

# Lengthening of the penile frenulum

## Urology Department

## Patient Information Leaflet

### Introduction

This leaflet is about an operation to lengthen the penile frenulum for people who are considering the procedure. It gives information on what the procedure involves, the benefits and risks of the operation and what happens after it.

We hope that this leaflet answers questions that you may have about your operation. However, if you would like more detailed information, please contact one of our urology clinical nurse specialists.

### What is a frenulum?

The frenulum is an elastic band of tissue on the underside of the head of your penis, from below the urethral meatus (opening) to the inside of the foreskin. If it is tight, it can cause pain during erection or sex, and it may tear, causing bleeding and discomfort.

### What does the procedure involve?

The surgeon will divide the skin of the frenulum across to lengthen it and stitch it lengthwise.

### What are the benefits?

Lengthening the frenulum should make erections and sex more comfortable.

## What are the risks?

Most procedures have some risks and it is important that we make you aware of these. You may experience the following problems after this procedure:

### Common risks

- Swelling of the penis lasting several days.

### Occasional risks

- Bleeding of the wound which can cause bruising. Bleeding of the wound occasionally needs a further procedure to stop it. If you have bleeding that will not stop, you should visit your nearest Emergency Department.
- Infection of the wound which may need antibiotic treatment.
- The dissolvable stitches do not dissolve after three to four weeks and have to be removed.

### Rare risks

- It may permanently change or reduce sensation (feeling) in the head of the penis.
- Scar tenderness.
- Dissatisfaction with the cosmetic result of the surgery.
- If the procedure does not improve your symptoms, you may need to have a circumcision.

## What are the alternatives?

You may be able to have a circumcision. Your consultant will discuss this with you. It is your decision as to whether you have the treatment.

## What happens before the operation?

You will need to come to hospital on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix ®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

**Your admission letter will contain guidance about when you can eat and drink before your operation.**

## Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment to assess your general fitness. This will help us to determine whether there are any reasons why you should not have the operation.

At this appointment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure

Please be sure to tell your consultant before the procedure 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 brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

## Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

## What happens during the procedure?

We will use 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). Either of these will take the pain away. Your anaesthetist will explain the benefits and risks of each type of anaesthetic to you before your surgery.

The band of skin under your penis will be cut across and repaired lengthwise to lengthen the frenulum by approximately 0.5 centimetres.

## What happens immediately after the procedure?

After your operation, you will normally go back to the urology ward. You can start eating and drinking as soon as you recover from the anaesthetic. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- 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 should happen next.

We will encourage you to move about as soon as you are comfortable.

You may experience discomfort for a few days after the procedure so please take painkillers such as paracetamol or ibuprofen, if you can take them (always read the label; do not exceed the recommended dose).

We usually use dissolvable stitches which do not need to be removed.

It is a good idea to put Vaseline on the tip of your penis and around the stitch line to prevent your penis from sticking to your underclothes. We advise you to wear lightweight, loose clothing for two to three days. It is also advisable to gently pull back the foreskin every day to prevent scarring and shortening of the newly lengthened frenulum.

Passing urine should be painless and will not be affected by the operation.

The average hospital stay is less than one day. **Please make sure you have a lift home available.**

## What should I expect when I get home?

It will be at least 10 days before healing occurs. You can return to work when you are comfortable enough and your GP is satisfied with your progress. You should not have sex for at least four weeks after the procedure.

## What else should I look out for?

There will be a lot of swelling on your penis but do not be alarmed because this is expected. This will last three to four days and will then subside. However, if you develop a temperature, increased redness, throbbing or discharge at the site of the operation, please contact ward C6 on 01384 244282 or your GP.

## Follow up

We will not normally give you a follow-up outpatient appointment after this operation unless your consultant thinks this is necessary.

## Driving

It is your responsibility to ensure that you are fit to drive after 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 that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to give you advice on request.

## Medication

Please make sure before you come into hospital you have enough of your regular medication to take when you leave hospital as it is unlikely that your regular medication will be changed.

Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it, or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

### Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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