

Seek medical advice from your healthcare team if you experience:

- ▶ Persistent bleeding from the wound.
- ▶ Uncontrolled pain.
- ▶ A high temperature and shaking or feeling as if you have a bad cold which could be a sign of infection.
- ▶ Swelling, redness or a foul smelling discharge from around your wound or penis.
- ▶ Difficulty in passing urine.

PLEASE REFER TO THE MAIN BOOKLET FOR FURTHER ADVICE AND ADJUSTING TO LIFE AFTER SURGERY

Important contact numbers

Specialist Nurse contact no:

District Nurse contact no:

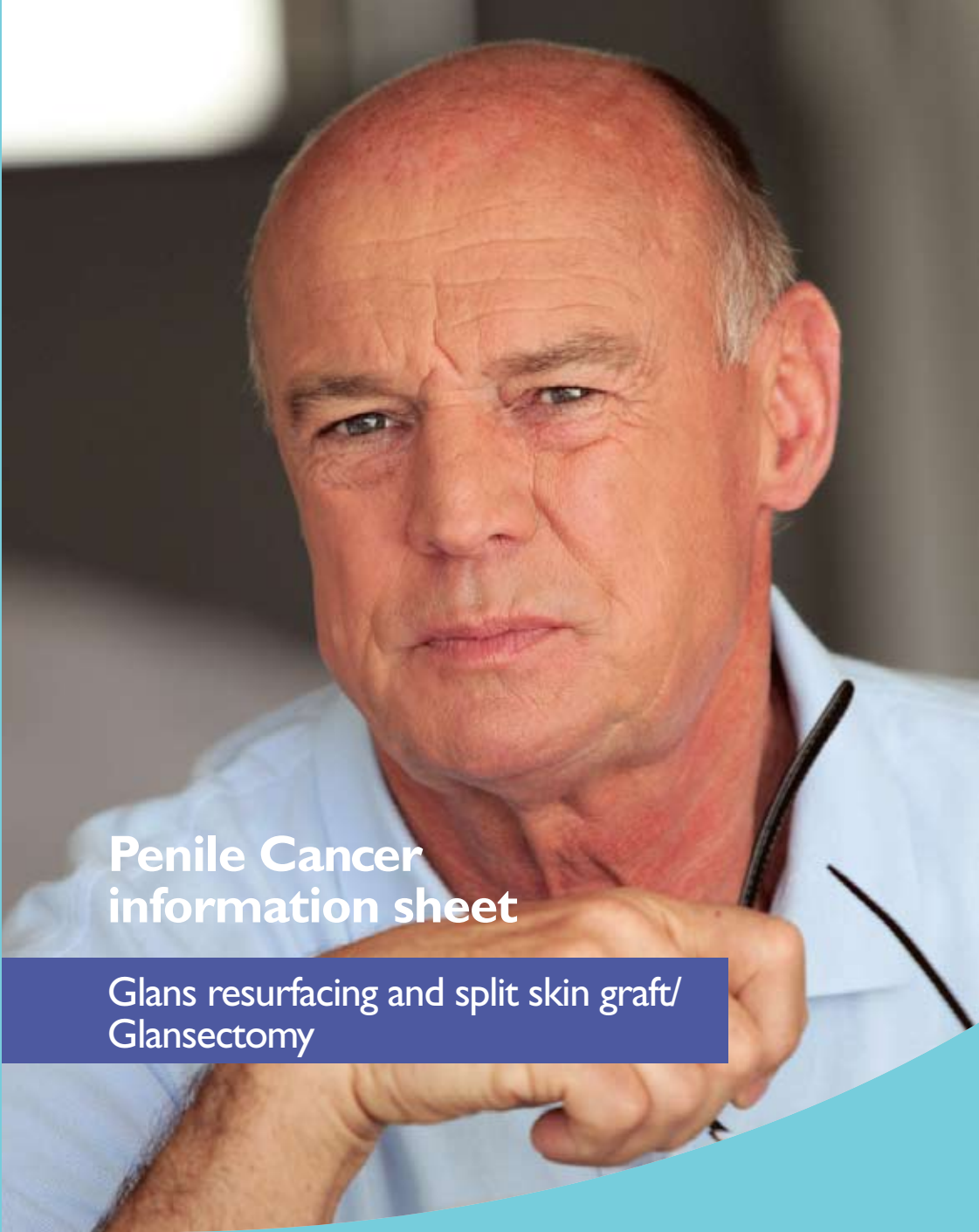
Always make sure that you have the contact details of your specialist team to hand should you need to contact them prior to your follow up appointments.



