



Surgical Procedures: Penectomy to Treat Penile Cancer

What is a penectomy and how is it performed?

Men with penile cancer may be treated with surgery. In certain situations, removal of the penis (called penectomy), in part or in whole, may be recommended. In some cases, the scrotum and lymph nodes will also be removed.

- **Partial Penectomy:** Removal of the end of the penis, leaving the shaft intact.
- **Total Penectomy:** Removal of the entire penis, with the creation of a urinary opening between the scrotum and anus, called a perineal urethrostomy.
- **Emasculatation:** Removal of the penis and testicles. Typically, this is used to treat advanced cancers.
- **Lymph Node Removal:** In some cases, 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 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 needed.
- **Inguinal Lymph Node Removal:** Through an incision made in the groin, inguinal lymph nodes are removed.

What are the risks associated with penile surgery?

There are risks and side effects related to having penile surgery. Risks and side effects may include:

- Reaction to anesthesia (Anesthesia is the medication you are given to help you sleep through the surgery, to not remember it, and to manage pain. Reactions can include wheezing, rash, swelling, and low blood pressure).
- Infection/Sepsis.
- Issues with wound healing or skin breakdown.
- Lymphedema, also known as swelling.
- Fluid collections.
- Narrowed urethra.
- Potential to have to sit to urinate.
- Potential inability to have sexual intercourse.
- Need for lifelong testosterone supplementation if undergoing emasculatation.
- The potential need for penile reconstructive surgery.
- Chronic pain.
- Change in self-image and/or depression.

- Blood clots.

What is recovery like?

Recovery from penile surgery may require a stay in the hospital for one to two nights depending on the procedure you had. You may have a temporary urinary catheter to drain urine from your bladder. You will be taught how to care for the catheter.

Your medical team will give you information about the medications you will be taking, such as those for prevention of pain, blood clots, infection, and constipation, along with medications that treat other conditions.

Your provider will talk to you about any activity restrictions you will have.

How can I care for myself?

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.

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