

Having surgery for cancer of the penis

Department of Urology

Information for patients

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Introduction

This booklet gives you a brief outline of some of the possible operations you may have once you have been diagnosed with cancer of the penis. You may also be recommended chemotherapy or radiotherapy as part of your treatment. If this is the case, you will be given further information as appropriate.

Where is treatment for cancer of the penis provided?

Cancer of the penis (also called penile cancer) is a rare disease, and because of this, treatment is only available in specialist centres across the UK. One of these centres is based within the University Hospitals of Leicester (UHL) NHS Trust. The UHL specialist centre covers a large part of the Midlands, an area covering about 6.5 million people.

We have a team of the health care professionals who care for men with penile cancer and have regular meetings to discuss individual patients. This team is sometimes referred to as the multidisciplinary team (MDT), and its members include:

- Urology surgeons - surgeons who specialise in diseases of the urinary tract
- Plastic surgeons
- Dermatologists - doctors who specialise in the treatment of skin problems
- Histopathologist - doctors who use specialised equipment to examine any tissue removed during biopsy and surgery
- Radiologists - doctors who understand and interpret any scans or x-rays you have had
- Oncologists - doctors who specialise in the treatment of cancer
- Specialist nurses / key workers

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

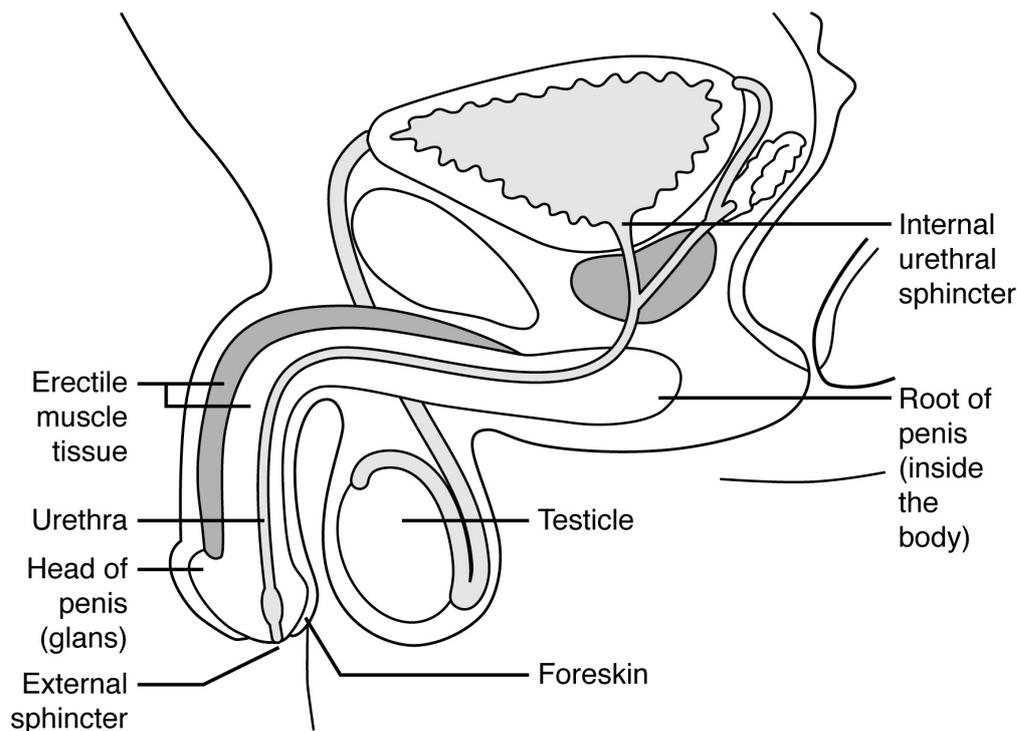
How is cancer of the penis diagnosed?

If your doctor thinks that you may have cancer of the penis, a penile biopsy will be performed in order to find out the cause of the lump or sore area on your penis. The biopsy can usually be carried out as a day case, and may be performed under local or general anaesthetic. If you are going to have a penile biopsy, you will receive a separate information leaflet about the procedure.

You will be asked to come back for an out-patients appointment so that you can discuss the results of the biopsy, and whether or not any further surgery is necessary. You may wish to bring someone with you to this appointment.

If only a small part of the growth has been removed during the biopsy, it is often necessary to remove the remainder of the growth. This may mean taking more of the tissue from the head of the penis, or removing the foreskin (circumcision). If you are going to have a circumcision you will receive a separate leaflet about the procedure.

However, you may need to have more extensive surgery.



