

Having sentinel lymph nodes removed for penile cancer

Department of Urology
Information for patients

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Introduction

After discussion with your doctor, it has been agreed that you should have removal of sentinel lymph nodes from your groin.

This booklet should be read alongside the booklet "Having a penile sentinel node injection and scan". This booklet will be provided by the Nuclear Medicine Service.

Penile cancer and lymph nodes

Penile cancer can spread to the lymph nodes in the groin. It usually first affects the first one or two nodes (called the sentinel nodes because they are the first nodes in a long chain of lymph nodes). Approximately one in four men with penile cancer will have small seeds of cancer in these lymph nodes when they first come to see the doctor.

Lymph nodes form part of your lymphatic system, which has several functions. One of these functions is being part of your immune system, which is how the body defends itself against infection. Lymphatic vessels (tubes) carry fluid from the skin to the lymph nodes. The nodes act like filters against cancer cells and micro-organisms (such as bacteria) and remove them from the lymph fluid. The lymphatic vessels then return the fluid back into the body from the tissues. If all these nodes are removed the fluid can collect rather than go into circulation (causing lymphoedema).

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Why are the sentinel lymph nodes removed?

Medical research has shown that men with penile cancer who have surgery to remove cancerous lymph nodes can live longer. However, it is very difficult to detect these seeds from just feeling the groin and scans that are currently available are not reliable. If we are able to analyse the sentinel nodes and show that there are no cancer seeds present, then we can avoid further complicated surgery in a lot of patients.

Previously, we would have had to remove all the lymph nodes in the groins as we had no way of detecting which men had cancer in their groin nodes. The main reason we do not want to remove all the lymph nodes from the groins is the risk of post-operative problems such as swollen legs and genitals (lymphoedema), wound infections and deep vein thrombosis (blood clots).

Therefore we remove the sentinel nodes first and look at them under a microscope. This tells us whether the rest of the lymph nodes need to be removed.

On the morning you come into hospital, you will go to the Nuclear Medicine Department and spend most of the morning there. The Nuclear Medicine Service booklet gives more information about this.

Are there any risks or side effects?

This is a common and safe procedure, but every procedure has some risks associated with it. These are related to the anaesthetic and the surgery itself, and include:

- Wound haematoma may occur. This means that a collection of blood has developed around the wound. This will usually get better without any treatment but may require another operation to drain it.
- Occasionally there may be a bit of numbness at the top of your leg. This usually resolves within a few months.
- There is a small risk of a wound infection. If the wound becomes swollen, painful and red or starts to ooze contact your GP.
- Lymphoedema (swelling).

This procedure should not affect your ability to pass water.

How are the lymph nodes removed?

In the afternoon, you will go to the operating theatre for the procedure. This is usually carried out under general anaesthetic, which means you will be 'asleep' for the operation.

After you are anaesthetised we will inject a small amount of blue dye under the skin of the penis. This is a safe procedure and the dye does not spread around the body. You may notice your urine has a blue tinge for a few days as the dye is excreted in the urine.

Injecting the dye will help the surgeon to locate the sentinel nodes during the operation. The sentinel nodes are then removed from a small (3 cm) incision (surgical cut) in each side of your groin. The incisions will be closed with small metal clips. These clips will be removed in seven to ten days time, either by a district (community) nurse or your practice nurse.

You may feel some discomfort from this procedure and you will be given pain relief as needed.

Going home from hospital

You will probably stay in hospital for one night. However, if you live locally it is sometimes possible for you to go home the same day. If you do want to go home the same day it is important that you have somebody to collect you and stay with you overnight because you will have had a general anaesthetic. It should not restrict your activity once at home.

What happens next?

The sentinel nodes are sent to the laboratory to be examined under a microscope by a consultant pathologist (a specialist doctor).

The team of health professionals looking after you is known as the Multidisciplinary Team (MDT). The MDT will meet to discuss the most appropriate further treatment for you. If no cancer cells are seen, you will need no further surgery to the groin.

However if cancer cells are seen, then you may be offered surgery to remove all of the lymph nodes from your groin. You may also be offered radiotherapy or chemotherapy.

Your doctor will discuss your treatment plan with you when you come back to the out-patient clinic.

I have some questions about my procedure. What can I do?

This booklet has been designed to answer many of your questions, but of course there may be others. If you have any questions you would like to ask before you come into hospital, you can contact us using the numbers below.

Monday to Friday 9.00 am to 4.30 pm:

Urology Oncology Nurse Specialists (Key Workers)

Telephone: 0116 258 4637

Mr. Summerton's secretary

Telephone: 0116 258 4449

Mr. Goddard's secretary

Telephone: 0116 258 8260

Outside these hours:

Emergency Contact Number (24 hours, seven days a week):

Urology Unit 0116 258 4247

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

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