Surgery for Penile Cancer

Exceptional healthcare, personally delivered
Partial Penectomy

If your penile cancer cannot be treated safely by a wide local excision or if the cancer has invaded the deeper structures of the penis, it may be necessary to remove part of the penis.

How long will I stay in Hospital?

This involves a stay in hospital of around 3 to 5 days.

What happens during my operation?

This operation is carried out under a general anaesthetic. The top part of the penis including the glans is removed. The amount of tissue removed depends upon were the cancer is, and of its size. It is also necessary to remove the cancer and a certain amount of tissue not affected by the cancer. In some cases whilst under the anaesthetic for this surgery, it may be necessary to send a sample of the tissue that is hopefully not affected by penile cancer to the laboratory, to be looked at under a microscope. The reason for this is that if the tissue does show microscopic evidence of cancer cells a partial penectomy would not cure the penile cancer, and more radical surgery may be needed. This option would have been discussed with you prior to surgery.

What can I expect after surgery?

Following surgery you have a catheter, which is a soft tube into your bladder through your urethra (water-pipe). The tube is attached to a drainage bag and drains urine from your bladder. You can expect to have this removed after approximately 2 to 3 days. You should be able to pass urine normally following this operation. You may notice a small red “bump” on the end of your penis; this is part of your urethra, which has been refashioned and left outside of the penis. This is done to prevent narrowing of the urethra, which can cause difficulty in passing urine. If this happens you will be shown how to use a small dilator to keep this area open.
How will I look following my operation?

Immediately following surgery your penis may be swollen and bruised, when the swelling settles down you will see that your penis is shorter and the glans is no longer there. Your penis may resemble a circumcised penis. It can be natural for you to be distressed seeing the result of the surgery, even if you have been prepared before the operation. This can be further discussed with you in clinic prior to your surgery.

Will I still be able to have sexual intercourse?

If you have had a partial penectomy you will not have the sensitive top part of your penis, but some patients can still have an erection and orgasm, depending on how much penile tissue has been removed. However, concerns about your cancer and its treatment, and thoughts of an altered body image are naturally distressing, and these can also have an impact on your sex life.

If you haven’t received information on the Emotional and Psychological Aspects of Penile Cancer then please ask.

Will I require any further treatment?

Hopefully not, providing the tissues samples removed at the time of surgery show complete removal of the cancer. Nevertheless, you will be followed up in the out patient department on a regular basis. During your appointment you will have your penis and your lymph nodes in your groin examined for signs of any recurrence of the cancer. Attending these appointments regularly would give the Consultant chance to pick up and treat any recurrence at the earliest opportunity.
Total Penectomy

If the penile cancer has invaded the deeper structures of the penis, then it may be necessary to perform a total penectomy. This operation involves the penis being totally removed. During the operation the urethra (water pipe) is diverted behind the scrotum, allowing you to pass urine whilst sitting down. You will still have control over passing urine, because the muscle that keeps you continent is not affected by surgery.

How long can I expect to stay in hospital?
You will be admitted to Southmead Hospital Bristol. You can expect to stay in hospital for approximately 5 to 7 days.

What can I expect after my surgery?
The operation is usually performed under general anaesthetic. However the anaesthetist may also offer you an epidural anaesthetic (into the spine) to minimise postoperative pain. When you return to the ward following surgery you will have a catheter (tube inserted into your bladder via your urethra), this will allow urine to drain from your bladder for the first few days following surgery. This is usually removed after 5 days and when you are mobile again.

You may also have a small drain inserted into your wound, this will drain any blood or fluid from your wound site, thereby ensuring this does not collect under the wound and cause swelling or infection. The wound drain will be removed when the wound is dry and drainage has stopped.

When will I be able to get up and about?
You will be encouraged to sit out of bed as soon as possible, normally the day after the operation. You should be able to walk about as soon as the epidural is removed.
Following any kind of surgery a known complication is that of a deep vein thrombosis (a blood clot in the leg). In order to minimise this risk you will be asked to wear special stockings for your stay in hospital, which should fit quite tightly. A daily injection of a blood-thinning drug is also normally prescribed.

**Will I be in pain after the operation?**

There may be a degree of pain, although this varies between individuals.

Nursing staff will ensure you have adequate pain control and it is important that you let them know if it is not effective. You may also be able to administer your own pain medication in the form of Patient Controlled Medication (PCA). This involves using a device that looks like a wristwatch.

This gives you a measured amount of medication via a small cannula in the back of your hand at the press of a button. Nursing staff will monitor the effect of this by asking you to give a pain score between 1-10.

**How do I look after the wounds when I go home?**

It is important that you try to keep your wound clean and dry, you can get a daily bath or shower. You should avoid wearing restrictive clothing as this can irritate your wound site and make it more susceptible to infection. Your wound will have sutures in which will normally dissolve after approximately 2 to 3 weeks. The ward staff will also arrange for a district nurse to visit you at home after discharge. You will be given the contact number of your ward that you can telephone for advice.
Will I still be able to have a sex life after this treatment?
You will still be able to have an active sex life if you wish. You will not have your penis anymore but there are many ways you will be able to express your sexuality and achieve sexual satisfaction.

Will I need any further treatment?
It is possible that you may need further surgery to include your lymph glands.
This depends upon the grade and stage of the penile cancer. Another important factor is whether the tissue taken from your lymph gland by means of a needle biopsy shows any cancerous cells.

Will I require an outpatient appointment?
You will be seen in the urology out patient department. Ideally this date should be given to you before discharge and will be approximately 2 weeks following discharge from the ward. It is a good idea to bring somebody with you to this appointment, as you will be given information as to what will happen next regarding further treatment. It is a known fact that when people are given information with regard to their cancer, they may only remember a small amount of what is actually told to them. It may also be useful to write down any questions you would like to ask with regard to your treatment, as a prompt for when you see your Consultant. If no further treatment is required you will be asked to attend the outpatient department on a regular basis.
Initially your appointments will be at 8 weekly intervals. It is very important that you attend these appointments as if you do get a recurrence of the cancer it will be detected early and treatment can be given.
When will I be able to return to work?

This is dependent on many factors; such as how quickly you recover from surgery, whether you develop any complications of surgery such as a wound infection, the type of work you do ie; manual work or a more sedentary job such as office work, and importantly whether you require any further treatment. This will be discussed at your 1st clinic appointment.

References and further information


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Macmillan Cancer Support 0808 808 0000

www.macmillan.org.uk

Many thanks to the Wirral University Teaching hospital for allowing NBT access to their information leaflet and permission to adapt it to their locality.

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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