



PROFESSOR

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Partial Penectomy

A **partial penectomy** is a surgical procedure performed to remove cancerous tissue from the penis while preserving as much healthy tissue as possible. The goal is to maintain urinary function and, where possible, sexual function, while achieving complete cancer removal. If necessary, the remaining penis may be reconstructed using a skin graft to support appearance and function.

Why is a partial penectomy required?

Partial penectomy is typically recommended for patients with penile cancer that cannot be treated with less invasive procedures. This surgery aims to:

- **Completely remove** the cancerous **tumour** and a margin of surrounding tissue
- **Preserve urinary function** by allowing the urethral opening to remain at the tip of the remaining penis
- **Maintain** as much of the **appearance**, length, and function of the penis as possible

In some cases, a skin graft may be used to improve coverage and appearance.

Before surgery

You will be contacted 1–2 weeks prior to your scheduled procedure with specific fasting instructions and hospital admission details. You will also receive a link to complete your online admission forms.

It is important to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes**. The rooms can be contacted on (03) 9329 1197.

During surgery

The procedure is performed under **general or spinal anaesthesia**. It usually involves the following:

- The cancerous portion of the penis is surgically removed and sent for testing (this often includes the head of the penis and part of the shaft)
- If required, a skin graft (commonly from the thigh) is used to cover the remaining penis and reconstruct the tip.
- The urethra is brought forward and positioned at the new tip of the penis to allow urination.
- The wound is closed using dissolvable stitches and a firm dressing is applied to minimise bruising and swelling.

If a skin graft is used, dressings may remain in place for 7–10 days. You will also wake up with a **urinary catheter** inserted, allowing urine to drain while the area heals.

Following surgery

Hospital stay

You will usually remain in the hospital **3-5 days** following your procedure. You will then be discharged with a urinary catheter in place and will be shown by the nursing team how to manage it. A follow-up appointment will be arranged for you to remove your surgical dressing and catheter. If you have returned home and do not have an appointment to see our Urology Nurse, please call the rooms on (03) 9239 1197.

Recovering at home

Once at home, please note the following:

- **Bruising and swelling of the penis** is expected and usually lasts for several days.
- **Pain relief and antibiotics** may be prescribed. Please ensure you have a clear understanding of when to take these and that you complete the course that was prescribed to you.
- **Driving** should be **avoided for 4-6 weeks**
- **Vigorous exercise** or heavy lifting should be **avoided** for 6-8 weeks

Possible side effects

Almost all patients:

- Erectile dysfunction or difficulty achieving an erection
- Shortening of the penis
- Spraying of urine when voiding – you may need to sit down to urinate

Occasional risks (1 in 10 to 1 in 50):

- Failure of the skin graft, requiring further treatment or a repeat graft
- Local recurrence of cancer on the remaining penis, requiring further surgery
- Narrowing of the urethral opening (meatus stenosis), requiring stretching or surgical revision

Rare risks (1 in 50 to 1 in 250):

- Complications from general anaesthesia, including chest infection, pulmonary embolism, stroke, heart attack, or death

Alternative treatment options

Radiotherapy is generally considered the alternative treatment option. It is occasionally used for more extensive cancer or in patients unable to undergo surgery, though it is not commonly recommended.

Prof Lawrentschuk will discuss the best treatment option based on the extent of your cancer, overall health, and personal preferences.

When to seek help

Please contact **Prof Lawrentschuk's rooms** at (03) 9329 1197 or attend your nearest **Emergency Department** if you experience:

- Signs of infection such as a fever.
- Long-lasting nausea and vomiting.
- Inability to urinate or difficulty urinating.
- Excessive pain that you can't control with your prescribed medications or over the counter pain relief medication.

Follow-up and monitoring

A follow-up appointment will be scheduled **6-8 weeks** post-surgery to review your recovery and assess the need for any additional medication or procedures.

Pathology results are typically available within 10–14 days. In some cases, your results may be reviewed in a multidisciplinary team meeting to determine the most effective next steps. If this occurs, you will be notified and kept informed of the team's recommendations.