

Department of surgery

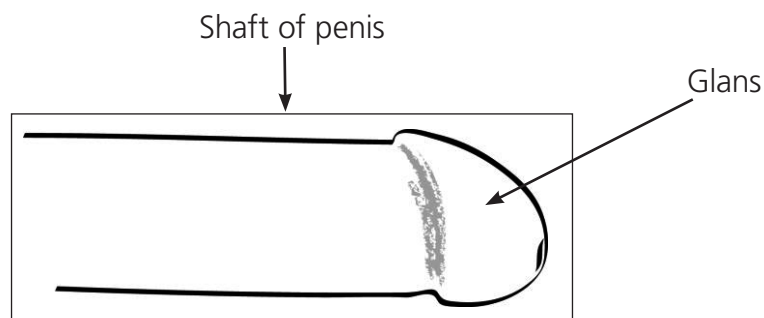
Glansectomy

Surgery for cancer of the penis



Introduction

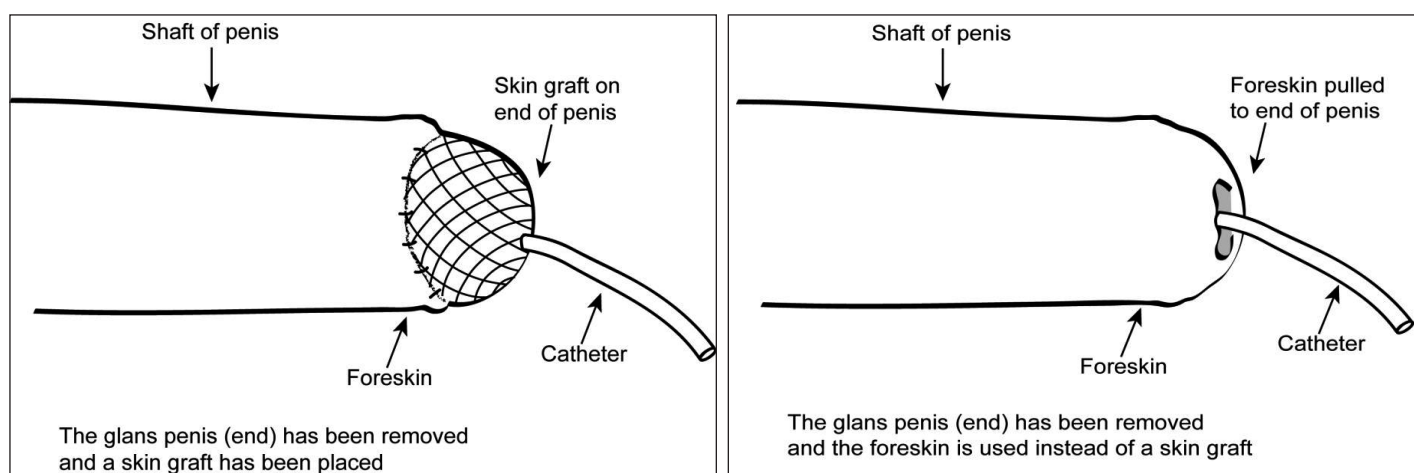
This information is for patients who need surgery to remove the end of the penis (glansectomy) because of cancer of the penis.



What is a glansectomy?

A glansectomy involves the removal of the tissue at the end of the penis called the glans, usually in the area under the foreskin. The operation may make the penis slightly shorter than before the surgery but the basic shape will stay the same.

Sometimes the surgeon will use a skin graft, taking a thin piece of skin from the thigh, to cover the end of the penis where the cut has been made. This is not always necessary. If there is enough foreskin this can be pulled forward to cover the area. The surgeon will explain and discuss these options with you.



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 the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating 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 Your consent may be withdrawn at any time before or during this treatment. Should 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 the operation?

The purpose of carrying out the operation is to remove the cancer on your penis. If the operation removes all the cancer then the chances of you having any further problems with cancer of the penis are less likely. If the cancer on your penis is causing pain or discomfort then surgery to remove the cancer will stop the pain.

What are the risks of the operation?

There are complications that can occur after any operation. These potential risks include:

- bleeding
- chest infection
- blood clots in the lower leg (DVT or deep vein thrombosis) which could pass into the lungs (PE or pulmonary embolus). 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.
- wound infection
- poor wound healing or failure of the skin graft
- altered sensation
- cosmetic result
- spraying of urine
- sexual dysfunction
- narrowing of water passage
- recurrence of the cancer
- loss of length

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.

The sensitivity at the tip of the penis will be affected although the ability to have an erection and orgasm will not usually be changed. The anxiety about the difference in how the penis looks after the operation may affect your sex life temporarily. We can offer referral for support to our psycho-oncology department here at The Christie.

Are there any alternatives to this operation?

A multidisciplinary team of professionals (MDT) including surgeons, oncologists (cancer doctors), 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. There are other treatments that we may be able to offer you, such as radiotherapy. The team may discuss these with you, if appropriate.

What will happen if I do not have the operation?

It may not be possible to offer other effective treatments as an alternative to an operation. If you do not have early treatment for the cancer then it could spread to other parts of the body. This would then make it difficult to offer any treatment likely to cure the cancer.

