

What next?

- Dressings should be kept dry for the initial 72 hours after surgery and soaked off in a bath thereafter.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- The catheter will be removed after 3 days
- On discharge, a prescription for 4 weeks of Antibiotics will be issued for patients to collect.
- Patients should schedule a follow-up appointment with Dr Schoeman 4-6 weeks after the procedure.
- At this stage: if you have any palpable inguinal lymphnodes are palpated, they will be biopsied to exclude metastatic disease.
- Depending on the staging of the Penile Cancer, Inguinal Node dissection will be scheduled.
- If your nodes are positive for cancer, Radiation and Chemotherapy will be discussed by an Oncologist
- There will be signs of bruising for at least 10 days.
- Refrain from using your erect penis for 3-4 weeks
- Sick leave will be granted for a few days.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

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Specialist Urologist

**PATIENT
INFORMATION
BROCHURE**

***PARTIAL
PENECTOMY***

See this live on:
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Patient well-being is my first priority!

Partial Penectomy

Why is it done?

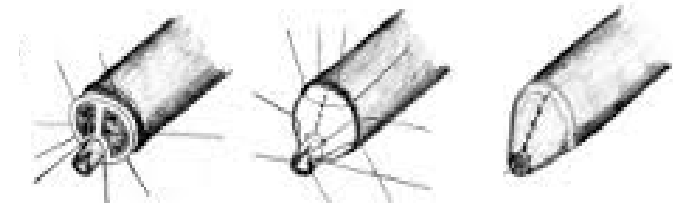
- Confirmed penis cancer, only infiltrating the distal penis
- No lymphnodes involved

Pre-requirements

- An informed consent is required from the patient.
- Histology should have confirmed the diagnosis.
- This is done under a general anaesthetic. Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. Clexane injections may be substituted.

How is it done?

- This procedure is done under general anaesthetic.
- Supine position.
- The Foreskin may be the only affected area and therefore a circumcision is done.
- Otherwise the affected area is exposed and cleaned.
- The affected lesions, usually including the glans is then removed surgically
- A 1-2cm clear surgical margin should be obtained, with sufficient penile length to allow effective urination.
- The urethral meatus is reconstructed.
- Hemostatic dressings are placed
- Specimen is sent to a histo-pathologist.
- A indwelling catheter will be inserted.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected at the base of the penis as a penile block thus giving post-operative pain relief for the next 4-6



What to expect after the procedure?

- **Any anaesthetic has its risks and the anaesthetist will explain such risks.**
- Bleeding is a common complication.
- Your catheter will be removed on Day 3.
- Long-term risk of a meatal stenosis.
- An infection of the wound may occur and requires immediate attention.
- **DANGER SIGNS:** A wound that swells immediately, fever, and puss. Contact Dr Schoeman or the hospital immediately as this occurs in up to 15–20% of all cases.