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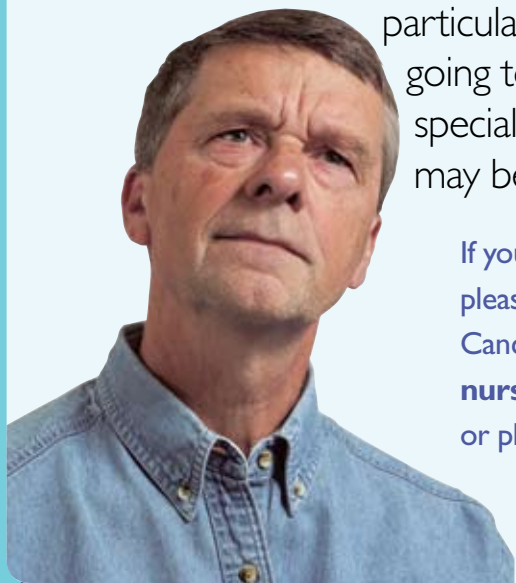


Penile Cancer
information sheet

Glans resurfacing and split skin graft/
Glansectomy

For further information on life after treatment, please refer to the main booklet.

Orchid is dedicated to supporting men with a diagnosis of penile cancer. This information sheet describes the particular treatment that you are going to have along with any special care and tips we think may be helpful.



If you would like to know more, please contact the Orchid Male Cancer Information Nurses; email nurse@orchid-cancer.org.uk or phone 0203 465 6105.

Glans resurfacing and split skin graft

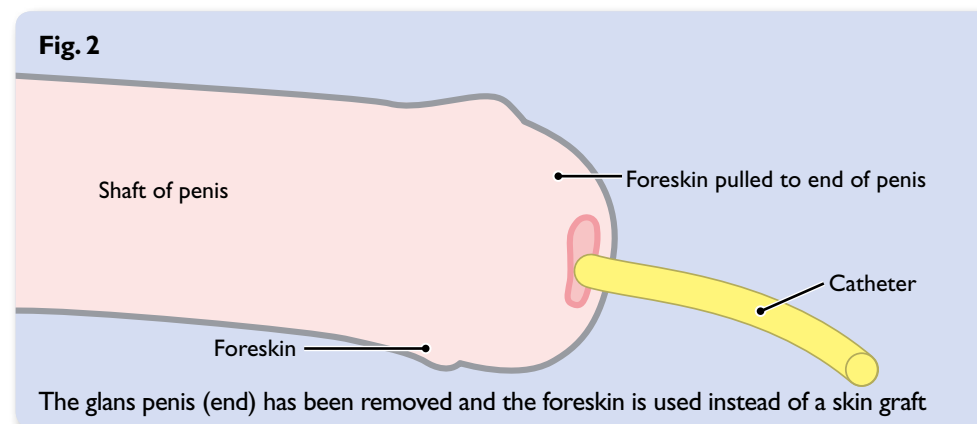
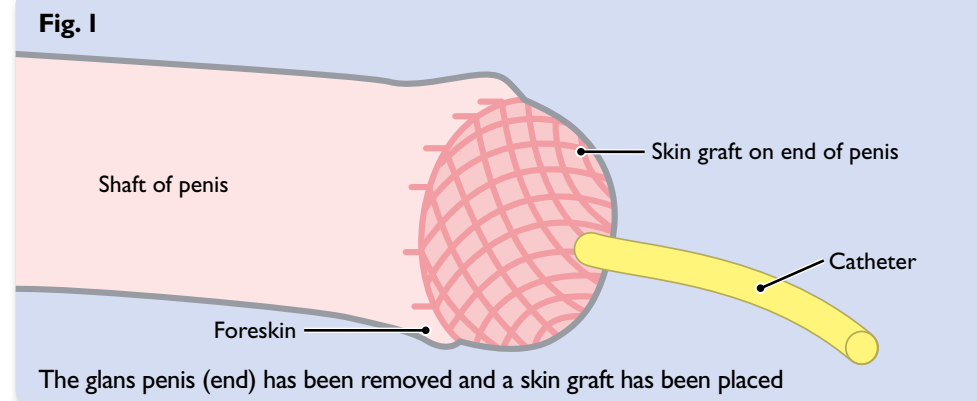
This involves removing the surface tissue of the glans while taking biopsies from deeper within the penile tissue to check for cancer in other areas of the penis. A small section of skin will usually be removed from your thigh to act as a skin graft and will be used to replace the area of the penile tissue that has been removed. This is usually termed a split skin graft as only the surface cell layers of the skin will be used. In general post operative care will be similar to Glansectomy (see After surgery).