Admission to The Christie for your operation

About a week before the operation we will ask you to attend a pre-op assessment at The Christie when 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. We will also ask you 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 asked at your pre-operative assessment about any medication which you may need to stop taking before your operation.

You may be admitted the day before your surgery or the same day as your surgery. The doctor or nurse will tell you which day it will be. On the ward you will meet some of the staff who will be looking after you during your stay in hospital. The ward staff will tell you about the routine of the ward and show you round.

Before the operation we will ask you to stop eating and drinking (about 4 to 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?

You will have a general anaesthetic for the operation when the surgeon will remove the cancer and the tissue at the tip of the penis. If a skin graft is used this will be taken from the upper end of the thigh. The surgeon will place the skin from the thigh over the area where the tip of the penis has been removed and stitch this in place with dissolvable sutures. A dressing will be put on both the penis and the thigh. The ward staff will arrange for the district nurse to review you.

If a skin graft is not needed the excess skin from the foreskin will be pulled forward and stitched down to cover the tip of the penis. Again these stitches are dissolvable and will not need to be removed.

A catheter (a small plastic tube) will be passed through the opening in your penis into your bladder and this will stay in place until the first part of the healing process has taken place (usually between 5 and 7 days). All your urine will be passed through this tube.

After your operation

From the theatre you are taken to the recovery room until the theatre staff feel that you are ready to go back to the ward.

When you get back to the ward you will be able to eat and drink when you feel able.

We will offer you painkilling tablets regularly as it is important that you feel as comfortable as possible after the operation.

If you have a skin graft, the dressing on the penis will be left in place for up to 7 to 10 days until it is removed to allow the doctors to check the area. The catheter draining urine from your bladder will be taken out 7 to 10 days after the operation. The dressing on the thigh will be left in place for 7 to 10 days. You should try to keep this dressing dry while it is in place.

If there is no skin graft, the dressing on the penis will be removed the day after your operation and the catheter will be taken out 7 to 10 days after the operation.

How will I feel after the operation?

After the operation you may have some discomfort around the tip of the penis where there will be a dressing. You will be prescribed regular painkillers which should ease that discomfort. For those men who have a skin graft there will also be discomfort from the area on the thigh where the skin was taken from.

How will my body be affected by the operation?

Most men will find that after the catheter is removed, the flow of urine is not the same since the flow may tend to spray. This is because the end of the urethra (water passage) has been cut and new skin applied around it during the 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 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.

Preparation for home

Your wound will be checked regularly. When we are happy that all is healing satisfactorily 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.

We will also provide you with information about how to contact The Christie Hotline number (0161 446 3658). This number is available 24 hours a day, 7 days a week and you can access help and advice when you have been discharged home.

Getting back to normal

You can shower or bath as normal once the first dressing on your penis has been removed. It is important that at first you pat the wound dry with a cloth that doesn't shed fibres. If you have had a skin graft, the area on your thigh (the skin graft donor area) will need a waterproof covering on it when you are showering until the dressing is removed after 10 days.

Erections will usually return quite quickly after the surgery and may be uncomfortable at first 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 glansctomy

An outpatient appointment will be made for you to attend the hospital about a month after your operation. At this appointment we will be able to discuss with you the results of the laboratory report on the cancer removed during the operation.

If any other treatment is needed this will be discussed 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 check 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 every 3 or 6 months. After a period of time, if there has been no recurrence of the cancer, or if there have been no problems, the appointments will be once a year.

Who to contact in case of illness

When you are at home, if you or the district nurses are concerned about the wound then we would ask you to contact the ward – and they will get in touch with the team who are looking after you.

Surgical oncology ward **0161 446 3860 or 3862**

The Christie Hotline (24 hours) **0161 446 3658**

Your key workers are the Macmillan urology clinical nurse specialists: (available 9am to 5pm)

Jane Booker **0161 446 8018**

Sharon Capper **0161 446 3856**

Cath Pettersen **0161 918 7328**

Steve Booth **0161 918 2369**

Helen Johnson **0161 918 7000**

Further information

Macmillan Cancer Support

www.macmillan.org.uk
0808 808 0000 (Freephone)

Orchid National Male Cancer Helpline

www.orchid-cancer.org.uk
0808 802 0010

The Christie cancer information centre

0161 446 8100

Relate

(for counselling, therapy and relationship advice)
0161 872 0303

Counselling services at The Christie

0161 446 8038

Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16 to State Pension age. You can apply for DLA if you are under 16.

If you are State Pension age or older and need help with personal care or supervision, you could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs. Find out more today:

- To get a claim pack for Attendance Allowance, call **0800 731 0122** and for PIP call **0800 917 2222**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email manchester@maggiescentres.org
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit www.gov.uk for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or www.macmillan.org.uk

Prescriptions

NHS patients being treated for cancer are entitled to free prescriptions. Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy, cancer information centre and advice workers at The Christie and from your GP.

Living with and beyond cancer

There is information on The Christie website which aims to support people once treatment has finished. Follow the link below, or go to The Christie website at www.christie.nhs.uk locate Patient Information, and follow the link on the left to 'Living with and beyond cancer'.

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 **the-christie.patient.information@nhs.net**

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



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