



Penile Adhesions

What are penile adhesions?

Penile adhesions in boys occur when the penile shaft skin adheres (sticks) to the glans or head of the penis. This can happen in both circumcised and uncircumcised boys. The adhesions can be located anywhere around the head of the penis and vary in severity.

There are 2 types of adhesions; non-vascularized and vascularized. With non-vascularized adhesions the foreskin naturally adheres to the head/glans of the penis and sometimes happens again after circumcision. This type of adhesion often resolves without treatment because of natural exfoliation of the skin. Vascularized adhesions are due to scar tissue formation from a previous procedure and will require intervention to separate the skin bridge.

What causes penile adhesions?

Adhesions may develop due to extra foreskin following a circumcision, or when the foreskin is unable to be pulled back in uncircumcised boys. Adhesions can also form as an infant develops more fat in his pubic area causing the penis to be buried. The skin of the shaft penis can then adhere to the glans. Small irritations or diaper rash can also lead to adhesions.

How is it diagnosed?

History of reported symptoms and physical exam by doctor. During diaper changes or bath time you may notice the adhesions, or they may be noted at a routine office visit with your son's primary care provider. Most penile adhesions cause no painful symptoms. Occasionally the area around the adhesions can become red and irritated.

How are penile adhesions treated?

Your child's provider will decide on the best treatment option for the adhesions. Treatment may include a topical steroid cream that will weaken the tissues and help break down the adhesions. It is important to follow your provider's instructions when using the steroid cream.

When is surgery needed?

If the topical cream does not work to release the adhesions, or skin bridges are present your provider may recommend a short surgery to separate the adhesions. Even after the surgery, non-vascularized adhesions can come back. The risk of recurrence can be decreased by gently pulling back the skin over the head of the penis and applying a liberal amount of ointment with diaper changes 4 times a day.

What happens during the surgery?

Your child will receive a general anesthesia to help them sleep and not feel pain during surgery. A local block (numbing medicine around the surgical area) will be given. The skin bridge is separated. Dissolvable stitches or surgical glue may be used and a dressing placed. A circumcision revision may also be recommended, which can be done during the same surgery.

Will my child be in pain?

Most children do well with the surgery. If your child is in pain, a pain medicine can help. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

What can I expect after the surgery?

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated.
- **Activity:** Your child may return to school or daycare when pain is well controlled. Avoid straddling activities, contact sports and swimming for 14 days.
- **Wound care:** The penis area may be red, swollen and bruised. If your child has a dressing on their penis, follow your surgeon's specific instructions for removal. Apply Aquaphor® or Vaseline® with diaper changes or 4 times a day. Glob it on around the area. There may be blood spots in the diaper, underwear, or dressing.
- **Bathing:** It is ok to take a bath 24 hours after the surgery. Bathe (5-10 minutes) in plain water for the next week. A daily warm bath will facilitate healing and provide comfort. Apply Aquaphor® or Vaseline® to glans after bathing as part of your son's daily routine.
- **Medicines:** You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

What to call the doctor for:

- Fever with worsening redness or drainage at surgical area
- Significant swelling, bruising or bleeding at surgical area
- If the wound starts separating

Call your primary care provider for any other concerns.

Follow-up care: Follow-up with your child's surgeon as directed following the surgery. Call your surgeon's office to schedule an appointment.

Questions?

This information is not specific to your child but provides general information. If you have any questions, please call your clinic.