Surgical Procedures: Penectomy to Treat Penile Cancer

When there are malignant (cancerous) cells in or on the tissue of the penis, this is referred to as penile cancer. The penis is the external male reproductive organ responsible for both reproduction and urination. The most common type of penile cancer is squamous cell carcinoma, however, other cancers such as melanoma, verrucous carcinoma, adenocarcinoma (Paget’s disease of the penis), basal cell carcinoma and sarcoma can occur.

Men at higher risk for developing penile cancer include smokers, the uncircumcised, those with human papillomavirus (HPV) or AIDS, men over 60 years old, men with a history of UV light treatment for psoriasis and men with conditions such as phimosis (tight foreskin) or smegma (secretions under the foreskin).

How is Staging Performed?

Once a diagnosis of penile cancer has been made or if there is suspicion that the disease is present, your healthcare provider will typically obtain additional testing to determine the stage of cancer, which may include:

Physical Exam: This is a general physical exam which will include an exam of the penis and surrounding tissues.

Biopsy: A biopsy is taken to evaluate the abnormal tissues and diagnose the condition. Types of biopsy for diagnosing penile cancer include fine needle biopsy (FNA), incisional biopsy, excisional biopsy, sentinel lymph node biopsy and/or lymph node dissection.

Radiologic Imaging: Imaging such as CT scans, Magnetic Resonance Imaging (MRI), ultrasound and/or a chest X-ray may be used to further evaluate the extent of your cancer.

Penile cancer spreads to other parts of the body through the tissue, lymph and blood systems. Cancer stage determines how extensive the cancer is, how far it has spread and what treatment course will be recommended. For penile cancer, doctors will use the American Joint Committee on Cancer TNM staging system, which will provide your healthcare team with information on the extent of the tumor (T), spread to the lymph nodes (N) and distant metastasis (spread) (M). The TNM values are then combined to determine a stage of I through IV.

What is a Penectomy and How is it Performed?

Often times, it may be recommended that men with penile cancer undergo surgery. In certain situations removal of the penis (called penectomy), in part or in whole, may be recommended; additional procedures may accompany the penectomy and include removal of the scrotum and lymph nodes.
Partial Penectomy: This involves removing the end of the penis, leaving the shaft intact.

Total Penectomy: This involves removing the entire penis, with the new creation of a urinary opening between the scrotum and anus - perineal urethrostomy.

Emasculation: During emasculation, the penis and testicles are removed. Typically, this is performed to treat advanced cancers.

Lymph Node Removal: In certain circumstances, some lymph nodes may need to be removed; typically this is reserved for deep tissue invasion.

Sentinel Lymph Node Removal: It may be necessary to remove a lymph node, called the sentinel node. During the procedure, a special dye or radioactive substance is used and injected near the cancerous tumor; the first lymph node to be seen with dye is removed for evaluation. If there is cancer, then additional lymph nodes will be removed; if no cancer is present, further lymph node removal is not necessary.

Inguinal Lymph Node Removal: Through an incision made in the groin, inguinal lymph nodes are removed for evaluation.

What Are the Risks Associated with Penile Surgery?

As with any surgical procedure, there are risks and side effects associated with undergoing penile cancer surgery. Risks and side effects associated with a penile surgery may include:

- Reaction to anesthesia
- Infection/Sepsis
- Wound healing complications/skin breakdown
- Lymphedema
- Fluid collections
- Phlebitis
- Narrowed urethra
- Potential to have to sit to urinate
- Potential inability to have sexual intercourse
- Need for lifelong testosterone supplementation if undergoing emasculation
- Potential need for penile reconstructive surgery
- Chronic pain
- Change in self-image and/or depression
- Blood clots
- Death

What is Recovery Like?

Recovery from a penile surgery may include a stay in the hospital for one to two nights depending on the extent of the surgery.
procedure you underwent. You may have a temporary urinary catheter to drain urine from your bladder and will be provided
with instructions on catheter care when leaving the hospital.

Your medical team will discuss with you the medications you will be taking (blood clot and infection prevention, etc), pain
management, and constipation prevention.

Your healthcare provider will discuss your particular activity restrictions depending on the surgery you have had and it’s extent.

How Can I Care for Myself?

Depending on the extent of your surgery, you may need a family member or friend to help you with your daily tasks until you
are feeling better and your medical team gives you the go ahead to resume normal activity.

Be sure to take your medications as directed to prevent pain, infection and/or constipation and call your medical team with any
concerning symptoms.

If you experience constipation, diet modifications, increased fluid intake, and over-the-counter medication to relieve
constipation may be helpful.

Deep breathing and relaxation are important to help with pain, keep lungs healthy after anesthesia, and promote good
drainage of lymphatic fluid. Try to perform deep breathing and relaxation exercises several times a day in the first week, or
whenever you notice you are particularly tense.

● A simple exercise to do on your own: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles.
  Slowly roll your head and shoulders.
● Find more relaxation exercises on OncoLink.

This hand-out provides general information only. Please be sure to discuss the specifics of your surgical plan and recovery
with your surgeon.