DORSAL SLIT OF THE FORESKIN

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.

To view the online version of this leaflet, type the text below into your web browser:
http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Dorsal slit.pdf

Key Points

- This is a short-stay procedure to relieve a tight foreskin
- It is sometimes used in emergency situations when the foreskin is swollen or stuck in a retracted position (paraphimosis)
- It can be used as an alternative to circumcision in patients who are unfit or are unwilling to be circumcised
- We make a single incision along the length of your foreskin to expose the head of your penis without removing any tissue
- The cosmetic appearance after the procedure is not as good as it is after circumcision
- Circumcision, to remove the foreskin completely, may be needed at a later stage

What does this procedure involve?

The procedure involves incising the tip of your foreskin to relieve tightness which is preventing retraction.

It is most often used instead of circumcision in the following situations:

- **paraphimosis** – an emergency situation where the foreskin is stuck in a retracted position and has become very swollen;
- **patients unfit for circumcision**; or
- **patients unwilling to be circumcised**.

What are the alternatives?

- **Observation** – with no specific treatment
- **Circumcision**

What happens on the day of the procedure?

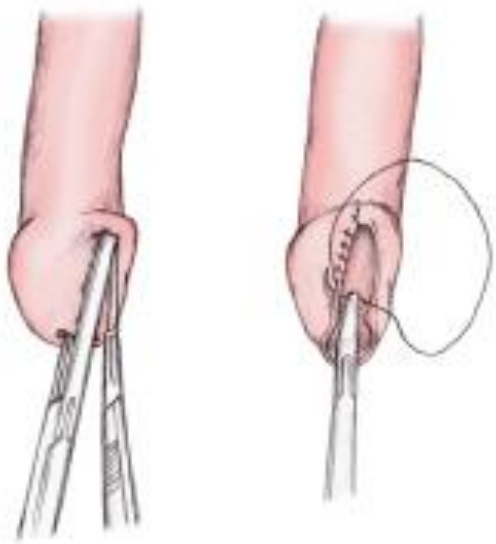
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

You will be seen by an anaesthetist who will discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

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

Details of the procedure

- we usually carry out the procedure under a general anaesthetic, but we sometimes use spinal or local anaesthetic
- we use local anaesthetic nerve blocks, regardless of the type of anaesthetic, to provide post-operative pain relief
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we split your foreskin along its length, on the top of the penis, and stitch the edges of the split together; this leaves the head of your penis partially exposed (pictured right)
- we use dissolvable stitches to attach the skin of your penis to your glans



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
Swelling of the penis which may last a few days	 Between 1 in 2 & 1 in 10 patients
Dissatisfaction with the cosmetic result	 Between 1 in 10 & 1 in 50 patients
Infection of the incision requiring further treatment with antibiotics	 Between 1 in 50 & 1 in 100 patients (1 to 2%)
Bleeding from the foreskin incision requiring a further procedure	 Between 1 in 50 & 1 in 100 patients (1 to 2%)
Need for removal of excessive skin or circumcision at a later date	 Between 1 in 50 & 1 in 250 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)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); 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 the penis which may last several days
- all your stitches will dissolve, usually within two to three weeks

- simple painkillers such as paracetamol are helpful if you have any discomfort
- any dressing should fall off within 24 hours; if it does not, or if it becomes soaked with urine, you should remove it
- try to keep the area dry for 24 to 48 hours; avoid soaking in a bath and you should not swim for one or two weeks
- 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 arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be made for you which may involve admitting you for a scheduled circumcision, if your procedure was performed as an alternative in an emergency setting
- you will continue to get erections after the procedure but you should refrain from sexual activity (intercourse and masturbation) for four weeks
- the procedure will not affect your ability to ejaculate and father children

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 (warfarin, aspirin, clopidogrel, rivaroxaban or 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 free NHS Smoking Helpline on **0800 169 0 169**.

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. If it is, you should check with your insurance company before driving again.

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 and other evidence-based sources including:

- 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 Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but 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 do have any questions, you should contact your urologist, specialist nurse or GP.