University College Hospital at Westmoreland Street

Glansectomy and partial glansectomy

Urology Directorate
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Introduction
This booklet has been designed to help you understand your forthcoming treatment and contains answers to many frequently asked questions.
If you have any questions that the booklet does not answer, or would like further explanation, please ask one of the team. Contact information can be found at the end of this booklet.

What does ‘glansectomy’ mean?
For cancers of the head of the penis, the bulbous part (the glans) will be removed. It is possible to give back a normal appearance by using skin from somewhere else in the body (a skin graft). This is called a glansectomy. The foreskin and tip of penis are removed and replaced by a skin graft from the thigh. This usually gives an excellent cosmetic and functional result. A skin graft is a thin slice of skin removed from one area usually the leg (called the “donor site”) and transferred to another area, in this case the penis (the “recipient site”).

How can a glansectomy help?
The type of treatment depends on a number of things, including the position and size of the cancer, its grade, whether or not it has spread and your general health. Surgery is the main treatment. Surgical techniques have advanced recently, and it is usually possible to preserve the penis and to reconstruct (rebuild) it surgically. This operation is undertaken for confirmed cancer in the penile area with the overall aim of removing all cancer from this area.
What are the risks of this surgery?
There are some risks in having this treatment, which you should consider before consenting for the operation. These potential complications are rare. You should discuss these with your doctor when you visit the hospital.

All operations carry risks, such as bleeding and infection, and all of these risks will be explained to you in detail before you sign the consent form.
The main problem post-surgery is usually loss of the graft. This means the new tissue (the graft) that has been attached to the penis does not heal properly. This may occur as a result of infection of the wound site or if the wound has been kept very wet. The graft will ‘slough off’ and you may require re-grafting of the penis to improve the cosmetic appearance of your penis.

What are the risks of the general anaesthetic?
There are a number of issues that affect the chances of suffering complications, including: age, weight, lifestyle issues and your general state of health. Your anaesthetist and/or your surgeon can give further details. The information below on risks is provided by the Royal College of Anaesthetists:

**Very common (1 in 10) and common (1 in 100) side effects**
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss
Uncommon side effects and complications (1 in 1000)

- Chest infection
- Bladder problems
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth, lips or tongue
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000) or very rare (1 in 100,000 or less)

- Complications
- Damage to the eyes
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are about five deaths for every million anaesthetics in the UK.

What will happen if I choose not to have a glansectomy?

This is not something we would recommend. Surgical techniques have advanced recently, and it is usually possible to preserve the penis and to reconstruct it surgically. The type of treatment depends on a number of things, including the position and size of the cancer, its grade, whether or not it has spread and your general health.
Surgery is the most appropriate treatment with the best outcome with regards to managing your cancer. If you choose not to undergo surgery and refuse treatment then the cancer will increase in size. You may also find difficulty in passing urine and the wounds may ‘fungate’, become infected and malodouress in nature.

If the tumour increases in size, more radical treatment may be required and/or it become untreatable.

**What alternatives are available?**

An alternative treatment is Chemotherapy.

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It can mean the use of one drug or several drugs used together. It is not commonly used in the initial treatment of penile cancer.

Small early stage cancers on the foreskin or end of the penis may be treated with chemotherapy cream. This cream only destroys the cancer cells near the surface of the skin so it is not used to treat deeper cancers. Chemotherapy may also be given in tablet form, or by injection into a vein for more advanced cancer. It may be given in conjunction with surgery or radiotherapy (or both).

**Side effects of chemotherapy**

Side effects are more severe and more common with chemotherapy given by injection or into a vein. Many of these side effects can be controlled with drugs and almost all are only short-term and will gradually disappear once the treatment has stopped.
Different chemotherapy drugs cause different side effects. Everyone is different and will react to chemotherapy treatment in a different way. Some people may have very few side effects while others will suffer many.

If topical chemotherapy cream is prescribed, the skin may become sore, red and inflamed. Other creams and painkillers may be prescribed to reduce any pain and inflammation. These side effects should wear off within a couple of weeks after stopping treatment.

If having chemotherapy as injection or into a vein, the main areas of your body that may be affected are those where normal cells rapidly divide and grow, such as the lining of your mouth, the digestive system, your skin, hair and bone marrow (the spongy material that fills the bones and produces new blood cells).

**Common side effects of Chemotherapy may include:**

- Lowered resistance to infection
- Bruising or bleeding – the production of platelets which make blood clot can drop causing bruising or bleeding
- Anaemia
- Nausea and vomiting – anti sickness drugs can help this
- Sore mouth – may cause small ulcers
- Poor appetite
- Hair loss – hair should grow back within 3 – 6 months of finishing treatment.

Your doctor or nurse specialist will be able to tell you what side effects may be caused by your chemotherapy treatment. Although the side effects of chemotherapy can be unpleasant, they need to be weighed against the benefits of the treatment. It is important to tell your doctor or chemotherapy nurse if the treatment is making you feel unwell.
You may be able to have medicines to help you, or adjustments can be made to your treatment to lessen any side effects.

**How should I prepare for glansectomy surgery?**

Prior to your surgery, you will attend an appointment at pre-assessment to assess your fitness for surgery. Here you will be advised of any medications that may need to be omitted prior to, or on the day of your surgery.

You will be expected to stop eating from midnight before the day of your operation. You may drink water until 6am unless advised otherwise.

