

Urology department

Glans resurfacing

Introduction

This information tells you about what happens when you come for a glans resurfacing under a general anaesthetic. It explains what is involved and the benefits and risks. It may make you think of things you would like to discuss with your doctor/s

Where is the glans?

The glans is the round part forming the end of the penis. It is important in providing sexual stimulation.

Why do I need to have a glans resurfacing?

Your team have recommended that you have this operation because you have either:

- pre-cancerous changes known as penile intraepithelial neoplasia PeIN (see information leaflet on PeIN of penis) or
- early or superficial penile cancer.

What is a glans resurfacing?

This involves removing some or all of the abnormal skin from the glans. A thin strip of skin known as a split thickness skin graft (STSG) is then taken from the thigh and used to cover the glans and replace the abnormal tissue. This is held in place with a special dressing and stitches. You will also have a catheter after the operation to prevent urine getting on the graft whilst it is healing.

Agreeing to treatment

The surgeon will have explained the operation and why you need it. The information in this booklet is a permanent record of what has been explained. We advise you to read this information sheet before you sign the consent form which states that you are prepared to go ahead with a glans resurfacing

Consent 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Your consent may be withdrawn at any time before or during treatment.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 risks of a glans resurfacing?

All patients who undergo surgery have a risk of developing a complication and it is important that you are aware of what these may be. These may include:

Common side effects (more than 1 in 10)

Pain/discomfort

You will be given a local anaesthetic block during your surgery which should mean that you wake up pain free. You might find however over the following days you get discomfort from your thigh where the graft is taken from and in the penis. This can usually be managed with simple painkillers such as paracetamol.→

Spraying of urine

After the surgery and the catheter has been removed you might find that your stream is no longer straight and sprays. As a consequence, you might have to use a funnel or sit down to pass urine. We can supply you with a funnel if this is the case.

Need for further surgery

During the surgery the skin on the head of the glans is carefully removed. There is a chance however that despite this the disease is more aggressive than expected and some may have been left behind. As a consequence, your team may recommend you have further surgery to deal with this. They will discuss this with you if the need arises.

Uncommon side effects (less than 1 in 10)

Infection

If you have diabetes, the risk of infection can be higher. An infection will often require antibiotics and may result in loss of your graft.

Bleeding/bruising

This should settle with time. In rare circumstances it may require you to go back to theatre.

Recurrence

There is a small chance that despite your surgery the disease returns. We will discuss with you what the next steps would be if this is the case.

Altered sensation

In some cases, men may feel that the sensation in the glans is reduced. This can be permanent.

Cosmetic dissatisfaction

You may find that the graft skin is not as smooth as you expected or a different colour.

Graft loss

This is found when the graft goes black. You might find you have small areas that do this which will resolve with dressings. In rare circumstances large areas of the graft may not 'take' in which case you may require further dressings or surgery.

Sexual dysfunction

- A small number of men do not feel like sex after the operation. There can be a number of reasons for this. Some patients may find that the glans does not have the same amount of sensation it did prior to the surgery, making it difficult to get and maintain an erection. Some men also find adjusting to the diagnosis, surgery and the changes it causes difficult psychologically. The team are more than happy to support you with this.
- Many men find that the operation improves their sex life. In one study all men who were sexually active prior to operation were still sexually active 10 weeks after the surgery. 8 out of 10 men felt their sex life had improved since the operation.

Rare side effects (less than 1 in 100)

Anaesthetic issues

This can include chest infections, pulmonary embolism (blood clot in the lung), stroke, deep vein thrombosis (blood clot in a vessel in the leg), and heart attacks.

What other options do I have?

A multidisciplinary team (MDT) of health professionals including surgeons, oncologists, radiologists, pathologists and nurses will have discussed your case before offering you this operation. It is felt that this is the best course of treatment for you. The alternatives may include:

- **Topical chemotherapy cream**

There are 2 strong creams that may be used. For more information please see Imiquimod and 5-Fluorouracil information leaflets.

- **Carbon dioxide laser treatment**

Using a laser to burn off the top layer of skin where your disease is.

- **Glansectomy**

Removing the head of the penis entirely. For more information please see The Christie glansectomy information leaflet.

- **No action/observation**

This is always an option, however we would not routinely offer this. If left untreated, your disease is likely to get worse and have significant effects on your health in the medium and long term.

What can I expect before, during and after my surgery?

