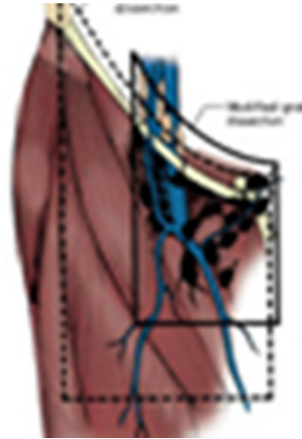


## Complication of Inguinal Node dissection

- Any anaesthetic has its risks and the anaesthetist will explain such risks.
- Bleeding is a possible complication.
- Longterm leg edema, requiring compression stockings
- Lymph-oedema requires attending Lymph-oedema Clinics
- Wound dehiscens and poor healing.
- 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.



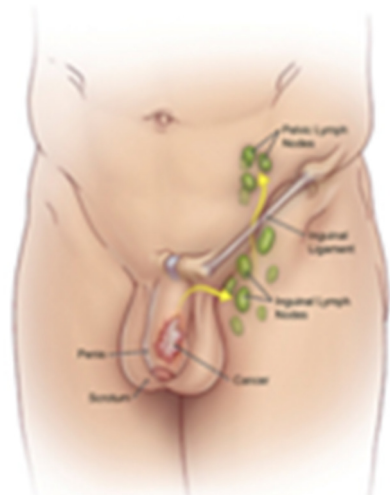
# Urologist



Dr Jo Schoeman  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

## *RADICAL PENECTOMY*



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Patient well-being is my first priority!

# Radical Penectomy

## Why is it done?

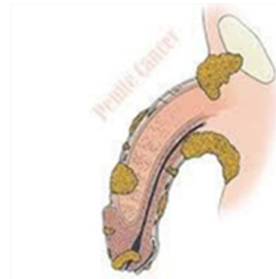
- Confirmed penis cancer, infiltrating and destructing most of the penis
- Lymphnodes are palpable or even eroding

## 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 whole penis is removed, sparing the proximal urethra, (if not involved).
- The urethral meatus is opened onto the perineum. (Perineostomy)
- 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.



## What to expect after the procedure?

- **Any anaesthetic has its risks and the anaesthetist will explain such risks.**
- Bleeding is a possible 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.

## 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 you will be scheduled for a superficial and deep inguinal node dissection.
- 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.
- Sick leave will be granted for a few weeks.
- 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.**