITIONING

- Supine.
- SCDs on.