



FRENULOPLASTY (LENGTHENING OF THE PENILE FRENULUM)

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/Frenuloplasty.pdf

Key Points

- The frenulum is the band of tissue on the underside of the head of your penis, from below the urethral meatus (opening) to the inside of the foreskin
- If it is tight, it can cause pain during erection or intercourse, and it may tear, causing bleeding and discomfort
- Simple division of the frenulum under local or general anaesthetic is easily performed
- Reduced sensation on the glans (head of the penis) may occur after the procedure
- Circumcision may be needed if frenuloplasty does not solve your problems

What does this procedure involve?

Surgical treatment of a short penile frenulum by dividing the skin across and re-stitching it in a lengthwise fashion.

What are the alternatives?

- **Observation** – no specific treatment in mild cases
- [Circumcision](#)

What happens on the day of the procedure?

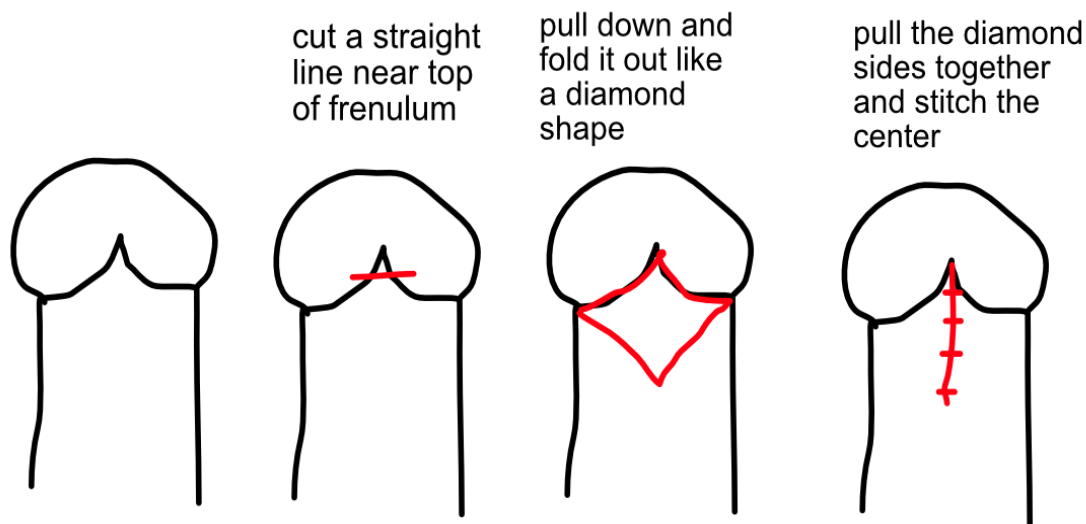
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

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, and give you a heparin injection to thin your blood. 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 usually carry out the procedure under a local anaesthetic (where the area is numb but you are awake) or general anaesthetic
- we use local anaesthetic nerve blocks, regardless of the type of anaesthetic, to provide post-operative pain relief
- you may be given an injection of antibiotics before the procedure, after you have been checked for any allergies
- we divide the frenulum across and re-stitch it in lengthwise fashion, which results in lengthening the frenulum (pictured below)











- we use dissolvable stitches throughout which usually disappear within two to three weeks
- we normally wrap the penis in a loose bandage which usually falls off on its own

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
Reduced sensation in your glans penis (the head of your penis)	 Between 1 in 10 & 1 in 50 patients
Bleeding from the incision which may require a hospital visit and further treatment	 Between 1 in 10 & 1 in 50 patients
Failure to improve your symptoms which may result in the need for full circumcision	 Between 1 in 10 & 1 in 50 patients
Infection of the incision requiring antibiotics or further treatment	 Between 1 in 50 & 1 in 250 patients
Tenderness of the scar at the site of your frenulum	 Between 1 in 50 & 1 in 250 patients
Dissatisfaction with the cosmetic result	 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)	 Less than 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 disappear, usually within two to three weeks but may sometimes take a little longer
- 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, it should be removed
- keep the area dry for 24 to 48 hours; avoid soaking in a bath
- you should not swim for one or two weeks
- you should not have any pain passing urine
- try to keep your wound clean and dry after passing urine
- apply a little vaseline to the tip of your penis and around the stitch line to stop it sticking to your clothing
- wear loose-fitting clothing for two to three days
- you should retract your foreskin on a daily basis to maintain the benefits of the surgery
- 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 may be made for you
- you should refrain from sexual activity (intercourse and masturbation) for up to four weeks

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.