AMPUTATION OF THE PENIS (PARTIAL OR COMPLETE) FOR CANCER
INFORMATION FOR PATIENTS

What is the evidence base for this information?
This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?
Removal of all or part of the penis which, in most cases, is cancerous. If possible, part of the penis is preserved and covered either with surrounding skin or with a skin graft taken from elsewhere.

If the entire penis has to be removed, the urethra (water pipe) is brought out on the skin behind the scrotum. This means you will need to pass urine in a sitting position. If this is not possible, a catheter will be placed into the bladder through the abdominal wall (suprapubic catheter)

What are the alternatives to this procedure?
Alternatives to this procedure, because the lesions are usually cancerous or pre-cancerous, include radiation therapy, laser treatment and topical anti-cancer creams. These are only suitable for small and surface tumours; larger tumours require either radiation treatment or surgical removal.

What should I expect before the procedure?
You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a “pre-assessment” to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.
You will be given an injection of a drug called Clexane under your skin. Together with elastics stockings provided by the ward, this will help to prevent venous thrombosis (clots in your legs).

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for warfarin, aspirin or clopidogrel (Plavix®)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

**What happens during the procedure?**

Either a full general anaesthetic will be used (where you are asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

Where possible, we will try to preserve as much of your penis as possible. If the surgeon can preserve the penis, the defect after removal of the tumour is covered by any skin that may be available; this can be from the remaining penis or a skin graft (usually from the thigh).

The graft should heal (“take”) on to the penis because of an underlying blood supply. The surgeon will attempt to bring the urethra (water pipe) as near as possible to its natural position (pictured). This keeps adequate penile length, allows you to pass urine in a standing position and preserves sexual function.

If the surgeon cannot preserve the penis without leaving cancer behind, the entire penis will be removed and the urethra brought out through the skin behind the scrotum. In some men, a catheter may need to be placed permanently into the bladder through the abdomen.
What happens immediately after the procedure?
You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

If the penis has been preserved, you will have a pressure dressing around the penis with a catheter passing through its tip. You may experience mild discomfort for a few days after the procedure but you will be given painkillers in the ward and to take home with you. Absorbable stitches are normally used and do not require removal.

A catheter may need to be left in the bladder for one to two weeks to prevent any problems passing urine. Some patients, particularly the elderly, may require a permanent catheter.

Are there any side-effects?
Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)
- There will be some shortening of the penis.
- Temporary swelling and bruising of the penis and scrotum, lasting several days.
- Stitches under the skin which you may be able to feel.

Occasional (between 1 in 10 and 1 in 50)
- Possible remaining, microscopic tumour needing further surgery at a later stage.
- Recurrence of the tumour at a later stage needing further surgery.
- Significant bleeding or infection needing further treatment.
- The opening of your new urethra may narrow down and close off; this is usually dealt with by stretching or re-fashioning the opening.
- Failure of the skin graft to “take” on the penile stump, needing another graft.
- Dissatisfaction with the cosmetic or functional result.

Rare (less than 1 in 50)
- None.

Hospital-acquired infection
- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients

- with long-term drainage tubes;
- who have had their bladder removed due to cancer;
- who have had a long stay in hospital; or
- who have been admitted to hospital many times.

**What should I expect when I get home?**

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

It will be at least 14 days before healing occurs. You may return to work when you are comfortable enough and your GP is satisfied with your progress. If your penis has been preserved, you should not have sex for at least six weeks to allow complete healing.

**What else should I look out for?**

There will be marked swelling of the area; this will last up to 10 days and then subside. Do not be alarmed because it is to be expected.

If you develop a temperature, increase redness, throbbing or drainage at the site of the operation, please contact your GP. The graft may fail to take on the penis, either immediately or after a few days, and will then appear black or red. If the affected area is small, it can be allowed to heal by forming a scab but, if the raw area is large, it may require re-grafting.

**Are there any other important points?**

A follow-up appointment will normally be arranged for you at two to four weeks after the operation. You will receive this appointment either on the ward or shortly after you get home.

It will be 14 to 21 days before the biopsy results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further
treatment decisions are made. You and your GP will be informed of the results after this discussion.

**Driving after surgery**
It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

**Is any research being carried out in this area?**
Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

**What should I do with this information?**
Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

I have read this booklet and I accept the information it provides.

Signature.......................................................... Date..............................................
How can I get information in alternative formats?
Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.

Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free NHS Smoking Helpline on 0800 169 0 169

Disclaimer
While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

The NHS Constitution
Patients’ Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients’ responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.