

Adult Acquired Buried Penis Repair

What is a buried penis?

A buried penis cannot be seen when standing. This is often because of surrounding adipose (fat) tissue or swelling (edema). Though many obese people have a buried penis, most do not need any special treatment. If the buried penis causes issues with urinary tract infections, sexual functioning, or hygiene, then talk with your doctor about repair.

What symptoms can a buried penis cause?

Symptoms depend on the severity of the condition. They are:

- Urinary tract infections
- Sex organ pain (pain with erection, ejaculation)
- Trouble with erections
- Dribbling of urine
- Not being able to expose penis
- Pain when trying to expose the head of the penis
- Infections of the head of the penis
- Greater risk for penile cancer
- Poor cosmesis

What causes a buried penis?

There are many causes:

- **Obesity.** This is the most common cause. If the fat tissue extends beyond the head of the penis:
 - Urine and moisture are hard to clear if the penis cannot be exposed.
 - Trapping of moisture and urine leads to chronic inflammation.
 - Inflammation and infection cause scarring of the genital tissue. This makes it harder to expose the penis. This is called phimosis.

- **Lichen sclerosus.** This is inflammation that affects the genital and anal area. It leads to scar tissue. It happens often with a buried penis. It causes pain and irritation on the tip of the penis or foreskin. The skin can also have pale, white patches.
- **Genital lymphedema.** This is not common. It happens with a break in the lymphatic channels. These are small vessels that return fluid to the circulatory system. They also do other jobs. Fluid collects when the channels are disrupted. This leads to the scrotum getting bigger. Genital lymphedema is common in people that had surgery or radiation for cancer that extended into lymph nodes.
- **Circumcision.** If too much skin is removed during circumcision, it can bury the penis.

How will my buried penis be treated?

There are many ways to treat it. Most treatment decisions are based on the goals of the patient. Common goals for people with a buried penis are:

- Being able to stand to urinate with an exposed penis.
- Being able to use the penis for sex.
- Being able to clean the tip of the penis and scrotum after urination to help with hygiene.

Each person's goals will help decide the best surgical repair. If you had surgery in the past, it may affect your choices. People with a buried penis who have been circumcised often need a skin graft.

Conservative (Less Invasive) Treatments

- **Weight loss.** Before any surgery, you should start a weight loss program. Your doctor may refer you to a dietitian. They may also refer you for bariatric surgery (gastric bypass). Weight loss alone is often not enough to unbury the penis though.

- **Topical steroid cream.** For people with a tight band of skin around the penis, a steroid cream can be used. Put it on the skin 2 times each day to help loosen the skin.
 - For this treatment to be successful, it takes motivation. You will need to pull back the nearby tissue to expose your penis. You need to do this many times each day. And use the steroid cream.
 - This does not remove the extra tissue around the penis.
 - It can take weeks to months to work.
 - Many people cannot expose their penis enough for this. This happens if the scar tissue band is too dense or with too much extra tissue.
- **Penile skin incisions.** Also called a dorsal slit or revision circumcision.
 - It can be a good choice if a person has a mild condition.
 - It can be a good choice if a person is not healthy enough to have a major surgery
 - For this procedure:
 1. 1 or more cuts are made through scar tissue of the penile skin.
 2. The skin edges are arranged to open the scar tissue.
 3. This exposes the penis.
 - Like the steroid cream, this takes motivation. You need to pull back on the nearby tissue to expose your penis many times each day.
 - Minor skin separation is common. It will need antimicrobial ointment.
 - This does **not** remove the extra tissue around the penis. It exposes the penis by opening scar tissue.

Definitive Treatments

Buried penis repair surgery. This will vary from person to person. It depends on the shape of your body and health of the skin covering your penis.

Your urologist will take pictures of your buried penis before surgery. These pictures are helpful for 3 reasons

1. They help your doctor classify the type of buried penis you have.
2. They help plan the type of surgery to be done.
3. They are often needed for your insurance company to approve the surgery.

The goal of the surgery is to expose the head of your penis. This will help with urination, sexual function, and keeping the site clean.

Procedures needed to help expose the head of the penis are:

- **Panniculectomy:** The pannus is the tissue from the abdomen that can hang over the penis. For most buried penis repairs, this tissue is left in place. A plastic surgeon is needed to remove this.
- **Escutcheonectomy:** This is also called the mons pubis. It is the tissue just above the penis and below the pannus. It is often removed at the time of buried penis repair.
- **Scrotoectomy or scrotoplasty:** If the scrotum is enlarged and buries the penis, some of the scrotal tissue will need to be removed.
- **Split-thickness skin graft:** When the penis is exposed, your doctor will decide if enough healthy skin is still on the penis. Sometimes unhealthy tissue needs to be removed. Then it is covered with skin from other areas of the body. This skin often comes from tissue already being taken from the abdomen. Other times, the skin comes from the leg.

What should I expect before surgery?