Before surgery

About a week before the operation, we will ask you to attend the hospital for 'pre-op clerking'. This is where a nurse practitioner 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. The pre-assessment nurses will take a urine specimen to ensure that you do not have a urine infection and they will also take some swabs from your nose, mouth and groin. This is to ensure that you are free from infection prior to your surgery.

If you are a smoker, please aim to cut down and if possible, stop prior to your surgery. This can affect the likelihood of your graft taking. The team will be able to support you with this and where necessary help you obtain nicotine replacement.

If you are diabetic it is important to get your diabetes as well-controlled as possible to reduce the risk of infections and aid with your recovery.

Before the operation we will ask you to stop eating and drinking about 4 - 6 hours beforehand. You can drink water up to 2 hours before the operation.

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.

During the surgery

You will be given a general anaesthetic, so you will be asleep during the procedure.

The hair around your penis and on your upper thighs will be shaved. The skin on the glans will then be removed and sent for analysis.

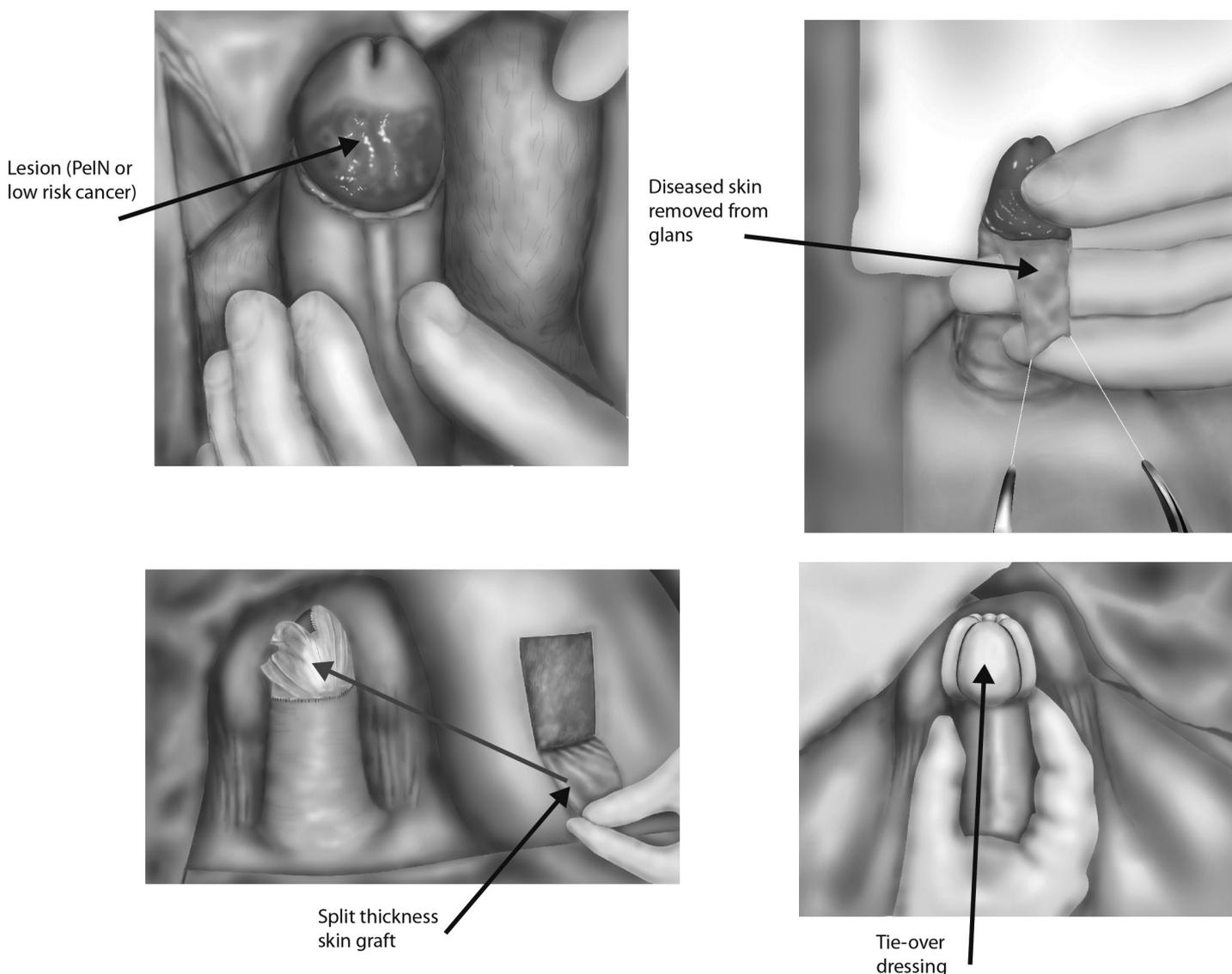
A mechanical device known as an air dermatome will then be used to take a thin strip of skin from your thigh which will be used to cover over the bare glans.