Glansectomy

Sometimes it is necessary to remove the head of the penis (glans). This operation is called a glansectomy and, although the head of the penis will be removed, this will not result in as much loss of length as you might expect. Samples of the tissue (a frozen section) that has been removed will be sent to be examined straight away in the laboratory to ensure that the cancer has been removed together with a border of healthy tissue around it (also called a clear margin).

After the glans has been removed, the head of your penis will be rebuilt either using skin from the shaft of the penis or using a skin graft taken from your thigh.

After a glansectomy most men can still get erections, although there may be a slight loss of sensation in the penis. Most men are able to pass urine normally after the operation.

Glansectomy (continued)

During the operation a catheter will be inserted to drain urine from your bladder. You will be in hospital for:

- two to three days, if the surgeon uses the skin from the shaft of your penis to form the new glans.
- up to five days if the skin graft has been taken from your thigh.

Partial penectomy

If the cancer is more extensive, it may be necessary to remove some of the shaft of the penis as well as the head of the penis. The aim of the operation is to remove the cancer whilst causing as little effect as possible on your ability to get an erection and to pass urine normally.

As with a glansectomy, a frozen section will normally be sent to the laboratory to ensure that the cancer has been removed together with a clear margin. In spite of using the frozen section technique, it is sometimes necessary to perform a second operation at a later date to remove more tissue.

It is usually possible to use skin from the shaft of your penis to close the wound caused by the partial penectomy.

Total penectomy

If the cancer is very extensive and involves a lot of the penile shaft, it is sometimes necessary to remove the penis completely. Although you may feel shocked and upset when you are told that this is necessary, modern techniques mean that it is now possible to construct a functioning penis. This involves a separate operation.

Total penectomy involves removing the penis as far as its base, but the scrotum and testicles will not be removed. The surgeon will operate on your water pipe (urethra - see the diagram) so that it exits the skin between the scrotum and the anus (the opening of the back passage). This means that you will have to sit down to pass water. This is known as a perineal urethrostomy.

Does cancer of the penis spread to other parts of the body?

Penile cancer can spread. The most common way for penile cancer to spread is via the lymphatic system (the system of tubes and glands in the body that filters body fluid and fights infection) to the lymph nodes in the groin and into the pelvis and then the abdomen.

Sometimes the doctor can feel the nodes when examining your groin area. However, the usual way to find out if the cancer has spread to the lymph nodes is either a CT or MRI scan, which will show any suspicious nodes.

Can these nodes be removed?

Any nodes that the doctor thinks are abnormal (either because of the examination or because of the scan results) can be removed in a further operation. This operation is called a lymphadenectomy and both groins can be operated on at the same time, if necessary.

As well as removing the suspicious nodes, the doctor can examine the deeper groin nodes. If these deeper nodes are clear of cancer, it is unlikely that the cancer will have spread elsewhere. It is sometimes necessary to remove lymph nodes from the groin as a precautionary measure, even if there is no definite evidence of spread of the cancer to these nodes.

The main risk of a lymphadenectomy is swelling in the groin and legs. This happens because the flow of fluid from the legs back into the body has been disrupted. This swelling usually, although not always, settles with time.

Who can I go to for support or advice?

If you need to contact the team, the main point of contact (during office hours, Monday to Friday) is your consultant urologist's secretary or nurse specialist/key worker:

Urology secretaries 0116 258 8260

Urology Oncology Nurse Specialists (Key Workers) 0116 258 4637

If you have any urgent concerns or questions contact us directly on the following telephone number:

Emergency Admissions: 0116 258 4247
(24 hours, seven days a week)

Useful contact numbers

Macmillan Information and Support Centre

Osborne Building, Leicester Royal Infirmary, Leicester LE1 5WW

Opening hours: Monday to Friday from 8.30 am to 4.00 pm
 Telephone: 0116 258 6189
 Email: cancerinfo@uhl-tr.nhs.uk
 Website: www.leicestershospitals.nhs.uk/cancerinfo

Sue Young Cancer Support

35 Westleigh Road, Leicester LE3 0HH

Provides practical and emotional support to those affected by cancer. Services include complementary therapies and counselling.

Telephone: 0116 223 0055
 Website: www.sueyoungcancersupport.org.uk

Orchid

Organisation providing support and information about men's cancers, including cancer of the penis.

National Male Cancer Helpline: 0808 802 0010
 Website: www.orchid-cancer.org.uk

Macmillan Cancer Support

For information and support from cancer support specialists.

Freephone: 0808 808 00 00
 Website: www.macmillan.org.uk

Cancer Research UK

Information nurses providing a confidential service.

Freephone: 0808 800 4040
 Website: www.cancerresearchuk.org

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
 على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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