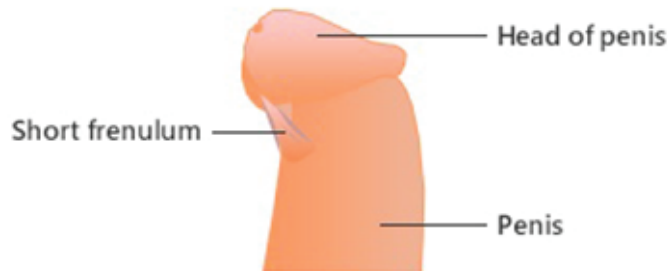




FRENULOPLASTY (LENGTHENING OF THE PENILE FRENULUM)



What does the procedure involve?

Surgical treatment for a short penile frenulum by dividing the skin across and re-suturing in a length-wise fashion.

What are the alternatives to this procedure?

Alternatives to this procedure include circumcision and observation.

What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).



When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the risk of pain. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you. The surgeon will cut across the tongue of skin under your penis and repair it lengthwise to lengthen it by approximately half a centimetre (pictured).

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next.

You may experience discomfort for a few days afterwards but we will give you painkillers to take home. We normally use absorbable stitches that do not need removal. You should apply vaseline to the tip of the penis and around the stitch line; this stops the penis sticking to your underclothes. You should wear loose-fitting clothing for two to three days. It is best to retract your foreskin daily to prevent further scarring and shortening. You should not have any pain passing urine.

The average hospital stay is less than one day.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Swelling of the penis which lasts several days.

Occasional (between 1 in 10 and 1 in 50)

- Infection of the incision requiring further treatment.
- Bleeding of the wound which may need a further procedure or hospital visit.
- The absorbable stitches may not fall out, even after 3-4 weeks

Rare (less than 1 in 50)

- Reduced sensation in your penis.
- Tenderness in the scar.
- You may not be completely satisfied with the cosmetic result.



- You may need circumcision if the frenuloplasty does not improve symptoms.

Hospital-acquired infection

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

It will be at least 10 days before healing occurs.

You may return to work when you are comfortable enough and your GP is satisfied with your progress.

You should not have sex for a minimum of 4 weeks.

What else should I look out for?

You will see some swelling of the penis after a few days; this usually lasts three to four days before it goes down. You should not be alarmed because this is normal. If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

You will not normally be given a follow-up outpatient appointment after frenuloplasty unless your consultant feels it is necessary.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.