



FREEING of PREPUTIAL (FORESKIN) ADHESIONS

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.



<http://rb.gy/tc8bf>

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

KEY POINTS

- Preputial (foreskin) adhesions occur because of incomplete separation of the foreskin from the head of the penis
- They can also occur after surgery to the penis e.g. circumcision
- They can be painful or cause concern over their cosmetic appearance

What does this procedure involve?

Allowing retraction of your foreskin by gently releasing the adhesions or scar tissue that sticks your foreskin to the head of your penis.

What are the alternatives?

- **Observation** – doing nothing apart from gentle self-retraction of the foreskin
- **Steroid creams** – to reduce any inflammation present
- **Circumcision** – if separation of the adhesions is unlikely to provide a permanent solution

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.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.



We usually provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.





Details of the procedure

- we normally carry out the procedure under general anaesthetic as a day case although it may be carried out under local anaesthetic
- you may be given an injection of antibiotics before the procedure, after you have been checked carefully for any allergies
- we use a probe to release the adhesions between the foreskin and the head of your penis allowing the head to be exposed
- we then apply an antibiotic ointment to the head of your penis, which lubricates it and prevents infection
- we sometimes apply a loose dressing which usually falls off by itself within a few hours

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
Temporary bleeding from the raw surface of your penis	 Between 1 in 2 & 1 in 10 patients
Burning or stinging when you pass urine the first few times	 Between 1 in 2 & 1 in 10 patients

Temporary tenderness of your penis		Between 1 in 2 & 1 in 10 patients
Need for circumcision if freeing the adhesions does not resolve your symptoms		Between 1 in 10 & 1 in 50 patients
Recurrence of the adhesions		Between 1 in 10 & 1 in 50 patients
No guarantee of complete satisfaction with the cosmetic appearance		Between 1 in 50 & 1 in 250 patients
Altered sensation on the head of the penis		Between 1 in 50 & 1 in 250 patients
Infection of the glans or foreskin requiring antibiotics or further treatment		Between 1 in 100 & 1 in 250 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; 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 may have some discomfort after the procedure but we will give you painkillers to take home
- there are no stitches but you do need to retract your foreskin daily to maintain the benefit of the procedure
- if you cannot retract your foreskin, or adhesions seem to be re-forming, contact your GP or urologist

- you should not attempt any sexual activity (intercourse or masturbation) for at least two weeks after the procedure or until the area is fully healed
- 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
- you may return to work when you are comfortable enough, depending on the nature of your job
- a follow-up appointment will be made for you if required

General information about surgical procedures

Before your procedure

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, 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 Smoke-Free National Helpline on **0300 123 1044**.

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 [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, 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 have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.