



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Penile straightening procedure

Information for patients, relatives and carers

Department of Urology

① For more information, please contact:

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What is the evidence base for this information?

This publication 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 urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

Please note that currently the Lue procedure is not performed in York.

What does the procedure involve?

This is a procedure to correct curvature of the penis during erection; it is indicated if the penis is too bent to permit penetration. This may occur in diseases such as Peyronie's disease & congenital curvature of the penis. Surgery will not normally be performed without a period of observation of at least a year, to ensure that the disease is not progressing, otherwise there is a risk of recurrence within a few months of performing the corrective surgery.

Are there any alternatives to this procedure?

Not all patients require surgery – observation is a valid approach. Sometimes, drugs may be prescribed, particularly if you have pain. Other options includes traction/ vacuum device, collagenase injection and penile prostheses.

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical and nursing team.

You will be asked not to eat or drink before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You may be given an injection under the skin of a drug (Dalteparin) that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your surgeon 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 regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form (reference FYCON75-1 Penile Straightening) giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. 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. A copy of the form will be kept in your medical notes and you will be offered a copy for your own records.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The skin of the penis will be reflected using an incision around the head of the penis. The deformity will be confirmed by artificial erection and then corrected by bunching up the opposite side to the curvature (Nesbits procedure).

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- 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
- ensure that you are clear about what has been done and what is the next move

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 one day and we would arrange for the District Nurse review once you are discharged.

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.

Common (greater than 1 in 10)

- There will be some shortening of the penis by 1-2cm, (especially with Nesbits procedure but also to a lesser degree with the Lue procedure) in addition to the shortening already produced by the disease itself
- Possible dissatisfaction with the cosmetic or functional result with a residual curvature; generally, any recurrent or residual curve does not require further surgery
- 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. Many surgeons advocate routine circumcision during the procedure and you should discuss this with the surgeon who is performing your surgery
- Insertion of a catheter into the bladder is often necessary

Occasional (between 1 in 10 and 1 in 50)

- No guarantee of total correction of bending
- Recurrence of the curvature at a later stage
- Significant bleeding or infection requiring further treatment
- Nerve injury with temporary or permanent numbness of penis (more likely after Lue procedure)
- Impotence or difficulty maintaining erections (in up to 20% after Lue procedure and 7% after Nesbits procedure)

Rare (less than 1 in 50)

- None

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- 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)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If 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 a few 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 four to 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 around 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.

Is there any research being carried out in this area?

Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

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Tell us what you think of this leaflet

Meeting the needs and preferences of patients and carers is at the centre of everything we do. We hope that you found this leaflet useful and informative.

If you would like to comment on it, please contact Mr Mustafa Hilmy, Consultant Urological Surgeon, Department of Urology, The York Hospital, Wigginton Road, York, YO31 8HE, Tel: (01904) 72 5846 or email Marie.Robertson@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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