Penile straightening (Nesbit or Lue operation): 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?
This is a procedure to correct curvature of the penis during erection; it is only indicated if the penis is too bent to permit penetration and the disease has stabilised. Surgery will not normally be performed without a period of observation of at least 6 months to ensure that the disease is not progressing.

What are the alternatives to this procedure?
Observation, drugs, shockwave treatment and other surgical approaches.
What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo preassessment on the day of your clinic or an appointment for preassessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, junior Urology doctors 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.

You may be given an injection under the skin of a drug Dalteparin that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

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?

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 skin of the penis will be reflected using an incision around the head of the penis. The deformity will be confirmed by artificial erection and then corrected by bunching up the opposite side to the curvature (Nesbit’s procedure) or by vein or fascia lata (treated human graft) grafting to the scarred area (Lue procedure).

In the Lue procedure only, a separate incision is made in front of one ankle bone to obtain a piece of vein if it is used for grafting.

**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. Absorbable stitches are normally used which do not require removal.

A catheter may need to be inserted into the bladder for 24-48 hours after the operation to prevent any problems with passing urine. Once the catheter has been removed and you are passing urine normally, you will be able to go home.

The average hospital stay is 12-14 hours.

**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)**

- There may be some shortening of the penis by 2-3cm, (especially with Nesbit’s procedure but less likely with the Lue procedure) in addition to the shortening already produced by the disease itself
- Possible dissatisfaction with the cosmetic or functional result
- Temporary swelling and bruising of the penis and scrotum lasting several days
- Stitches under the skin which you may be able to feel
- Circumcision is required as part of the procedure (in most patients)
- Insertion of a catheter into the bladder is often necessary

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

- No guarantee of total correction of bending
- Recurrence of the curvature at a later stage
- Significant bleeding or infection requiring further treatment
- Nerve injury with temporary or permanent numbness of penis (more likely after Lue procedure)
- Impotence or difficulty maintaining erections (in up to 8% after Lue procedure)
Rare (less than 1 in 50)
□ None

Hospital-acquired infection (overall risk for Addenbrooke’s)
□ Colonisation with MRSA (0.02%, 1 in 5,000)
□ Clostridium difficile bowel infection (0.04%; 1 in 2,500)
□ MRSA bloodstream infection (0.01%; 1 in 10,000)

(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 healing occurs and 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.

Are there any other important points?
A follow-up outpatient appointment will be arranged for you some 6-8 weeks after the operation. You will receive this appointment either whilst you are on the ward or shortly after you get home.

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 diğer dillerde veya büyük baskıya dayalı sesli formatta ister seniz lütfen numaradan kontakt kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali  এই তথ্য বাঙালি, যা অক্ষরে বা অডিও ট্রেকে পোস্টে চালু করা করে 01223 216032 নম্বরে কেন্দ্র করন যা patient.information@addenbrookes.nhs.uk তিনিশার ই-মেইল করন।

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
First published  May 2005
Review date  April 2017
File name  Penile straightening (Nesbit or Lue operation)
Version number  7.0
Ref  01/Urol_04_14