Partial and Total Penectomy

Patient information leaflet
This leaflet is to give you information about what happens when you need an operation to remove part or all of your penis (penectomy) to treat your cancer.

This will include how long you are likely to be in hospital and what to expect when you get home after the surgery.

**Partial Penectomy**

A partial penectomy is an operation to remove the end of your penis where there is a cancer. The operation will remove the cancer and an addition margin of normal penis to make sure that all of the cancer has been removed.

**Why is this necessary?**

Your doctor has recommended this treatment to remove the cancer that has grown on your penis.
What are the risks of the operation?
Any surgical intervention can pose some risk. However the majority of patients are unlikely to experience them.

The potential risks may include:
- Infection
- Bleeding/ bruising
- Swelling
- Chest infection
- Urinary problems (see below)
- Blood clots in the lower legs (DVT)
- Blood clots in the lungs (PE)

Moving around again as early as possible will reduce the risk of these. You may be provided with anticoagulation therapy to thin your blood slightly to reduce the risk. You will also be provided with surgical stockings which will promote venous flow, again reducing the risk. You will be required to wear these for your hospital stay.

After the operation you will be able to pass urine but it will likely to spray and you may need to sit down in order to pass urine. Also, you will find it difficult to get an erection and you are likely to find that sexual activity is impossible.

Pre-assessment
On the day of your initial clinic appointment you may be asked to attend pre-assessment clinic to make sure you are fit for the proposed surgery.

During this clinic you will be assessed on your general fitness, a discussion around any existing conditions, and a review of any medications you may currently take.
You will have your bloods taken, an ECG may be performed and sometimes may require an anaesthetic review. This may be carried out on the same day or may require a separate appointment.

The day of surgery
On the day of surgery you will be asked to attend the admission lounge where you will be admitted by a nurse, again they will assess your fitness for surgery, record your blood pressure and prepare you for surgery.

You will get the opportunity to be seen by a member of the surgical team performing the surgery (surgeon/anaesthetist) and discuss the procedure again.

Admission times may vary from the time of your surgery. You may be notified by the nursing staff of a potential time of surgery, however this is not definite.

Your operation.
You will be escorted to theatre by a member or the ward staff/theatre staff, regular safety checks will be made when you enter the theatre department and you will go to the anaesthetic room.

The anaesthetist will give you a general or spinal anaesthetic, depending what is felt to be the best for you.

During a general anaesthetic you will be asleep for the duration of your procedure. For a spinal anaesthetic the anaesthetist will inject medication into your back to ensure you are numb for the duration of the procedure. This can sometimes be given with sedation to relax you and make you sleepy.
The surgeon will then proceed to remove the part of your penis where the cancer has grown; they will also take a margin of normal tissue to make sure the cancer has been fully removed. This will be sent to the laboratory for further testing.

At the end of the operation you will be fitted with a catheter to aid with the healing process.

**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, at this point your nurse will be called to escort you back to the ward (this may be a different ward to the one you were admitted to).

Painkillers will be offered to you on a regular basis as it is important that you feel as comfortable as possible after the operation.

The dressing on the penis, which is put on in the operating theatre, is usually removed a day or two after the operation. The catheter draining urine from your bladder will be taken out 48 hours after the operation and the ward will assess that you are passing urine with no problems before discharge.

**Preparing to go home**
The ward staff will check your wound regularly, alongside the doctors who will do regular ward rounds to assess your progress. Once each member of the multidisciplinary team is happy you will be allowed to go home.

We will give you pain killers to take home with you and we would advise you to take them as they have been prescribed
for you. Please do not exceed the stated dose on the pack. Generally, the discomfort will take a few weeks to go away. You may also receive antibiotic therapy prophylactically to minimise the risk of infection.

The stitches used in the operation are often dissolvable and will fall out over time – usually within a month.

How will you recover?
Due to the nature of the operation the end of your urethra (water passage) has been cut away, once the catheter is removed your flow of urine is likely to have altered and is likely to spray, this is normal. It may be necessary for you to pass urine in a seated position, alternately if this becomes bothersome a funnel device is available on prescription. (This can be placed over the penis when urinating and it directs the spray. It is washable and can be taken anywhere. If this is a problem for you your urology nurse specialist will provide you with the relevant details/support).

The appearance of your penis will change, often looking shorter, depending on the size of the tumour. The sensation to the tip of your penis will be altered and it is can affect your sexual function. It is likely that you will still able to get an erection after the operation, however this may not always be the case. This can be distressing and may take time to come to terms with. It is advised to discuss this with your partner/close family member or you may find it useful to contact a counsellor/Clinical Nurse Specialist.
Follow-up appointment

Following your surgery you may be asked to return to be seen by the nurse specialist to review your wound 7-10 days after your operation. This is to make sure your wound is healing as expected. You will later be seen by a consultant to discuss your progress and the results of your histology in the Paul Sykes Centre 6-8 weeks after you go home. If you have any problems or worries before then you can ring the nurse specialist. There is an answerphone service, please leave a message with your name and telephone number and she will call you back. Alternatively you can ring your consultant’s secretary.
Total Penectomy

What is a Total Penectomy?
A total penectomy is a surgical procedure that removes the entire penis. A total penectomy is only done if your cancer is deep into your penis, or is at the base of the penis. Your urine will be passes by creation of a hole behind your testicles. This is called a perineal urethrostomy.

Why is this necessary?
Your doctor has recommended this treatment to remove the cancer that has grown on your penis. This is because other surgical treatment may not be as effective in clearing the cancer.