You will be admitted via the surgical admissions lounge on the day of your surgery. Here, you will see your consultant who will ask you to give your consent for your surgery. You may wish to bring a book or newspaper to read whilst waiting for your appointments. You may wish to bring overnight clothes and toiletries for your inpatient stay.

**Asking for your consent**

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don’t hesitate to speak with a senior member of staff again.
What happens during a glansectomy?
The cancer is removed with the head of the penis. This is performed under general or spinal anaesthetic. In order to reconstruct the water-pipe and head of the penis a small area of skin will be taken from the thigh and grafted to the penis.

Rarely, the skin is taken from other areas and the doctor will advise you of the site before your operation. The skin graft is attached using small dissolvable stitches. The water-pipe is secured and a catheter (tube into the bladder) is put in place to drain the urine. A special dressing is then put onto the graft to help aid healing over the next 7 to 10 days. The donor site (usually the thigh) is dressed separately and can be a little sore after the operation.

The nurses will check the wounds before you go home and the dressings are removed in clinic or on the ward 7 to 10 days later. The catheter is usually removed at the same time if the graft has healed satisfactorily.

What should I expect after Surgery?
You will return to the ward with a urethral catheter in place and a wound dressing. This will be well secured to make sure it stays in place. You will also have a dressing on the donor site (e.g. your thigh) where your skin graft has been removed. The urethral catheter is a narrow tube that goes up your water pipe into the bladder to drain out the urine. This allows the new skin graft to heal as it keeps urine away from it thus keeping the site dry.

You will be advised to wear your anti-embolism stockings which you are in hospital and these are designed to help your circulation. You will also be prescribed anticoagulation injections which will “thin” your blood and so prevent blood clots.
You will remain in hospital between 1-3 days. Your catheter will remain in place for up to 10 days in order to allow your wound to heal.

**Bathing and showering**
You must not bath or shower for 14 days after your operation in order to keep the penile dressing dry. From day 15 you can have a 5 minute ‘salt bath’ to further facilitate wound healing. You should not rub the penile wound site but pat the area dry.

**Catheter removal**
The catheter will usually be removed in clinic by the nurse practitioner after about 10 days. At this time the wound should be healing well and all dressings would normally be removed.

**Leg donor site**
The leg donor site can be more painful than the operation site. This is because the area acts like a large “graze” on the skin. You will be given regular painkillers to relieve the pain. The pain will gradually start to improve after a week.

There will be a large padded dressing on your thigh where the skin graft has been taken – the donor site. The outer bandage is left on for at least 24 hours to provide protection. A simple ‘non-stick’ dressing will then be applied to be left in place for a further week. You may be provided with supplies of Mepitel to change the dressing once before you return to clinic.

Once the dressing has been removed and the wound has “dried”, you are advised to apply moisturising cream (like E45) to keep the wound moist and supple. Avoid pressure on this area (heavy bed covers, pyjamas, and trousers) to avoid discomfort. You may find wearing a pair of shorts a good idea to prevent clothing rubbing on the wound. There will be skin discolouration at the site, and this will gradually lighten over months.
The donor site should be protected from injury and direct sunlight. Keep it covered for the first year and then protect it with sun block thereafter.

**Where can I get more information?**

**UCLH Macmillan Cancer Information Centre**
Location: Cancer Centre Huntley Street
Telephone: 020 7380 6817
Email: cancerinfo@uclh.nhs.uk

The Centre provides good quality, comprehensive and appropriate cancer information for anyone affected by cancer. It is staffed by a Macmillan information specialist, supported by cancer nurses and trained volunteers. The service supports patients, their family and friends.

**Macmillan Cancer Support**
Website: www.macmillan.org.uk.

**Macmillan Cancer Care**
Freephone helpline on 0808 8001234 (Mon–Fri 9am–8pm).
The helpline number is also free from these mobile phone networks: 3, O2, Orange, T-Mobile, Virgin and Vodafone when calls are made from the UK

**Cancer Research UK**
Website: www.cancerresearch.org.uk

This website provides facts about cancer, including treatment choices.
RNID typetalk  
Email: helpline@rnid-typetalk.org.uk  
Text phone: 18001 0808 800 1234  
**Orchid** – fighting male cancer  
Website: www.orchid-cancer.org.uk  
**NHS Direct**  
Website: www.nhsdirect.nhs.uk  
Telephone: 0845 46 47  
**Other support groups**  
See [www.patient.co.uk](http://www.patient.co.uk) for a list of self-help and support groups for cancer patients  
UCL Hospitals cannot accept responsibility for information provided by other organisations.

**References**  
EAU (2010) Penile cancer guidelines  
http://www.uroweb.org/gls/pdf/Penile%20Cancer%202010.pdf
Contact details
University College at Westmoreland Street
Switchboard: 0845 155 5000 or 020 34567 7890
Website: www.uclh.nhs.uk
For more information you can contact the Clinical Nurse Practitioners as follows:

Clare Akers
Mobile: 07852 219921
Email: clare.akers@nhs.net or uclh.andrologycancercns@nhs.net
Or

Sadie Molloy
Mobile: 07852 219921
Email: Sadie.molloy@nhs.net or uclh.andrologycancercns@nhs.net
How to find us

1. University College Hospital
2. University College Hospital Macmillan Cancer Centre
3. UCLH HQ (250 Euston Road)
4. University College Hospital at Westmoreland Street
Space for notes and questions