Complication of Inguinal Node dissection

- Any anaesthetic has its risks and the anaesthetist will explain such risks.
- Bleeding is a possible complication.
- Long term leg edema, requiring compression stockings
- Lymph-oedema requires attending Lymph-oedema Clinics
- Wound dehiscence and poor healing.
- An infection of the wound may occur and requires immediate attention.
- **DANGER SIGNS**: A wound that swells immediately, fever, and pus. Contact Dr Schoeman or the hospital immediately.
Radical Penectomy

Why is it done?
• Confirmed penis cancer, infiltrating and destroying 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.