Drainage of the penis for priapism

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrooke’s. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
Deflation of the penis for a prolonged, painful erection.

What are the alternatives to this procedure?
Conservative treatment with compression and ice packs.

What should I expect before the procedure?
You will usually have been admitted to hospital as an emergency. Surgery is required on an urgent basis but will only be performed once you have had nothing to eat or drink for a minimum of four hours.

Under certain circumstances, it may be possible to deflate your erection using simple drugs or by asking you to run up and down a flight of stairs; this shunts the blood away from your penis to your legs. If these measures fail, however, you will need to proceed with surgery.

A pre-medication will normally be prescribed by the anaesthetist one to two hours before the surgery; this will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your urologist in advance of 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 prescription for warfarin, aspirin, rivaroxaban, dabigatran, apixaban, edoxaban or clopidogrel, ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)
What happens during the procedure?
Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

Wide-bore catheters are inserted through the head of the penis to remove the clotted blood that has built up. These clots are washed out until the blood is flowing clear again.

If this fails to deflate the erection, it is best simply to wait for the erection to subside in its own time. However, this means that you are unlikely to get erections again and, for this reason, we normally consider penile implants at a later stage to restore erections.

What happens immediately after the procedure?
It is inevitable your penis will be very bruised and swollen after the procedure.

Any small stitches inserted into the head of the penis will dissolve by themselves and do not require removal.

Once it is clear that your erection has not returned, you will be allowed home.

The average hospital stay is two days.

Are there any side effects?
Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)
- Bruising and swelling of the penis
- Recurrence of the painful erection (especially if it is drug-induced)

Occasional (between one in 10 and one in 50)
- Inability to obtain erections (impotence) after the procedure
- Infection of the penis
- Bending of the penis on erection due to scar tissues as a result of the procedure

Rare (less than one in 50)
- Need for penile implants (prostheses) if the erection cannot be made to subside by surgical measures

What should I expect when I get home?
When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.
It will be at least 14 days before the discomfort in your penis settles but you may return to work when you are comfortable enough and your GP is satisfied with your progress. You should refrain from sexual intercourse for a minimum of six weeks to allow complete healing.

**What else should I look out for?**

There will be marked swelling of the penis after a few days. This will last up to 10 days and will then subside but do not be alarmed because this is expected.

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

If there is a recurrence of the painful erection, you should return to hospital immediately.

**Are there any other important points?**

You will normally receive a follow up outpatient appointment for six to eight weeks after the procedure. At that stage, it may be necessary to discuss the insertion of penile implants (prostheses) if this becomes necessary. However, it may take longer than eight weeks for erection problems to become apparent and, if this happens, we will arrange a further appointment for you.

In patients whose painful erection has been induced by injectable drugs, alternative methods of obtaining erections will be discussed. If your problems have been precipitated by taking certain drugs by mouth, it will be necessary to look at your drug regime critically to avoid drugs which are known to cause this problem.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Privacy & dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.
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Addenbrooke’s Hospital I Rosie Hospital

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

Patient advice and liaison service (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
email: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ
What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature……………………………….……………Date………………………………………

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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