What are the risks of the operation?
Any surgical intervention can pose some risk. However the majority of patients are unlikely to experience them.

The potential risks may include:
- Infection
- Bleeding/ bruising
- Swelling
- Chest infection
- Urinary problems (see below)
- Blood clots in the lower legs (DVT)
- Blood clots in the lungs (PE)

Moving around as early as possible will reduce the risk of these. You may be provided with anticoagulation therapy to thin your blood slightly to reduce the risk. You will also be provided with surgical stockings which will promote venous
flow, again reducing the risk. You will be required to wear these for your hospital stay.

As a result of having an operation to remove your penis you will have to pass urine in a seated position. This is because your urethra (water passage) is shortened and there will be a small opening behind your scrotum. This will not affect the control over your bladder.

**Pre-assessment**

On the day of your initial clinic appointment you may be asked to attend pre-assessment clinic to ensure you are fit for the proposed surgery. During this clinic you will be assessed on your general fitness, a discussion around any existing conditions, and a review of any medications you may currently take.

You will have your bloods taken, an ECG may be performed and sometimes may require an anaesthetic review. This may be carried out on the same day or may require a separate appointment.

**The day of surgery**

On the day of surgery you will be asked to attend the admission lounge where you will be admitted by a nurse, again they will assess your fitness for surgery, record your blood pressure and prepare you for surgery.

You will get the opportunity to be seen by a member of the surgical team performing the surgery (surgeon/anaesthetist) and discuss the procedure again.

Admission times may vary from the time of your surgery. You may be notified by the nursing staff of a potential time of surgery, however this is not definite.
Your operation.
You will be escorted to theatre by a member or the ward staff/theatre staff, regular safety checks will be made when you enter the theatre department and you will go to the anaesthetic room.

The anaesthetist will proceed to administer a general or spinal anaesthetic, depending what is felt to be the best for you.

During a general anaesthetic you will be asleep for the duration of your procedure. For a spinal anaesthetic the anaesthetist will inject medication into your back to ensure you are numb for the duration of the procedure. This can sometimes be given with sedation to relax you and make you sleepy.

The surgeon will then proceed with the surgery will remove the shaft and root of your penis. Surgical clips are used to this area. In very rare cases, the scrotum and testes are also removed. The urethra (water passage) is diverted to come out behind the scrotum (perineal urethrostomy). A catheter with be inserted to drain the urine to allow the wounds to heal. The muscle that keeps the bladder closed is further inside your body; above the root of your penis therefore you will still maintain full bladder control.

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, at this point your nurse will be called to escort you back to the ward (this may be a different ward to the one you were admitted to).

Painkillers will be offered to you on a regular basis as it is
important that you feel as comfortable as possible after the operation.

This dressing will be removed the day after surgery. There may also be a drain (small plastic tube) close to the wound; this is often removed before you go home.

The catheter draining urine from your bladder will be taken out 7-10 days after the operation. Your length of stay in hospital will be between 2-3 days.

Preparing to go home
The ward staff will check your wound regularly, alongside the doctors who will do regular ward rounds to assess your progress. Once each member of the multidisciplinary team is happy, you will be allowed to go home.

We will give you painkillers to take home with you and we would advise you to take them as they have been prescribed for you. Please do not exceed the stated dose on the pack. Generally, the discomfort will take a few weeks to go away. You may also receive antibiotic therapy prophylactically to minimise the risk of infection.

If you have to go home with the catheter, we will arrange for you to see the urology nurse specialist, 7-10 days later to have it removed. The ward staff will contact the district nurses near your home, to tell them that you have a urinary catheter. They will help you if you have any problems before your follow-up visit to see the nurse specialist.

You will also have tiny metal clips in place which close the wound. These will be removed by the nurse specialist when you come back to the hospital for your catheter removing.
If the catheter has been removed before you go home the practice nurse at your GP practice can remove the clips if you so wish. This can be arranged with the ward staff before you leave the ward. The nurse looking after you on the ward will give you a clip remover to give to the practice nurse when you see her at the GP Practice. Your scrotum may appear swollen. This is normal after this surgery and will settle down. However do not hesitate to telephone your nurse specialist if you are worried.

**How will you recover?**

Due to the nature of the operation you may find it may impact the way you feel about your body, and may affect your relationship with others. You will find your sex life will change as you are no longer able to have penetrative intercourse.

This can be distressing and may take time to come to terms with. It is advised to discuss this with your partner/ close family member or you may find it useful to contact a counsellor/ Clinical Nurse Specialist

**Follow up appointment**

Following your surgery you may be asked to return to be seen by the nurse specialist to review your wound 7-10 days post operatively, this is to remove both the catheter and the surgical clips to your wound.

The catheter removal is a short procedure, it may feel a little strange, but shouldn’t hurt.

You will be asked to stay within the department to allow the nurse to make sure you can pass urine with no problems. This may take some time, however it is important to avoid any complications once you go home.
The surgical clips to your wound will also be removed at this appointment. This involves using a device known as a clip remover which allows the nurse to ease the clips out. This is not necessary a painful procedure, however can be slightly uncomfortable.

You will later be seen by a consultant in the Paul Sykes Centre 6-8 weeks after you go home. If you have any problems or worries before then you can ring the nurse specialist. There is an answerphone service, please leave a message with your name and telephone number and she will call you back. Alternatively you can ring your consultant’s secretary.

Support after a partial or total penectomy.

You may find this distressing and difficult time. There is no right or wrong way of coping. Sharing your feelings with your partner or family members may help. If you wish to discuss sexual issues or other problems with someone your urologist or nurse specialist will be happy to discuss this further.

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