Drainage of the penis for priapism: 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 urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Deflation of the penis for a prolonged, painful erection

What are the alternatives to this procedure?

Conservative treatment with compression and ice packs

What should I expect before the procedure?

You will usually have been admitted to hospital as an emergency. Surgery is required on an urgent basis but will only be performed once you have had nothing to eat or drink for a minimum of 4 hours.
Under certain circumstances, it may be possible to deflate your erection using simple drugs or by asking you to run up and down a flight of stairs; this shunts the blood away from your penis to your legs. If these measures fail, however, you will need to proceed with surgery.

A pre-medication will normally be prescribed by the anaesthetist 1-2 hours before the surgery; this 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
- 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
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

**What happens during the procedure?**

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

Wide-bore catheters are inserted through the head of the penis to remove the clotted blood that has built up. These clots are washed out until the blood is flowing clear again.

If this fails to deflate the erection, it is best simply to wait for the erection to subside in its own time. However, this means that you are unlikely to get erections again and, for this reason, we normally consider penile implants at a later stage to restore erections.

**What happens immediately after the procedure?**

It is inevitable you’re your penis will be very bruised and swollen after the procedure.

Any small stitches inserted into the head of the penis will dissolve by themselves and do not require removal.

Once it is clear that your erection has not returned, you will be allowed home.

The average hospital stay is 2 days.
**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)**

- ☐ Bruising and swelling of the penis
- ☐ Recurrence of the painful erection (especially if it is drug-induced)

**Occasional (between 1 in 10 and 1 in 50)**

- ☐ Inability to obtain erections (impotence) after the procedure
- ☐ Infection of the penis
- ☐ Bending of the penis on erection due to scar tissues as a result of the procedure

**Rare (less than 1 in 50)**

- ☐ Need for penile implants (prostheses) if the erection cannot be made to subside by surgical measures

**Hospital-acquired infection (overall risk for Addenbrooke’s)**

- ☐ Colonisation with MRSA (0.01%, 2 in 15,500)
- ☐ Clostridium difficile bowel infection (0.02%; 3 in 15,500)
- ☐ MRSA bloodstream infection (0.00%; 0 in 15,000)

*These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions*

**What should I expect when I get home?**

When you leave hospital, you will be given a 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.

It will be at least 14 days before the discomfort in your penis settles but 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.

**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.
If there is a recurrence of the painful erection, you should return to hospital immediately. **Are there any other important points?**

You will normally receive a follow-up outpatient appointment for 6-8 weeks after the procedure. At that stage, it may be necessary to discuss the insertion of penile implants (prostheses) if this becomes necessary. However, it may take longer than 8 weeks for erection problems to become apparent and, if this happens, we will arrange a further appointment for you.

In patients whose painful erection has been induced by injectable drugs, alternative methods of obtaining erections will be discussed. If your problems have been precipitated by taking certain drugs by mouth, it will be necessary to look at your drug regime critically to avoid drugs which are known to cause this problem.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References: NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)
Is there any research being carried out in this field at Addenbrooke’s Hospital?

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?

**Oncology Nurses**

- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 274608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-351

**Non-Oncology Nurses**

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748 or bleep 157-237
- Urology Nurse Practitioner (stoma care)
  01223 349800
- Urology Nurse Practitioner (stone disease)
  01223 349800 or bleep 152 879

**Patient Advice & Liaison Centre (PALS)**

- Telephone: +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine: *801 (from patient bedside telephones only)
- E mail: pals@addenbrookes.nhs.uk
- Mail: PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and Multi-Faith Community**

- Telephone: +44 (0)1223 217769
- E mail: chaplaincy@addenbrookes.nhs.uk
- Mail: The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ
MINICOM System ("type" system for the hard of hearing)
• Telephone: +44 (0)1223 217589

Access Office (travel, parking & security information)
• Telephone: +44 (0)1223 596060

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. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

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 other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk

Turkish Bu bilgiyi diger dillerde veya büyük baskıya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali এই তথ্য বাংলায়, ছোট লিখিতা বা অভিধ টেগে পেতে চাঁদা দরার করো 01223 216032 নংর ফোন করেন বা patient.information@addenbrookes.nhs.uk এ ই-মেইল করো।
Addenbrooke’s is a smoke-free site. 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 169 0 169

Document history
Author(s)          Mr Nikesh Thiruchelvam (on behalf of the Consultant Urologists)
Department         Department of Urology, Box No 43
                    Addenbrooke's Hospital
                    Cambridge University Hospitals NHS Foundation Trust
                    Hills Road
                    Cambridge, CB2 2QQ
                    www.addenbrookes.org.uk
Contact number     01223 216575
Fax number         01223 216069
Dept website       www.camurology.org.uk
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