Glansectomy and Glans Resurfacing

Information for patients
This leaflet is to give you information about having a glansectomy or a glans resurfacing procedure.

What is a glansectomy?
A glansectomy is a surgical procedure to remove the head of the penis. There will be a loss of length of around 2 cm and a skin graft will be taken from your thigh, to cover the end of the penis in order to provide a reasonable cosmetic appearance. You will also have a circumcision at the same time if you have not been previously circumcised.

Why is this necessary?
The glansectomy has been recommended to treat the cancer that has grown on the head of your penis. Your cancer is a small one and is amenable to removal of just the head of the penis. Your treatment will have been discussed within a multidisciplinary team which includes surgeons, oncologists, radiologists, pathologists and nurses and they feel that the glansectomy is the best option for treating your tumour. Your surgeon will discuss this with you, and outline other options, if they are potentially suitable.

Coming to hospital for your operation
On the day of your clinic appointment you will be asked to attend the pre-assessment clinic to assess whether you are fit for the proposed surgery. You will have questions asked about your general health and fitness, you will have blood tests taken and potentially will have an ECG.
On some occasions it will be necessary for you to return at a separate date to have this pre-assessment appointment.

On the day of your operation you will be admitted to the admission lounge early in the morning, when you will have a further opportunity to talk to the surgeon and the anaesthetist about your procedure. The ward staff will familiarise you with the routine of the ward and show you where the facilities are.

**Your operation**

The surgery will be performed under either a general anaesthetic or a spinal anaesthetic. The anaesthetists will discuss the options with you.

The surgeon will remove the cancer from the head of your penis. A skin graft will be taken from the upper aspect of your thigh and a dressing will be stitched in place over the skin graft in order to hold it in place. You will have a catheter inserted. There will also be a dressing on your thigh, covering the site where the skin graft has been taken from.

**After your operation**

When your surgery is finished you will be taken to the recovery area, where you will be monitored until your condition is stable. Then you will be allowed to go back to the ward. When you get back to the ward you will be able to eat and drink normally and you will be given pain killers, as needed on a regular basis. It is important that you feel as comfortable as possible after the surgery and so you should ask for pain killers if you are feeling any discomfort.

At first the dressing, which is stitched onto the end of the penis will look bloody and then will become more black and
crusty. This is the normal appearance and should not concern you. The dressing on your penis and the catheter will remain in place for 7-10 days to allow the skin graft to heal.

**Preparing to go home**
The ward staff will check your wound regularly whilst you are on the ward and the doctors will see you on a daily basis to assess your progress. When they are happy with your recovery you will be allowed to go home. It is usual to be able to go home on the day after a glansectomy.

You will be given painkillers to take with you and we would advise that you take them as prescribed in order to prevent pain. Please do not exceed the stated dose on the pack. Generally, the discomfort will take a few days to go away and can often be associated with the dressing on the tip of the penis.

The dressing and the catheter will remain in place for 7-10 days. You will return to clinic 7-10 days later for the catheter and for the penile dressing to be removed. You will also have a dressing around your thigh at the site of the skin graft and it is important that this is not disturbed until you return to the clinic.

You will be shown how to look after the catheter before you go home.

**Follow up after glansectomy**
You will be given an appointment to come to the Paul Sykes Outpatient Centre at St James University Hospital within 7-10 days of your operation. At that appointment, you will have the catheter and the dressing removed from your penis. The nurse who removes the catheter and dressing will show you
how to look after the skin graft and will ensure that you are able to pass urine before you go home.

You will be seen seven days later to have the dressing removed from the skin graft site on your thigh.

You will be able to shower once the first dressing on your penis has been removed. However try to avoid direct contact with soap products. It is important that at first you dry the skin graft site very carefully so as not to dislodge the skin graft itself. A hair dryer is often helpful in this respect but if you are drying the wound then pat the wound dry with a cloth that does not shed fibres.

If you have had a skin graft, the area on your thigh will need a waterproof dressing covering it when you are showering or until the dressing is removed after two weeks.

If the bandage on your leg comes off at home, it can be redressed by a district nurse or a nurse at your GP Practice. The dressing closest to the skin on your leg is called Kaltostat and should not be removed as this is helping the wound to heal. Removal of this dressing too soon can sometimes lead to infection in your wound.

Both the wound on your thigh and the wound on the penis can become smelly. This is often part of the normal healing process and is usually nothing to worry about. If you do have concerns, please contact either the nurse specialist at the Hospital or your district nurse.

You will be seen by a consultant to discuss the results of the biopsy and your ongoing progress within 4-6 weeks of your surgery. This will happen in the Paul Sykes Centre.
If you have any problems or worry before that appointment then you can phone the clinical nurse specialist. There is an answer-phone service and please leave a message with your name and telephone number and she will call back to you. Alternatively you can contact the consultant’s secretary.

**What are the risks of the operation?**

Any surgical intervention can pose risks. However for the majority of patients this is a straightforward procedure and the risk of any side effects is low.

In the short term risks include bleeding from the wound, wound infection, poor healing of the wound, bruising, swelling and blood clots in the lower leg. This last potential complication is rare and is called a deep vein thrombosis. We will provide you with elasticated stockings before your surgery as a means to trying to prevent this complication and we will also arrange for you to have injections of a special drug into your abdomen on a daily basis as a means of trying to prevent this complication while you are in hospital.

