PELVIC LYMPH NODE DISSECTION 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://bit.ly/41NQIMj

KEY POINTS

- This involves the removal of the lymph nodes from one or both sides of your pelvis (lower abdomen/tummy)
- It is usually performed when there are either abnormal looking lymph nodes on scans, or there is a risk that the nodes may contain cancer which is not yet visible
- After the procedure, pathology review of the removed lymph node(s) may reveal that some patients have no cancer, whilst others may require more cancer treatment

What does this procedure involve?

Lymph nodes are small glands which filter substances in the body and contain cells which help fight infection. They can sometimes contain cancer cells. In penile cancer, the groin and/or the pelvic nodes sometimes need to be removed.

The pelvic lymph nodes may be removed if they look abnormal on scans, or if the groin lymph nodes are involved with cancer (i.e. three or more nodes involved, or cancer which has extended outside the lymph nodes).

The procedure is carried out through an incision in your lower abdomen (tummy). The lymph nodes are removed within a packet of fatty tissue and sent to the pathology laboratory for analysis. We may insert a drain that

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needs to stay in place for a while. We close the incision with absorbable sutures and you may need a catheter to drain your bladder temporarily.

What are the alternatives?

- **Observation** – not usually advised unless you are not medically fit enough for surgery
- **Chemotherapy and/or radiotherapy -** not recommended but it may be offered in medically unfit patients or in specific circumstances.
- **Minimally invasive surgery (laparoscopic or robotic) -** this may be offered in some centres. It involves the use of simple or robotic-assisted keyhole surgery (laparoscopy). This method has the advantages of:
    - shorter hospital stays
    - reduced pain
    - reduced infection
    - less blood loss
    - quicker recovery

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
- we make an incision in your lower abdomen (tummy) and remove the lymph nodes within a packet of fatty tissue which is then sent for pathology analysis

- we place a drain in the pelvis and we may put a catheter into your bladder to drain your urine; the catheter will be removed as soon as you are mobile
- we close the incision with absorbable sutures or surgical staples; we usually arrange to remove the staples in the community after 7-10 days
- once you are back on the ward, you will be allowed to eat and drink normally
- the operation may take up to three hours to perform
- the average hospital stay is two to three days

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
Recurrence of the cancer or need for more cancer treatment	 Between 1 in 3 & 1 in 7 patients
Lymphoedema (swelling of the scrotum, penis or legs due to a build up of excess lymph fluid)	 Between 1 in 3 & 1 in 10 patients
Infection in the wound or your pelvis requiring further treatment	 Between 1 in 10 & 1 in 20 patients
Inadvertent injury to nerves in your pelvis	 Between 1 in 20 & 1 in 50 patients
Thrombosis in the veins of your leg (deep vein thrombosis, DVT)	 Between 1 in 20 & 1 in 50 patients
Bleeding requiring further treatment or blood transfusion	 Between 1 in 30 & 1 in 100 patients

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Injury to the adjacent bowel		Between 1 in 50 & 1 in 100 patients
Leakage of lymphatic fluid from your pelvis through the drain or wound		Less than 1 in 100
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, 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 may notice some abdominal swelling and bruising which is normal and will resolve with time. In addition, your bowel movements may be different from normal.

We recommend leg elevation when possible, regular walking and increasing your fibre intake. In addition, you may get tired more easily; again this is normal and usually improves with time.

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.

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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.

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