

Urology department

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 top would not clear the cancer effectively.

Agreeing to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of this agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to ask any questions and discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treatment of this cancer. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during treatment.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 the 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 this 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 happens if I do not have this 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 from the wound
- wound infection
- poor healing of the wound
- bruising
- swelling
- blood clots in the lower leg (deep vein thrombosis - DVT) or other major blood vessels 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.
- 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
- narrowing of the water passage (urethra) called a 'stricture' or 'stenosis' which may require further treatment
- sexual dysfunction.

Admission to hospital for your operation

About a week before your 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 your 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 invited to take part in the Enhanced Recovery After Surgery programme (ERAS+). Taking part in this programme can help reduce the risk of surgery-related complications and get you back to your normal activities as soon as possible. It will help you to understand what you can do to improve your health and fitness before you have your operation, what to expect when you are in hospital and how to continue your recovery at home.

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 to 28 days after your operation. You will also be asked to wear a pair of anti-embolism stockings to help your circulation.

About four to six hours before the operation we will ask you to stop eating and drinking (including chewing gum). You will be able to drink water up to two 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 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.

The dressing on the penis, which is put on in the operating theatre, is usually removed the day after the operation. The catheter draining urine from your bladder will be taken out 5 - 7 days after the operation. It will usually be possible to go home the day after surgery for a few days with the catheter in place and return to the surgical day case unit to have your catheter removed.

Getting back to normal

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

Preparation for 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. They will give you spare drainage bags for the catheter after making sure that you know how to empty the bags and change them as necessary.

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 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 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.

Who to contact in case of concerns

If you or the district nurse is concerned about the wound when you are at home, contact The Christie Hotline on **0161 446 3658** for advice. They will get in touch with the team who carried out your operation if necessary.

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 eight 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 (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 can 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 three or six monthly, and after a period of time the appointments will be each year.

Contacts

Surgical oncology unit - **0161 446 3860**

Macmillan urology clinical nurse specialists:

Jane Booker - **0161 446 8018**

Steve Booth - **0161 918 2369**

Sharon Capper - **0161 446 3856**

Helen Johnson - **0161 918 7000**

Catherine Pettersen - **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 - 8pm). If you are hard of hearing, use the text phone **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 benefits is also available www.macmillan.org.uk

Maggie's centres

The centres provide a full programme of practical and emotional support including psychological support, benefits advice, nutrition and headcare workshops, relaxation and stress management.

Maggie's Manchester

Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org

The Robert Parfett Building, 15 Kinnaird Road, Manchester M20 4QL

Maggie's Oldham

Contact Maggie's on **0161 989 0550** or email oldham@maggiescentres.org

The Sir Normal Stoller Building, The Royal Oldham Hospital, Rochdale Road, Oldham OL1 2JH

European association of urology
patients.uroweb.org - penile cancer

Relate

For relationship advice www.relate.org.uk

Counselling services at The Christie

Talk to your treating team about a referral to the psycho-oncology team.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

