

Urology department

Total penectomy

Surgery for cancer of the penis

This information is for men who have cancer of the penis and who need 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

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 the 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Your consent may be withdrawn at any time before or during treatment.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, and 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
- chest infection
- blood clots in the lower leg (deep vein thrombosis - DVT) or other major blood vessels which could pass into the lungs (pulmonary embolus - PE)
- wound infection
- poor healing of the wound
- narrowing of the water passage called a 'stricture' or 'stenosis' causing difficulties in passing urine.

A consequence of having an operation to remove your penis is that you will have to pass urine behind a shortened water passage (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 your operation, you will need to attend the pre-operative clinic at The Christie. 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. See www.christie.nhs.uk/ERAS.

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.

Before the operation we will ask you to stop eating and drinking including chewing gum (about 4-6 hours beforehand). 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. 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, usually around 5 days after the operation, 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 your surgery. There may also be a drain (small plastic tube) close to the wound. This will be removed after 1 - 2 days.

The catheter draining urine from your bladder will be taken out 5 - 7 days after the operation. There is no need for you to stay in hospital for the whole time the catheter is in, so you will be allowed home with it in when you are well enough. The ward staff will teach you how to manage with the catheter in place.

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.

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 as they are no longer able to have penetrative intercourse with their partner. This can be very distressing and it may take some time to come to terms with this.

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. There is a list of counsellors on the following page.

Preparation for home

The doctors will check your wound regularly and when they are happy that all is healing satisfactorily. You will usually be allowed home 2 - 3 days after the operation.

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 ward nurses will make sure that you are able to empty the catheter drainage bags and give you spare bags to take home.

Who to contact in case of concerns

If you or the district nurse are 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.

Follow-up after a total penectomy

The first outpatient visit is usually about 4 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 every 3 or 6 months, and after a period of time the appointments will be each year.

Contacts

Macmillan urology clinical nurse specialists:

Jane Booker - **0161 446 8018**

Steve Booth - **0161 918 2369**

Sharon Capper - **161 446 3856**

Helen Johnson - **0161 918 7000**

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

Orchid

Cancer helpline, support and information. Also a free counselling service.

Contact: **0808 802 0010** or orchid-cancer.org.uk

Maggie's centres

The centres provide a full programme of practical and emotional support including psychological support, benefits advice, nutrition, 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 - or phone direct on **0161 446 8038**.

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 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