PENILE BIOPSY FOR SUSPECTED 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://bit.ly/3DMk7P1

KEY POINTS

- The aim of penile biopsy is to obtain a tissue diagnosis in men with suspected penile cancer, or in whom there is uncertainty about the underlying abnormality
- We usually perform the procedure under local anaesthetic as a day-case procedure
- The results of the biopsy will be looked at by your hospital team as soon as possible; they will inform you of the results and let you know whether any further treatment is needed
- Side effects are usually minimal & we normally use dissolvable sutures

What does this procedure involve?

A penile biopsy involves taking a small amount of tissue from the abnormal part of your penis for analysis, and it is a purely diagnostic test. We usually carry it out as a day case procedure, in an operating theatre or outpatient procedure room. It is often performed under local anaesthetic, but general anaesthesia is sometimes used.

What are the alternatives?

- **MRI or ultrasound scans** – you may already have had a scan as part of the diagnostic process but, to be certain whether the abnormality is cancerous, a biopsy is also needed

Published: Mar 2025 **Leaflet No:** A25/191
Review due: Aug 2026

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.

If you are not having a local anaesthetic, 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 usually 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

- if local anaesthetic is to be used, we inject this first
- after a few miutes, we check that the anaesthetic has worked before proceeding
- we make a small incision & remove a piece of the abnormal area, then repair the incision with absorbable sutures
- we usually apply a small dressing once the procedure has been completed

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
Short-lived discomfort and bleeding from the biopsy site	 Almost all patients
Further treatment is required (e.g if cancer is diagnosed)	 Between 1 in 2 & 1 in 10 patients

Published: Mar 2025
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Wound infection requiring treatment with antibiotics		Between 1 in 50 & 1 in 250 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 about the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- long hospital stays;
- multiple hospital admissions; or
- conditions affecting your immune system (e.g. diabetes)

What can I expect when I get home?

You can expect some discomfort and a little oozing of blood from the area where the procedure has been performed. Sometimes, the dressing does not stay in place but you do not need worry about this. If there is no bleeding, then a new dressing is not usually required.

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.

Published: Mar 2025
Review due: Aug 2026
Leaflet No: A25/191