SURGERY FOR CANCER OF THE PENIS

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Penile cancer surgery.pdf

Key Points

- The aim of penile cancer surgery is to remove the cancer from your penis, whilst keeping as much of the healthy penis as possible so that things feel, look and work as close as possible to normal
- The type of operation you have depends on where the problem is on the penis; it may just involve circumcision (removal of the foreskin) or removal of the glans (head of the) penis or partial penectomy
- The penis can be reconstructed using skin grafts at the time of surgery, if required
- Very large tumours may require removal of your entire penis (total penectomy); selected patients may be suitable for full reconstruction of the penis as a later stage
- You will still have control over passing your urine but you will need to sit to empty your bladder

What does this procedure involve?

Surgery for penile cancer involves removing the entire tumour, together with part of the penis.

If the cancer is on your foreskin, a circumcision may be all that is required. Cancers on the head of the penis (glans) can be removed with the glans and we then re-surface the tip of the penis with a skin graft. We can use grafts so that they look like the glans and improve the appearance of your penis.

More extensive cancers may require partial amputation of the penis, removing the head of the penis and part of the penile shaft. These procedures still allow the urethra (waterpipe) to exit at the tip of the remaining penis.

If your cancer is very extensive, we may need to remove the entire penis and bring out your urethra on the perineum (the skin between your scrotum and anus). You will still have normal control over passing urine but you will need to sit down to go.

Most specialist centres will offer procedures which ensure that as much of your penis as possible is preserved.

What are the alternatives?

- **Local excision** – leaving the majority of your penis intact (when the cancer is very small)
- **Topical creams** – to treat pre-cancerous disease or any abnormal cells after surgery
- **Radiotherapy** – occasionally used in exceptional cases of extensive cancer

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

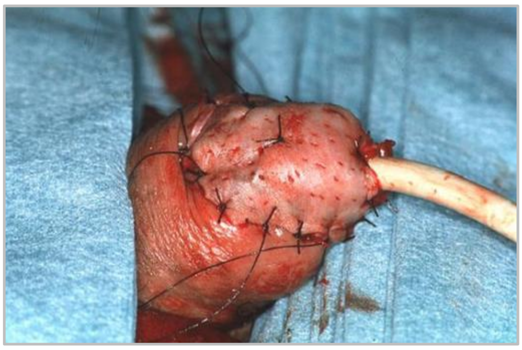
An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we usually carry out the procedure under a general anaesthetic
- we may give you an injection of antibiotics before the procedure, after you have been checked carefully for any allergies
- depending on the position and size of the cancer, we may just remove your foreskin (circumcision) or remove it together with the head of your penis (glansectomy)
- for more extensive tumours, we will remove the end of your penis with the cancer-bearing area (partial penectomy)

- for either of these procedures, we may take a skin graft from your upper thigh to apply to the remaining penis
- the urethra (waterpipe) is brought out through the graft at the tip of your penis
- we use dissolvable stitches throughout, which normally disappear within two to three weeks
- for very large tumours, we may need to remove all your penis (total penectomy) and bring your urethra out behind your scrotum (perineal urethrostomy)



- we put a catheter in your bladder through your urethra
- we put a firm dressing around to penis to limit any bruising and swelling
- if a skin graft has been used, we will arrange for the dressing to be removed after five to 10 days
- the catheter will be removed when your wounds have healed or when the skin graft has "taken" on your penis

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
A degree of erectile dysfunction (impotence)	Almost all patients
Shortening of your penis	Almost all patients
Spraying of urine when you urinate	Almost all patients

Failure of the skin graft to take requiring further treatment (including a repeat graft)	Between 1 in 10 & 1 in 50 patients
Local recurrence of the cancer (on the penis) requiring further treatment	Between 1 in 10 & 1 in 50 patients
Narrowing of the opening of the urethra requiring further treatment by stretching or re-fashioning	Between 1 in 10 & 1 in 50 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of the penis which may last several days
- you may be discharged with a catheter in your bladder
- if you do have a catheter, we will show you how to manage it at home
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be made for you to have your dressings and your catheter (if present) to be removed

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.

