

PATIENT INFORMATION

Penile Straightening

Nesbit tuck, Lue vein patch or synthetic graft operation): procedure-specific information

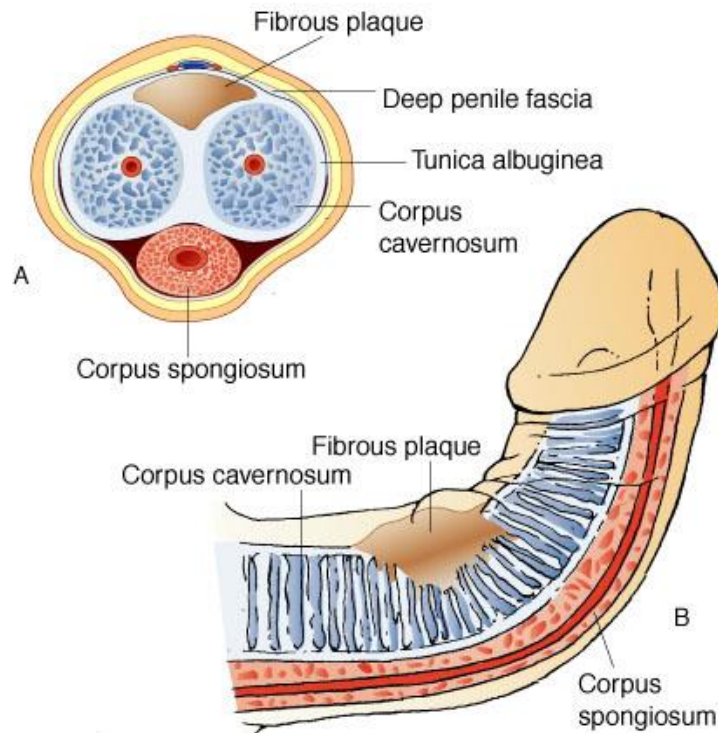
This information is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This is a procedure to correct curvature of the penis during erection; it is only indicated if the penis is too bent to permit penetration and the disease. Surgery will not normally be performed without a period of observation of around 12 months to ensure that the disease is not progressing.

What are the alternatives to this procedure?

Observation, drugs, shockwave treatment and other surgical approaches.



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, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, 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 or drink for 6 hours 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 will be given an injection under the skin of a drug (Clexane), 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 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 or Clopidogrel (Plavix®)
- a previous or current MRSA infection

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.

You will be given an antibiotic to reduce the chance of infection.

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 (Nesbit's procedure) or by vein grafting to the scarred area (Lue procedure).

In the Lue procedure only, a separate incision is made at the top of one or both thighs to obtain vein for the patch. This part of the operation is unnecessary for synthetic graft procedures.

What happens immediately after the procedure?

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.

Average hospital stay is a day case for Nesbits operation and an overnight stay for a patch.

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 1 in 10)

- There may be some shortening of the penis (especially with Nesbit's procedure but less likely with the Lue procedure) in addition to the shortening already produced by the disease itself
- 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 usually required
- 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
- Impotence or difficulty maintaining erections
- Nerve injury with temporary or permanent numbness of penis (more likely after Lue procedure)

Rare (less than 1 in 50)

- None

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium *difficile* bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

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 6 weeks to allow complete healing for a Nesbitts and 8 weeks for a Lue vein or synthetic patch

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, 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.

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 6-8 weeks after the operation. You will receive this appointment either whilst you are on the ward or shortly after you get home.

Is there any research being carried out in this field?

We assess the outcomes of this operation on an ongoing basis. 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 cClinical Governance meeting.

Who can I contact for more help or information?

- Specialist Urology Nurse **01284 712735**
- Urology Nurse Practitioner for prostate assessment, chemotherapy and BCG therapy **01284 712806**
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic, self-catheterisation etc **01284 713229**

Other contacts

- Patient Advice and Liaison Service (PALS) Telephone 01284 712555
- Chaplaincy Telephone 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. 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 form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature..... Date.....

How can I get information in alternative formats?

Please ask if you require this information in another language or format (eg braille or audio), contact PALS on 01284 712555 and we will do our very best to accommodate you

The West Suffolk Hospital is smoke-free. This means you cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 022 4332 or website: www.nhs.uk/smokefree