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 GP or other healthcare professionals. 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 (0.02%, 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 “draft” 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.

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 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

Patient Advice & Liaison Centre (PALS)
- Telephone
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 baskı kılavuzu ya da sesli formatta isterseniz lütfen su numaradan kontakt kurun: 01223 216032 veya aşağıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali  এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পাঠাতে চাইলে দ্বারা করুন 01223 216032 নম্বরে কেন্দ্র করুন 
বা patient.information@addenbrookes.nhs.uk চিত্রায় ই-মেইল করুন।

Addenbrooke's is smoke-free. 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

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