A special dressing (tie-over dressing) will then be stitched onto the head of the penis to ensure that the graft is pushed against the glans and reduce movement.

Another dressing will be placed on the leg where the graft was taken from.

A catheter (plastic tube) will be placed in the water passage (urethra) to drain urine from the bladder.

Glans resurfacing and split thickness skin graft



After your surgery

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 before you 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 be able to get up and move around the ward as soon as you feel comfortable.

The nurses on the ward will show you how to look after your catheter and arrange for the local district nursing team to keep an eye on you when you return home.

The majority of patients go home the same day or the following day; however if there are any concerns we may ask you to stay longer to ensure your safety and success of your operation.

You will be seen by the surgical team before you are discharged.

What should I do once I am discharged home?

Pain

Following your surgery, you may experience some discomfort. When at home please take the painkillers provided to you by the hospital pharmacy regularly, as directed on the packet. Do not exceed the stated dose. You should notice that the pain seems to settle after the first 3 to 7 days following surgery. If you find that it persists after this, please contact your GP.

Dressings

The ward nurses will refer you to the district nursing team who will then contact you to make arrangements to check the dressings. This may be at home or in a local clinic.

It is important that you keep your dressings as clean and dry as possible. You **cannot** shower or bathe until the dressings on your penis are removed 7 to 10 days after your surgery. You may use a flannel in the meantime.

You might find that the dressing on the penis starts to smell. This is common and expected, however if you find that you develop any of the symptoms listed overleaf then let the team know.

The penile dressing will be removed at the same time as your catheter and you will be asked to attend The Christie for this.

Once the penis dressing is removed you may shower but take care to avoid direct contact with soap products on the graft and avoid rubbing the graft until it is fully healed (usually 6 weeks). You should pat dry the graft or allow it to dry naturally.

The thigh dressing will be removed at the same time as your penile dressing and the nurse will advise you on how to best care for this afterwards.

Antibiotics

You will be given 7 days of antibiotics afterwards to take home.

Stitches

The stitches used to keep your dressing on the glans are not dissolvable and will have to be removed along with the dressing between 7 to 10 days after your surgery. All the other stitches used in your operation are dissolvable and do not need removing. They can take up to 6 to 8 weeks to completely dissolve.

Work

You will need approximately 6 weeks off work. We will provide you with a sick certificate for the time you are in hospital if required. Please note you can self-certify for the first week.

Sex and relationships

You should abstain from sexual intercourse or masturbation for at least 6 weeks whilst the graft heals fully.

Driving

You will not be able to drive for at least 2 weeks. We would advise you to contact your car insurance company for further guidance however as a general rule you will not be able to drive until you can confidently perform an emergency stop.

Flying and holidays

You will not be able to fly for 6 weeks after your surgery as your risk of deep vein thrombosis (blood clot in a vessel in the leg) is higher.

You should also contact your travel insurance company and inform them of your diagnosis and current treatment plan. Please note that this is likely to increase your insurance premium.

Outpatient appointment

You will be seen in clinic 7 to 10 days after your surgery to remove your penis dressings and replace the dressing on your thigh.

The surgical team will see you in 2 to 3 weeks after your surgery to review your wound and discuss with you the results of the surgery and if any other treatments are required.

What should I look out for after my operation?

Please contact the The Christie Hotline (see below) if you experience any of the following:

- persistent bleeding from the wound sites
- pain which is not controlled by the painkillers prescribed
- a fever of 100°F (37.5°C) or higher
- swelling, redness and/or discharge from the wound
- black areas in the skin

Please contact The Christie Hotline on **0161 446 3658** for urgent support and specialist advice, your GP, or nearest accident and emergency (A&E) department.

For any non-emergency questions please do not hesitate to contact the team as below:

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**

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, 9:00am – 8:00pm). 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

Maggie's Oldham

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

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.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. 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