Glansectomy

This is performed for cancer that is confined to the penis and is a surgical technique to remove the area from the glans of your penis that contains cancer.

It is very important that you and your partner discuss this surgery with your specialist health team to ensure that you know exactly what to expect with regard to the appearance of your penis afterwards.

The amount of tissue removed will depend on the extent of the cancer that is present, however to ensure there will be less chance of having cancer left behind, about 2mm of surrounding tissue will also be removed (this is called a surgical margin).



To make the penis look as normal as possible after the procedure skin may be taken from your thigh and grafted over the area where the tissue was removed. (Fig. 1). Alternatively the foreskin may be used instead (Fig. 2).

To protect your urethra from becoming damaged during the procedure a catheter (urine drainage tube) will be inserted into your bladder. This will need to stay in place for 5 - 7 days and will also protect the skin graft from becoming infected by urine.

Please refer to the main booklet for information on catheter care.

After surgery

- Painkillers will be given on a regular basis for any pain you may have. Strong painkillers may be administered directly after your operation while a combination of tablets such as Ibuprofen and Paracetamol usually work well to reduce pain and inflammation in the longer term.
- It is important that you take painkillers regularly and not just when you have pain. Always read the instructions for any painkillers that you take.

- You will need to remain in bed for up to 48 hours after the operation (this is called bed rest) to allow the skin graft to join onto the remaining tissue of the penis.
- Your penis will have surgical dressings over it which will usually be left in place for up to 5 days. Doctors and nurses will check these dressings and the site of your operation regularly for any abnormalities such as bleeding and infection. Baths or showers should be avoided during this time although you may be advised to have a salt bath after 14 days. You should pat the operation site dry with a clean towel or gauze and avoid any material that may leave fibres on the site. Alternatively you can use a hairdryer on a cold setting to gently dry the area.
- If you have had a graft taken from your thigh a dressing will be left over it for 2 weeks. A waterproof dressing will usually be applied. You will not need to stay in hospital for this time as it will usually be removed by a District Nurse when you are at home.
- Stitches will be dissolvable but may take 4 - 6 weeks to fully disperse.
- You will have a urinary catheter (urine drainage tube) which will need to remain inserted for up to 7 days. Please refer to the main booklet for information on catheter care.
- You will need a minimum 4 weeks off work.
- A follow up appointment will usually be made within 1 - 2 weeks to check that your wounds are healing satisfactorily.
- **The colour of the skin graft will be a different colour to the penile skin when fully healed.**



Tips for surgery

- Always ask your specialist exactly what the surgery will involve and what to expect after the operation.
- Plan ahead with regard to time off work and allowing for the healing process.
- Try and maximise your health prior to the operation by eating good quality foods. Foods containing protein are good for the healing process and juices such as orange juice help wounds to heal. It may also be a good idea to take a multivitamin tablet for a while before your operation and a short time after it.
- Try and take steady exercise prior to your operation. Walking until you are slightly out of breath will help your lungs keep healthy which will help them adjust to an anaesthetic.
- Try and get into the habit of moving your feet at rest and not crossing your legs. This will help prevent possible blood clots in your legs while you are perhaps not as mobile as you were prior to the operation.ble blood clots in your legs after surgery.

Follow up

It will usually take 1 - 2 weeks for the results of the tissue that has been removed to be analysed by a specialist tissue doctor and a further follow up appointment will usually be made at around this time, where, any further treatment that you may need will be discussed with you and planned. If there is no indication that the cancer has spread beyond the penis you will need to be reviewed in the outpatient clinic on a regular basis