Before surgery you will need:

- **Electrocardiogram (ECG/EKG):** To be sure your heart is healthy enough for surgery.
- **Blood work:** To be sure supporting organs (kidney, liver, intestines) are working and blood levels (hemoglobin, hematocrit) are high enough.
- **Chest X-ray:** To be sure your lungs are healthy enough for surgery.
- **Medicine review:** To be sure your blood pressure is controlled and medicines that lead to bleeding (coumadin, aspirin, clopidogrel) are stopped before surgery.
- Stop using all tobacco (cigarettes, chewing tobacco, vaping products, nicotine gum) before surgery. A urine test is often done the day of surgery to be sure you have stopped.

Call 319-384-8008:

- If it is 2 business days before surgery, and you have not had a phone call.
- If you have any questions.

Most buried penis repair surgeries last 2 to 3 hours. An extra hour is needed for anesthesia, surgical positioning, and waking up.

What are the possible complications?

Major complications are rare, but you could have:

- **Infection.** Antibiotics are given before surgery. This lowers the risk of surgical-site infection. Infections can happen in the incision or urine. They often happen days after surgery. Signs are fever, chills, and redness around the wound. Most infections get better with antibiotics. Some need the incision to be opened and drained.
- **Skin separation.** Skin infections, trauma, swelling, and tension on incisions can separate the skin. This can cause the wound to open. This will need packing or a wound-vac. Wound nurses will teach you how to care for this.
- **Bleeding.** Injury to big vessels does not happen. There can be a lot of blood loss though. This is because of the small vessels involved with the surgery. The need for blood transfusions is low. Bloody drainage for a few days after the procedure is normal.
- **Damage to nearby structures.** The penis, testicular cords and testicles are close in this surgery. There may be damage them. They can be fixed during surgery.
- **Poor skin graft take.** If the graft does not survive, there can be graft loss. This is often minor. It often only needs normal skin care.
- **Neurologic injury or positioning injury.** When positioning people for surgery, doctors and nurses pad pressure points on the body. Arms and legs are placed in a way that does not lead to nerve injury. Neurologic injuries can still happen. Most of them get better in days to weeks after surgery. Some may need rehabilitation. Almost all of them get better with time and rehab. Some are more common with surgeries that last more than 6 hours.

- **Need for more procedures.** Even with our best efforts, 1 surgery may not be enough. This can be due to fluid or too much tissue around the penis. Some people do not expose the penis enough during recovery. Then scar tissue stops the penis from being exposed.

How many nights will I spend in the hospital?

Most people spend 1 to 2 nights in the hospital. If a wound-vac is used, you stay 4 to 5 days. A wound-vac is a machine used to put suction to the skin graft.

People often go home after they:

- Eat solid food
- Walk without help (if they do not need help to walk before surgery)
- Have pain controlled with medicines taken by mouth

What will my incision(s) look like?

The cut(s) will look different for each person. It depends on your body. A large cut is made by the waist and top of the scrotum. With a skin graft, that part of the penis will also have a cut.

Will I have tubes coming out of me?

This depends on your procedure.

- **Foley catheter.** This empties your bladder. It will stay in until your bandage comes off.
- **Jackson-Pratt (JP) drain.** This empties fluid or blood from the surgery site. Most JP drains come out before you go home. Sometimes it stays in longer. You need to record the amount that drains each day. Your care team will teach you how to care for your drain.

What medicines will I go home with?

- **Pain medicines.** Most people only need these for a few days.
- **Stool softeners.** Anesthesia and pain medicines can all slow your intestinal tract. These help people have normal bowel movements. They are needed while taking pain medicines.
- **Antibiotics.** Most people only need these at the time of surgery.

When will I come back to see my urologist?

- **First post-op visit.** This will depend on what surgery you had. It can also depend on what needs to be taken out. Most people are seen 5 to 10 days after surgery.
 - **A Foley catheter.** It will stay in until your penile dressing comes off. This can be in the hospital. It can also be at your first follow up visit.
 - **Surgical drain.** If you leave with a drain, it should come out in the first few days. This is if there is low drain output.
 - **Staples.** Often, we will use skin staples to help close skin during healing. These are taken out 10 to 14 days after surgery.
- **Second post-op visit.** Most people come back 2 to 3 weeks after surgery. This is to make sure you are healing well.
 - Wound nurses will help care for problems with skin healing.
 - During healing make sure the penis is exposed. Sometimes you are seen weekly to be sure of good repair.
- **Third post-op visit.** 3 months after surgery you will be seen. This is to make sure:
 - You are healing well
 - You have better urination
 - You have better hygiene
 - You can have sex if you want

How will I know if I have a problem with my surgery?

Any surgery can cause an infection. Watch for:

- Redness
- Swelling that gets worse
- Pus or murky drainage
- Pain that is getting worse
- Skin separation

When will I know if I am cured?

This is a major surgery. It will take a lot of time and energy to heal. There are no easy fixes. In 2 to 3 months, your incisions will heal and swelling will have gone down. Complex repairs can still change in the coming months. Your care team will help you with expectations and recovery.

Read this guide on the UI Health Care website

You can find a web version of this guide by pointing your phone's camera at the code at right.

Or you can type this URL into a web browser:

<https://uihc.org/educational-resources/preparing-buried-penis-repair>