In the long-term the operation will affect the way that you pass urine and will affect sexual function. These issues are discussed in more detail below.

**How will my body be affected by the operation?**

The cosmetic result after this operation can never be perfect but the intention is that the penis looks as close to normal as is possible given that the head of the penis has been removed.

*Passing urine*

After the surgery and after the catheter has being removed, you should be to pass urine normally. However the urinary
stream may spray and you may need to sit down in order to minimise the amount of leakage that occurs with the spraying.

**Sexual function**

In the long-term, you will notice that the skin graft on your penis is relatively numb. That may make it difficult for you to achieve an erection although many men who have this surgery are ultimately able to achieve erections and to resume sexual activity.

Returning to sexual function in the long-term is often difficult for men who have had this surgery. This is in part because of the change in sensation on the head of the penis but also in part because of the psychological concerns that many men have when they have undergone surgery of this sort. It is advisable to avoid sexual intercourse for at least eight weeks following your surgery. Please feel free to discuss this with a clinical nurse specialist or with your consultant.

**What is a glans resurfacing?**

This involves removing the skin of the head of the penis. This may involve removal of part of the skin of the head of the penis off all of the skin of the penis. The head of the penis would then be recovered with a skin graft that is taken from your thigh.

What is the difference between a glansectomy and a glans resurfacing?

During the glansectomy the whole of the glans penis (the head of the penis) is removed in order to ensure adequate removal of all the cancer tissues.
A glans resurfacing only removes the outer layers (usually just the skin layers) from the head of the penis. The after-care will be the same regardless of which of these procedures you have had.

**Why is this necessary?**

The doctor has recommended this treatment to remove the skin from the head of the penis. This is usually because there is pre-cancerous change in the skin of the head of the penis or because there is some other significant disease affecting that skin. It is also occasionally used for very early cancers.

Your case will have been discussed by a multidisciplinary team of professionals including surgeons, oncologists, radiologist’s, pathologist and nurses before offering you this operation.

**What are the differences between recovery from a glansectomy and a glans resurfacing?**

The short and long-term side-effects of a glans resurfacing are similar. The only significant difference is that there will be no loss of the length of the penis if you have a glans resurfacing. There will however be a change in the sensitivity of the tip of your penis and there will also likely be some spraying of the urine although this is usually not as severe in those men who have had a resurfacing as it is in those who have had a full glansectomy.

The admission process for hospital and the preoperative checks will be the same for both operations.

Similarly, your assessment by the anaesthetist and the anaesthetic itself will be the same regardless of whether you have a glans resurfacing or a glansectomy.
After a glans resurfacing you will also have a dressing on the head of the penis to hold the skin graft in place and to ensure adequate healing. Similarly you will have a catheter in place for 7-10 days and you will also have a dressing on your thigh where the skin graft has been removed from.

The post-operative recovery both on the ward and at home is the same with a glans resurfacing as it is with a glansectomy.

Those patients who have had a glans resurfacing will also be seen in 7-10 days after their operation in the Paul Sykes clinic for catheter removal and for removal of the dressings from the penis.

**Contact numbers:**

Victoria Washington - Urology Nurse Specialist:
**Tel: 07585 961 253 / 0113 206 6792**
Monday to Friday 8am - 4pm

Mr. Eardley/ Mr Kayes/ Mr Elmamoun Secretary:
**Tel: 0113 206 6994** – Monday to Friday 9am - 5pm
Leeds Cancer Support.

Leeds Cancer Support complements care provided by your clinical team. We offer access to information and a wide range of support, in a welcoming environment for you, your family and friends. We can be found in the information lounges in Bexley Wing and also in the Sir Robert Ogden Macmillan Centre.

Leeds Cancer Support Information Centre
Level 1 Outpatients Department
Tel: (0113) 206 8816 Open from 10am - 4pm.

Information Lounge
Level -2 Radiotherapy Department
Tel: (0113) 206 7603 Open from 8.30am - 6.00pm

All the above services can be emailed on: leedsth-tr.Cancersupport@nhs.net

The Sir Robert Ogden Macmillan Centre

The Centre is on the St James’s Hospital site and offers a variety of support services including counselling, support groups and complementary therapies. These therapies include Reiki, relaxation and visualisation, hand and foot massage and many others.
You can just drop in for a coffee and a chat anytime. Open from 10am - 4pm Monday to Friday.

The Sir Robert Ogden Macmillan Centre
Tel: (0113 206 6498)

**Health Talk support service**

Health talk is an online service where you can find information and support by seeing and hearing patients real life experiences.

In co-ordination with researchers from the Centre for Men’s Health at Leeds Metropolitan University spoke to 27 men in their own homes. You can explore what these people felt about issues such as symptoms, treatment, body image and sex. We hope you find the information helpful and reassuring.

http://www.healthtalk.org/peoples-experiences/cancer/penile-cancer/topics

**Where can I find more Information?**

**Macmillan Cancer Support**
Freephone: 0808 808 1021 Website: www.macmillan.org.uk

**Orchid Male Cancer Support**
Website: www.orchid-cancer.org.uk

**References:**
Orchid male cancer support 2017. Partial Penectomy
Orchid male cancer support 2017. Total Penectomy
The Christie Patient Information Service May 2015
CHR/SUR/600/17.06.08 version 4