Penile injury repair
(including fractured penis)

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 Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?

Repair of the erectile tissue of the penis or re-attachment of the suspensory ligament of the penis for damage occurring during sexual activity.

What are the alternatives to this procedure?

Observation, ice packs and compression.

What should I expect before the procedure?

Injury to the penis during sexual intercourse is unusual but the erect penis can be damaged in several ways:

- “Fracture” of the penis due to forcible bending
- Rupture of the suspensory ligament by forcible bending of the penis towards your feet
- Thrombosis of the vein on the front of the penis (surgical treatment rarely required).

You will usually have been admitted to hospital as an emergency. Surgery is required on a semi-urgent basis and will only be performed once you have had nothing to eat or drink for a minimum of six hours.
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. Local anaesthetic infiltration is often used to relieve discomfort after the operation. The actual procedure performed will depend on the type of injury:

- For “fracture” of the penis, the skin of the penis is either opened over the defect or reflected backwards, the tear repaired and the skin replaced. In some cases a circumcision is necessary as part of this procedure.
- For rupture of the suspensory ligament, a small incision is usually made in the pubic hair at the base of the penis and the ligament re-attached with stitches.

**What happens immediately after the procedure?**

If you have undergone repair of a “fractured” penis, it is normal to leave a bladder catheter in place for 24 to 48 hours after the procedure. This is removed before you go home.

In the rare event of the urethra (water pipe) being damaged as well, you will need to keep your catheter for seven to 10 days.

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is three 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.
Patient Information

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)**
- [ ] There may be some shortening of the penis
- [ ] Possible dissatisfaction with the cosmetic or functional result
- [ ] Temporary swelling and bruising of the penis and scrotum lasting several days
- [ ] Stitches under the skin which you may be able to feel
- [ ] Circumcision is sometimes required as part of the procedure
- [ ] Insertion of a catheter into the bladder is sometimes necessary

**Occasional (between one in 10 and one in 50)**
- [ ] Curvature at a later stage
- [ ] Significant bleeding or infection requiring further treatment
- [ ] Impotence or difficulty maintaining erections
- [ ] Nerve injury with temporary or permanent numbness of penis

**Rare (less than one in 50)**
- [ ] None

**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 healing occurs and 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.

**Are there any other important points?**

A follow up outpatient appointment will be arranged for you some six to eight weeks after the operation. You will receive this appointment either whilst you are on the ward or shortly after you get home.
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.

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 centre (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

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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Contact number
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Publish/Review date
July 2018 / July 2021

File name
PIN2055_surgical_repair_injury_to_the_penis_v8.doc

Version number/Ref
8 / PIN2055 / Document ID 8156

Local Ref number
86/Urol_06_17