

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.**

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Urologist



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Specialist Urologist

PATIENT INFORMATION BROCHURE

PENILE LESION EXCISION

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Penile lesion excision

Why is it done?

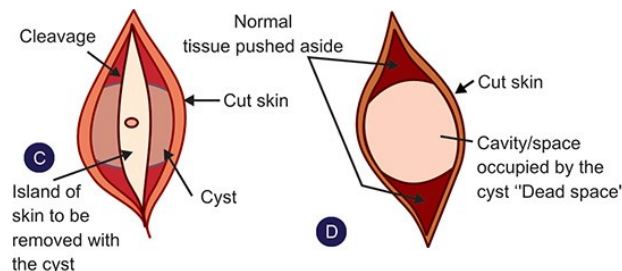
- To confirm/ exclude the presence of malignancy
- To remove this lesion

Pre-requirements

- An informed consent is required from the patient.
- This can be done under a local or general anaesthetic
- If done under a GA, patients may not eat or drink from midnight the previous evening.
- 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.

How is it done?

- This procedure is done under local or general anaesthetic.
- Supine position.
- The Foreskin may be the only affected area and therefore a circumcision is done.
- Otherwise the affected area is exposed and cleaned.
- If it is a large area, a wedge resection of an area close to normal skin is done.
- Otherwise a complete excision biopsy is done.
- Hemostatic sutures are placed.
- Hemostatic dressings are placed
- Specimen is sent to a histo-pathologist.
- A in catheter may be inserted if the biopsy area involves the meatus of your urethra.
- 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.



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). 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.
- **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.

