Partial penectomy

Surgery for cancer of the penis

This information is for men who have cancer of the penis and need surgery to remove a part of the penis. This is called a partial penectomy.

What is a partial penectomy and why is it necessary?
Your doctor has recommended this operation as a way of removing the cancer that has grown on your penis. Sometimes it is possible to remove just the tip of the penis. If a partial penectomy has been suggested as the best treatment for you; this is because removing just the tip would not clear the cancer effectively.

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Consent may be withdrawn at any time before or during treatment.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 having any further problems with cancer of the penis are less likely.

Also, if the cancer on your penis is causing pain or discomfort then 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 chemotherapy ointments. The team may discuss these with you if it is 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)?
There are complications that can occur after any operation. However, the majority of men will not experience them. The potential risks include:

- bleeding from the wound
- wound infection
- poor healing of the wound
- bruising
- swelling
- blood clots in the lower leg (deep vein thrombosis - DVT) which could pass into the lungs (pulmonary embolus - PE). Moving around as soon as possible after your operation can help to prevent this. Also we will give you elasticated surgical stockings to wear whilst you are in hospital which help to prevent blood clots
- blood clots in the major blood vessels which could pass into the heart; prevention is used as above
- chest infection following an anaesthetic.

A consequence of having an operation on the tip of your penis is that you may find that when you pass urine it may spray rather than come out in a straight stream.

Admission to hospital for your operation
About a week before the operation, we will ask you to attend the hospital for “pre-op clerking”. 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. You will also be asked 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 or the day before 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.

About 4 to 6 hours before the operation, we will ask you to stop eating and drinking 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. The surgeon will remove the part of the penis where the cancer has grown and a margin of normal tissue. At the end of the operation the surgeon will insert a catheter into the water passage. This will help the healing process in the water passage.
After your operation
When you come out of theatre we will take you to the recovery area where we will monitor you until we are sure your condition is stable. When you are ready, we will take you 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.

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 5 to 7 days after the operation. It may be possible to go home for a few days with the catheter in place and return to the Surgical Day Case Unit to have your catheter removed.

Preparation for home
The doctors will check your wound regularly and when they are satisfied that all is healing satisfactorily and that you are passing urine adequately then you will be allowed home.

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.

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

How will my body be affected by the operation?
Because the end of the urethra or water passage has been cut and has new skin up to the edge of it, most men find that the flow of urine is not the same. After the operation the flow of urine may tend to spray once the catheter has been removed. Rarely, the stream may eventually weaken. If this occurs you should tell your GP or the team looking after you at The Christie when you attend a follow-up appointment as it may be that you have developed a narrowing in the water passage. This can be corrected by a small operation.

The sensation at the tip of the penis will be altered but this should not affect your ability to have sexual intercourse. However, some men will find that their sex life is affected by the changes that happen after surgery to the penis. 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 any 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.

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

Erections will usually return quite quickly after the surgery which may be uncomfortable but will not cause any harm to the wound. It is advisable to avoid sexual intercourse for about 8 weeks following the operation.

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

If you need any other treatment, we will discuss this with you at this 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 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

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