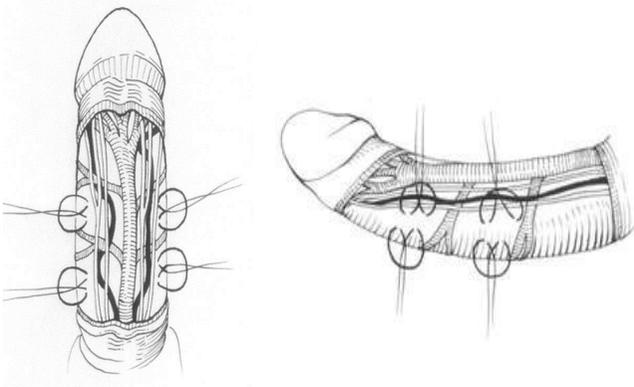


## What to expect after the procedure?

- **Any anaesthetic has its risks and the anaesthetist will explain such risks.**
- Bleeding is a common complication.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- Sutures may tear loose with vigorous use of erect penis, and the procedure may then require revision.
- An infection of the wound may occur and requires immediate attention.
- Necrosis of the foreskin can occur in rare circumstances.
- **DANGER SIGNS:** A wound that swells immediately, fever, and puss. Contact Dr Schoeman or the hospital immediately as this occurs in up to 15–20% of all cases.



## What next?

- Dressings should be kept dry for the initial 72 hours after surgery and soaked off in a bath thereafter.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- The catheter will be removed as soon as you are awake, or if there are concerns, the following morning.
- On discharge, a prescription may be issued for patients to collect.
- Patients should schedule a follow-up appointment with Dr Schoeman 2 weeks after the procedure.
- There will be signs of bruising for at least 10 days.
- Refrain from using your erect penis for 3-4 weeks
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Sick leave will be granted for 10 days.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

**Jo Schoeman**  
**FRACS, FCS (Urol) SA, MBChB**

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

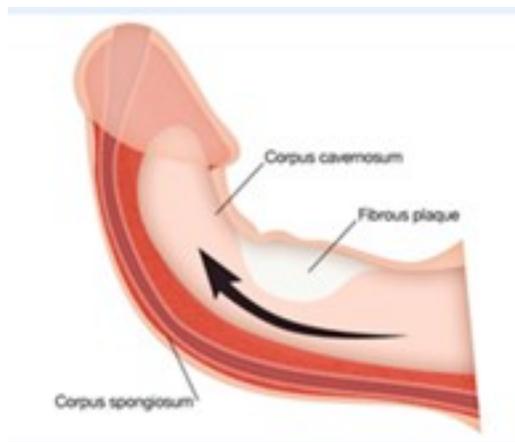
*16 DOT 'NESBITT'  
PLICATION*

Patient well-being is my first priority!

# 16 DOT 'Nesbitt' Plication

## Why is it done?

- To treat an acquired deviation of an erect penis.
- Usually occurs in males 55-65 years of age
- Can be associated with previous penile trauma, usually no associated history.
- A dorsal curvature is more common than a ventral one
- Pain is usually the presenting symptom with a gradually worsening curvature
- The curvature may be so bad that penetration becomes impossible
- Associated with the Connective disorder Dupuytren's Contracture, which is an auto-immune disease
- Worse cases may require a penile prosthesis



## Pre-requirements

- An informed consent is required from the patient/ parents.
- Patients are informed that **this may shorten the penis to the length of the shorter side of the penis, usually 2-3 cm**
- In patients with limited length, a lengthening procedure may be indicated and will be referred to a colleague
- Patients may not eat or drink from 6-8 hours prior to surgery according to age.
- Adult patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. Clexane injections may be substituted.
- Patients with cardiac illnesses require a cardiologist / physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- Be prepared for an overnight stay.

## How is it done?

- This procedure is done under general anaesthetic.
- Supine position.
- The Foreskin is loosened proximal to the glans with a circumferential incision and the whole penile skin is retracted to the base of the penis.
- An artificial erection will be induced by injecting a sterile saline solution into the penile corpora cavernosa with a tourniquet around the base.
- Non-dissolvable sutures will be placed on the sides opposite to the diseased areas in an attempt to pull the erect penis into a straight alignment.
- Occasionally a circumcision may result due to complications with this technique, yet foreskin preservation is attempted.
- If there is a dorsal curvature, ventral sutures are laced and the penis pulled in up right position, therefore sutures are always placed on the opposite site avoiding vital structures such as nerves
- A catheter will be inserted until you are awake.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected at the base of the penis as a penile block thus giving post-operative pain relief for the next 4-6 hours.

