



<u>Greater Midlands Cancer Network</u> Patient information

Suspected Cancer of the Penis

Introduction

You have been informed that there is a suspicion that you have a penile cancer. This leaflet sets out to inform you as to what to expect in regard to your ongoing plans for investigation and management.

What is Penile Cancer?

Penile cancer is a rare cancer and most commonly diagnosed in men over the age of 50. It is less common in men who have had all or part of their foreskin removed soon after birth. The human papilloma virus (HPV) that causes penile warts also increases the risk of penile cancer

How is it diagnosed?

- An examination of the penis will identify areas of change in colour of the skin, skin thickening, a growth or a sore on the penis
- A sample of tissue called a biopsy will be taken to confirm the diagnosis.

What does the biopsy involve?

This operation is performed under an anaesthetic (local or general) A sample of tissue from the suspected area will be removed and sent to be examined under a microscope

- This is usually performed as a day case which means you can go home on the same day
- You may or may not need to have the wound stitched. When stitches are used they are stitches that dissolve and don't need removing
- A dressing will be placed to cover the wound which can be soaked off the following day.
- Simple pain killers such as paracetamol will help with any post operative discomfort
- You will be able to bathe or shower as usual
- You will be able to return to normal daily activities including work as soon as you feel comfortable
- You will be able to drive two weeks after surgery.
- You should avoid vigorous exercise for six weeks after the operation.
- Resume sexual relations when healing is complete and you feel comfortable to do so

Are there any risks or complications?

The likelihood of complications is greater in men with the following;

- Obesity
- Smokers
- Sufferers of recent or chronic illness
- Heavy drinkers
- Users of drugs such as mind altering drugs, muscle relaxants, tranquilizers, sleep inducers, insulin or sedatives

Occasional risks;

- Excessive bleeding
- Surgical wound infection

Rare risks:

- Possibility that pathology diagnosis will be uncertain
- Wound infection needing further treatment
- Bleeding requiring further surgery

What will happen next?

Once the biopsy has been taken it will be sent to the laboratory for examination.

You will be offered an appointment to return to a clinic when your urologist will explain the results.

If a diagnosis of penile cancer is confirmed your laboratory results will be forwarded to **Good Hope Hospital.** Your case will be discussed by their team of penile cancer experts and a decision will be made as to the best options of treatment for you. These may involve further surgery, chemotherapy or radiotherapy

Once all the information is available you will receive an appointment to see the Penile Cancer Specialist in..... Clinic at the Good Hope Hospital

Who can I contact for help and support?

If you have any worries or problems please contact Karen Moore or Kay Willard Clinical Nurse Specialists in Urology Cancer at University Hospital of North Staffordshire on 01782 553820.

Once you have been referred to the Good Hope Hospital you can also contact who is the Urology Cancer Nurse Specialist in Good Hope Hospital. contact number is 0121

For further information, help and support

University Hospital of North Staffordshire Lymes Patient Information Centre

Open for drop in sessions: Monday – Thursday 10am until 12.30pm and 2pm until 4pm Telephone advice and support available; Monday – Friday 9am until 5pm

Tel: 01782 554363. (Answer phone available out of hours)

Cancer Backup

Cancer Information Charity 3 Bath Place Rivington Street London EC2A 3JR Tel: (0207) 6132121 Freeline: (0808) 8001234 The **Patient Advice and Liaison Service** would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email patient.advice@uhns.nhs.uk

