



## GLANS RESURFACING WITH SPLIT SKIN GRAFTING FOR PENILE CANCER

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



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<https://rb.gy/3xov5c>

### KEY POINTS

- Glans resurfacing is performed to remove abnormal skin (e.g. cancerous areas or skin affected by chronic inflammation) from your glans penis (head of your penis)
- Once the abnormal skin has been removed, we reconstruct the head of your penis using skin from your upper thigh
- Glans resurfacing can be total or partial, depending on the underlying abnormality
- The procedure also involves removing your foreskin at the same time (circumcision)
- You will still have full control over passing urine through your penis, as before
- You should still be able to get erections and enjoy sexual activity after the procedure

### What does this procedure involve?

The surgery starts with a circular incision just below the head of your penis to perform a circumcision. The skin of your glans is then either entirely or partly removed, depending on the area of abnormality and whether it is performed for cancer or non-cancer.

We may take separate, deeper biopsies from the head of your penis if the urologist is concerned about cancer going into the deeper layers of the glans penis.

The exposed glans surface is then covered with a skin graft; this is normally taken from your upper thigh. The graft is fixed to the head of your penis using absorbable sutures and a bladder catheter (urinary drainage tube) is inserted into your bladder for 7–10 days.

Partial glans resurfacing is usually performed if the skin abnormality affects less than half of the glans surface.

### What are the alternatives?

- **Topical creams** – to treat pre-cancerous disease or any abnormal cells after surgery; however, if your penile skin has not responded previously to chemotherapy creams or if the abnormal (cancer) area is too large, creams are not usually recommended
- **CO2 laser treatment** - this can be used but is not widely practised in the UK
- **Moh's micrographic surgery** - this treatment is not widely available in the UK
- **Radiotherapy** – This is not commonly used now and is only applied in exceptional cases of extensive cancer

### What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

### Details of the procedure





- we normally use a full general anaesthetic and you will be asleep throughout the procedure
- you will be given an injection of antibiotics before the procedure, after you have been checked for any allergies
- depending on the position and size of the tumour, we may just remove the abnormal part (partial glans resurfacing) in conjunction






with a circumcision in order to remove the cancer and the foreskin together; for more extensive tumours, we remove the entire skin of the head of your penis (total glans resurfacing) and your foreskin

- we may take a skin graft from your upper thigh to apply to the head of the penis and cover the bare area; we will apply a dressing to your thigh wound
- your urethra (waterpipe) is brought out through the graft at the tip of your penis
- we use absorbable sutures throughout, which normally disappear within three weeks
- we normally put a catheter into your bladder, through your urethra; this stays in place for about 10 days
- we suture a dressing around the head of the penis to limit any bruising or swelling, and to allow the skin graft to heal
- we will arrange for the dressing to be removed after 7 to 10 days
- your catheter will be removed when your wounds have healed or when the skin graft has “taken” on your penis

### Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon’s advice about the risks and their impact on you as an individual:

| After-effect                                  | Risk  |
|---|---|
| Swelling & bruising for the first few weeks   |  Almost all patients                |
| Spraying of urine when you empty your bladder |  Almost all patients                |
| Reduced sensation in the head of your penis   |  Almost all patients                |
| A degree of erectile dysfunction              |  Between 1 in 10 & 1 in 50 patients |

|   |  |   |
|---|--|---|
| Dissatisfaction with the cosmetic appearance of your penis  |  | Between 1 in 10 & 1 in 50 patients  |
| Failure of the skin graft to “take” requiring further surgery   |  | Between 1 in 10 & 1 in 50 patients  |
| Local recurrence of the cancer requiring further surgery or treatment   |  | Between 1 in 10 & 1 in 50 patients  |
| Narrowing of the urethral (waterpipe) opening requiring stretching or re-fashioning   |  | Between 1 in 10 & 1 in 50 patients  |
| Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) |  | Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk) |

### What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

### What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- there may be minor discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers such as paracetamol
- you will get some swelling or bruising which may last for several days

- a follow-up appointment will be made for you to have your dressings & your catheter (if present) to be removed
- you may be given additional dressings to apply to your thigh if the wound leaks clear fluid.

It usually takes up to 14 days until the results of the pathology analysis are available; these will be discussed in a multi-disciplinary team (MDT) meeting before any further treatment decisions are made. We will let both you and your GP know the results.

## **General information about surgical procedures**

### ***Before your procedure***

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### ***Questions you may wish to ask***

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

### **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## **DISCLAIMER**

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.