GLANSECTOMY ± 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.

To view this leaflet online, scan the QR code (right) or type the shortened URL below it into your browser.

https://rb.gy/qw8pbd

KEY POINTS

- The aim of all penile cancer surgery is to remove the tumour whilst keeping as much of your healthy penis as possible so that it looks, feels and works as closely as possible to normal
- Glansectomy is performed to remove a cancerous tumour which is confined to the head of your penis (the glans)
- Once the glans has been removed, it can be reconstructed with a skin graft from your upper thigh, if required
- The procedure involves removing your foreskin at the same time
- You will still have full control over passing your urine through your penis
- You will still be able to get erections and enjoy sexual activity

What does this procedure involve?

Surgery for penile cancer confined to the head of the penis involves removing the entire tumour, together with glans (head of the penis).

We can use skin grafts to reconstruct part of the penis so that it looks like the glans and improves its appearance. More extensive cancers may require partial amputation of the penis, removing the head of the penis and part of the penile shaft.

The penis can be reconstructed using skin grafts at the time of surgery, if required.

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Most specialist centres will offer procedures which ensure that as much of your penis as possible is preserved.

What are the alternatives?

- **Wide local excision** – this may be appropriate if the tumour is small and does not involve a large part of your glans
- **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 remove the abnormal part (by partial glansectomy or wide local excision) in conjunction with circumcision, removing the cancer and your foreskin together
- for more extensive tumours, we usually remove the entire abnormal area with the head of your penis (glansectomy)
- we may take a skin graft from your upper thigh to apply to the remaining penis, and reconstruct the head of your penis; in some men, we can use skin from the shaft of your penis to cover its tip – this may, however, be associated with poorer outcomes
- 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 usually insert a bladder catheter through your urethra, and this normally remains in place for about 10 days
- we suture a dressing around the reconstructed head of your penis to limit any bruising or swelling, and to allow the graft to heal
- 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 variable degree of erectile dysfuncton	 Almost all patients
Shortening of your penis	 Almost all patients
Dissatisfaction with the cosmetic appearance of your penis	 Between 1 in 2& 1 in 10 patients

Failure of the skin graft to "take" requiring further treatment or surgery		Between 1 in 10 & 1 in 50 patients
Local recurrence of the cancer requiring further surgery or other treatment		Between 1 in 10 & 1 in 50 patients
Narrowing of your urethral 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 get some swelling and bruising of your penis which may last several days
- if you do go home with a bladder catheter, we will show you how to manage it at 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
- a follow-up appointment will be made for you to have your dressings and your catheter removed

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- you may be given additional dressings to apply to your thigh if the area 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.

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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.

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