



REPAIR of a FRACTURED PENIS

Information about your procedure from The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



<http://rb.gy/79s11>

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

KEY POINTS

- Your penis can be damaged during intercourse or by forced bending when erect
- Penile fracture is characterised by immediate loss of erections, bruising and swelling, sometimes with an audible snapping (or popping) sound
- Other injuries include rupture of a penile vein, superficial haematoma (bruising) or tearing of the suspensory ligament of the penis
- The urethra (waterpipe) may be involved in up to 1 in 4 cases (25%)
- Urgent repair of a fractured penis is advised wherever possible; non-surgical management is associated with a higher risk of erectile dysfunction (impotence), deformity and discomfort

What does this procedure involve?

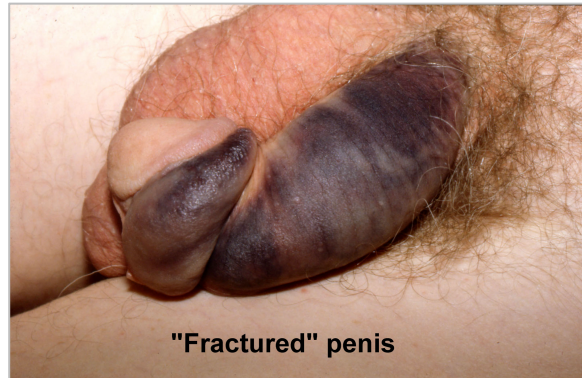
Repair of the tear or damage to the erectile tissue and/ or urethra in your penis after an injury due to sudden bending of the erect penis.

What are the alternatives?

Patients with an injury to the penis may present with marked bruising or swelling. A penile fracture can usually be diagnosed on the history but a confirmatory ultrasound and/or MRI scan is required.

This can help exclude an alternative type of injury, such as rupture of a superficial vein or injury to the penile suspensory ligament. These injuries may give the penis a dramatic, bruised appearance, but they do not require surgical repair (pictured below).

Non-surgical treatment (often with ice packs and compression) has a higher risk of erectile dysfunction (impotence) and deformity, so surgical repair is usually recommended when the patient presents within a week of the injury.



"Fractured" penis

What happens on the day of the procedure?

Your urologist (or a member of their team) will discuss the surgery with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure







The actual procedure performed will depend on the type and location of the injury.





- we normally use a full general anaesthetic together with local anaesthetic blocks to your penis to provide post-operative pain relief.
- you may be given an injection of antibiotics before the procedure, after you have been checked carefully for any allergies
- we normally expose the site of injury through a small incision on the underside of your penis, close to the site of the injury; sometimes we need to “de-glove” your penis (by rolling the skin back after making a circular incision below the head of the penis)
- if your penis is “de-gloved”, you usually need to be circumcised
- we repair the injury with stitches under the skin

- if the urethra (waterpipe) has been injured, we will repair it with stitches at the same time
- we often leave a catheter in your bladder for 48 hours; if your urethra needs repair, we will leave the catheter for two to three weeks
- we close the skin with absorbable stitches with normally disappear within two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Some shortening of your penis due to fibrosis and scarring	 Between 1 in 2 & 1 in 10 patients
Temporary swelling and bruising of your penis and scrotum lasting several days	 Between 1 in 2 & 1 in 10 patients
Stitches under the skin of your penis which you may be able to feel	 Between 1 in 2 & 1 in 10 patients
Circumcision is often required as part of the procedure	 Between 1 in 2 & 1 in 10 patients
Curvature or deformity of your penis	 Between 1 in 2 & 1 in 10 patients
Dissatisfaction with the cosmetic or functional result	 Between 1 in 10 & 1 in 50 patients

Nerve injury with temporary or permanent numbness of your penis		Between 1 in 10 & 1 in 50 patients
Difficulty in getting or maintaining your erection (impotence)		Between 1 in 10 & 1 in 50 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)
Significant bleeding or infection requiring further treatment		Between 1 in 10 & 1 in 50 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of your penis and scrotum which may last several days
- you should start to get normal erections within a few days
- you must avoid any sexual activity (intercourse or masturbation) for six weeks
- you will usually be given some supportive underwear to reduce the swelling
- simple painkillers such as paracetamol will help ease your discomfort although you may need stronger painkillers for the first few days
- you may be discharged with a catheter in your bladder
- if you do have a catheter, we will show you how to manage it at home
- you will be given advice about your recovery at home

- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be discussed
- your stitches will usually disappear after two to three weeks but may sometimes take a little longer
- a follow-up appointment will be made for you to have your dressings and your catheter (if present) to be removed
- you may require an additional follow-up, possibly with X-rays, if there was an injury to your urethra (waterpipe)

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels of:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.