

## What next?

- The dressing should be removed in a bath 48 hours after the procedure.
- The dressing should be soaked until it comes off with ease.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic the bleeding will stop.
- As soon as the dressing has been removed, Bactriban (or similar) ointment should be applied on the wound twice a day.
- This may not be required if the foreskin was not adhered to the glans penis.
- On discharge a prescription may be issued for the patient to collect.
- A follow-up appointment should be scheduled to see Dr Schoeman within 2 weeks.
- Please don't hesitate to direct all pre-operative queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

## *DORSAL SLIT PROCEDURE*

See this live on:  
[vidscrip.com/urojo](http://vidscrip.com/urojo)

Patient well-being is my first priority!

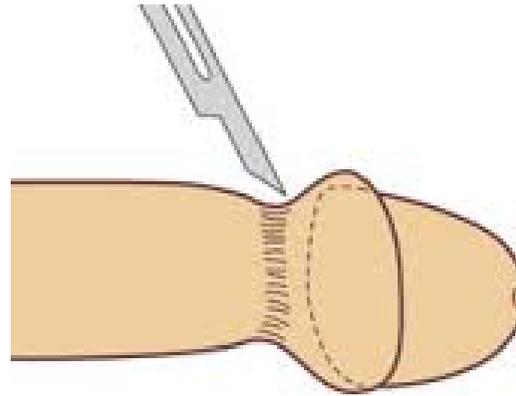
# Dorsal Slit procedure

## Why is it done?

- Paraphimosis: Foreskin stuck behind head of penis
- Foreskin preserving

## Pre-requirements

- An informed consent is required from the patient.
- Patients may not eat or drink from midnight the previous evening.
- Toddlers may still have feeds up to 6 hours before the procedure.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDENE must clearly state this to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin should be stopped 7 days prior to surgery.
- This is a day surgery procedure and can also be done under a penile Block (Local Anaesthesia).



## How is it done?

- This is done under general anaesthetic or a penile block.
- A vertical cut is made through the tightest part of the para-phimosis and the foreskin is then able to be covered over the meatus.
- The incision is then closed by opposing edges in the horizontal plane.
- Dissolvable sutures are placed between the 2 remaining edges.
- A local anaesthetic is injected into the base of the penis 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.
- With any subsequent erections post operatively, the sutures may pull out causing an opening of the wound with subsequent bleeding.
- An infection of the wound can occur if the dressings are left on too long.
- If the dressing has been applied too tightly, or if there is any discomfort, please remove the dressing immediately. If some hemorrhaging re-occurs, REDO the dressing!
- In very young patients, the foreskin may still be attached to the head of the penis, thus leaving a raw and red glans penis after surgery. Keep the affected area clean and apply ointment as prescribed.
- NB! Each person is unique and for this reason symptoms may vary!

