

# **PATIENT INFORMATION**

# Freeing of foreskin adhesions: procedure-specific information

#### 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 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 involves retraction of the foreskin fully by gentle release of the scar tissue which sticks the foreskin to the glans using gentle traction or, occasionally, cutting.

## What are the alternatives to this procedure?

Drugs to relieve inflammation, circumcision, self-retraction or observation.



# What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. 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.

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

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- 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.

The foreskin will be retracted and all adhesions divided. Antibiotic ointment is often used to coat the foreskin after the procedure and to prevent further adhesions

## 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. Stitches are not required following this procedure but you will need to retract your foreskin daily to maintain the beneficial effects of the surgery.



The average hospital stay is less than 1 day.

# 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)

☐ Rarely, infection of the area requiring further treatment and casualty visit

☐ Temporary bleeding of the penis from the raw surface	
☐ Temporary tenderness	
Occasional (between 1 in 10 and 1 in 50)	
☐ Future need for circumcision if this does not solve the problem	
☐ The adhesions can reform in some patients so that a repeat procedure is required	
Rare (less than 1 in 50)	
☐ No guarantee of complete cosmetic satisfaction	
Hospital-acquired infection (overall chance of contracting infection during stay the West Suffolk Hospital (all wards included)	at
(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)	ər

# What should I expect when I get home?

You may return to work when you are comfortable enough and your GP is satisfied with your progress. Adults should refrain from sexual intercourse for a minimum of 2 weeks.

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?

If you are not able to retract your foreskin or there are signs that the adhesions are reforming, contact your GP immediately.

# Are there any other important points?

You will not normally be given a follow-up outpatient appointment after this procedure unless this is felt necessary by your Consultant.

## Is there any research being carried out in this field?

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 & Clinical Governance meeting.

## Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
  - Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
  - Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
  - Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

#### Other contacts

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
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