Total penectomy
Surgery for cancer of the penis

This information is for men who have cancer of the penis that needs surgery to remove the entire penis. This is called a total penectomy.

What is a total penectomy and why is it necessary?
Your doctor has recommended an operation to remove the entire penis as a way of getting rid of the cancer that has grown on your penis. Sometimes it is possible to just remove part of the penis, but a total penectomy has been suggested as the best treatment for you. Removing part of the penis would not effectively clear the cancer.

Agreeing to treatment
Your surgeon will have explained the operation and the reasons for it. It is important that you understand what the planned treatment involves and that you have been given the opportunity to discuss any concerns. This information is a permanent record of what has been explained. We advise you to read it before you sign the consent form which states that you are prepared to go ahead with the operation.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or GP to refer you.

Consent may be withdrawn at any time before or during treatment. If you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What are the benefits of treatment?
The purpose of carrying out the operation is to remove the cancer that has grown on your penis. If the operation removes all the cancer, then the chances of you having any further problems with cancer spreading are less likely.

If the cancer on your penis is causing pain or discomfort, surgery to remove the cancer will stop the pain.

Are there any alternatives to the operation?
A multidisciplinary team of professionals including surgeons, oncologists (cancer physicians), radiologists, pathologists and nurses will have discussed your case before offering you this operation. They feel that this is the best course of treatment to offer you. Other treatments may be offered to you such as radiotherapy or the use of chemotherapy ointments. The team may discuss these with you if appropriate.

Your wishes about treatment will be respected at all times by the team looking after you.
What will happen if I do not have the operation?
It may be possible to offer non-surgical treatment as an alternative to an operation. However, if you do not have any treatment for the cancer it will continue to grow.

If nothing is done to stop the growth of the cancer then it could spread to other parts of the body which would then make it difficult to offer any treatment to cure the cancer.

What are the risks of the operation (short and long term)?
Although precautions are taken to lessen the risks, there are complications that can occur after any operation. However, the majority of men do not experience them. The possible risks include:
- bleeding
- chest infection
- blood clots in the lower leg (deep vein thrombosis - DVT) which could pass into the lungs (pulmonary embolus - PE)
- blood clots in the major blood vessels which could pass into the heart
- wound infection
- poor healing of the wound.

A consequence of having an operation to remove your penis is that you will have to pass urine through a shortened water passage or urethra. The shortened urethra will end in a small opening behind your scrotum. This means that when you want to pass urine you will need to sit down on the toilet. This will not affect your ability to hold onto your urine (continence). You will still have full control of your bladder.

Admission to hospital for your operation
About a week before the operation, we will ask you to attend the hospital for “pre-op clerking”. This is where a nurse practitioner or doctor will check that you are prepared for the operation. The visit will include blood tests along with an examination of the chest, heart and abdomen. They will ask you questions about your general health, other previous illnesses and any medication or tablets you are taking. There will be an opportunity for you to ask questions or raise concerns at this time.

You will be admitted on the day of the operation when you will meet some of the staff who will be looking after you during your stay in hospital. The ward staff will familiarise you with the routine of the ward and show you where the facilities are.

To help prevent blood clots we will start you on blood thinning injections which will continue for 28 days after your operation. You will also be asked to wear a pair of anti-embolism stockings to help your circulation.

Before the operation we will ask you to stop eating and drinking (about 4-6 hours beforehand), apart from water which you can drink up to 2 hours before the operation.

What exactly is done at the time of the operation?
The anaesthetist will give you a general or spinal anaesthetic. If you have a general anaesthetic, you will be asleep during the procedure. In a spinal anaesthetic, medication is injected into the lower half of the back so that you are numb throughout the course of
the operation. During the operation to remove the penis, the urethra or water passage is
diverted to come out behind the scrotum. A catheter (plastic tube) will be placed in the
water passage to drain urine from the bladder whilst the wound behind the scrotum heals.
After the catheter has been removed, you will be able to control the stream of urine when
you want to pass it but you will need to sit down on the toilet.

**After your operation**
When you come out of theatre you will be taken to the recovery area. The staff will
monitor you to make sure your condition is stable then you will be ready to go back to the
ward. When you get back to the ward you will be able to eat and drink.

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

You will have a dressing covering the wound above your scrotum. This dressing will be
removed the day after surgery. There may also be a drain (small plastic tube) close to the
wound this will be removed after 2 or 3 days.

The catheter draining urine from your bladder will be taken out 5 to 7 days after the
operation.

**Getting back to normal**
You can shower or bath as normal once the first dressing on your wound has been
removed, even when the catheter into your bladder is still in place.

**How will my body be affected by the operation?**
Losing an important part of your body such as the penis may have a major impact on the
way you feel about your body and will affect your closest relationships. Men may find that
their sex life is changed after surgery to remove the penis and they are no longer able to
have penetrative intercourse with their partner. This can be very distressing and may take
time to come to terms with.

It may be helpful to talk to your partner about how you are feeling and about the changes
in your relationship. You may find it useful to speak to a counsellor or specialist nurse who
can help you deal with these changes. Your GP or hospital team will be able to put you in
touch with the appropriate people.

**Preparation for home**
The doctors will check your wound regularly and when they are happy that all is healing
satisfactorily and that you are passing urine adequately then you will be allowed home.
This will usually be the same day as the catheter is removed.

The ward nurses will arrange for the district nurses to contact you at home and arrange
visits to check that everything is healing as expected.
Who to contact in case of concerns
If you or the district nurse are concerned about the wound when you are at home, contact ward 10 on 0161 446 3860. They will get in touch with the team who carried out the operation.

Follow up after a total penectomy
The first outpatient visit is usually about four weeks after your operation. At this time we will have the results of the histology - the analysis of the tissue removed during surgery. This will help us to decide if you need any further treatment following your operation.

If you need any other treatment, the doctor or nurse will discuss this with you at the appointment. It may be necessary to organise scans or other tests as part of the follow up procedure. These scans will help us to know whether there has been any spread of the cancer.

After this first appointment, we will ask you to attend the outpatient department on a regular basis either 3 or 6 monthly and after a period of time the appointments will be each year.

Contacts
Ward 10 phone 0161 446 3860
Macmillan urology clinical nurse specialists: Jane Booker on 0161 446 8018
Sharon Capper on 0161 446 3856
Catherine Pettersen on 0161 918 7328

Further information
Macmillan Cancer Support
This is a national cancer information charity which runs a cancer information service. The cancer support service freephone number is 0808 808 0000 (Monday to Friday, 9am to 8pm). If you are hard of hearing, use the textphone, 0808 808 0121. If you are a non-English speaker, interpreters are available. You can speak to trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits is also available.
www.macmillan.org.uk

Relate (for relationship advice)
www.relate.org.uk

Counselling services at The Christie
Talk to your treating team about a referral or phone direct on 0161 446 8038

Details of the sources used are available, please contact Patient.Information@christie.nhs.uk

© 2015 The Christie NHS Foundation Trust. This document may be copied for use within the NHS only on the condition that The Christie NHS Foundation Trust is acknowledged as the creator.