After Penile Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- Living as a Penile Cancer Survivor

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it's very common to have questions about cancer coming back or treatment no longer working.

- Long-Term Side Effects of Penile Cancer Treatment

Living as a Penile Cancer Survivor

For most people with penile cancer, treatment can remove or destroy the cancer. The end of treatment can be both stressful and exciting. You may be relieved to finish treatment, but it’s hard not to worry about cancer coming back. This is very common if you’ve had cancer.

For some people, the cancer might never go away completely. Some people may get regular treatment with chemotherapy or other treatments to try and help keep the cancer in check. Learning to live with cancer that doesn't go away can be difficult and
very stressful.

Life after cancer means returning to some familiar things and also making some new choices.

**Follow-up care**

If you've completed treatment, your doctors will still want to watch you closely. It’s very important to go to all of your follow-up appointments. During these visits, your doctors will ask about any problems you're having and may do exams, lab tests, and/or imaging tests (like CT scans) to look for signs of cancer or treatment side effects. Almost any cancer treatment can have side effects. Some may last for a few weeks to months, but others can last the rest of your life. This is the time for you to talk to your cancer care team about any changes or problems you notice and discuss any questions or concerns you have.

You'll need to still see your cancer doctor for many years. Doctor visits and exams will be more frequent at first, often every 3 to 6 months for the first 2 years, then every 6 to 12 months for 3 to 5 years. The time between visits will get longer over time. The time between visits and the follow-up tests done depend on the stage of the cancer and the type of treatment you had. Ask what kind of follow-up schedule you can expect.

**Ask your doctor for a survivorship care plan**

Talk with your doctor about developing a [survivorship care plan](#) for you. This plan might include:

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as [early detection (screening) tests](#) for other types of cancer, or tests to look for long-term health effects from your cancer or its treatment
- A list of possible [late- or long-term side effects](#) from your treatment, including what to watch for and when you should contact your doctor
- Diet and physical activity suggestions
- Reminders to keep your appointments with your primary care provider (PCP), who will monitor your general health care

**Keeping health insurance and copies of your medical records**
Even after treatment, it’s very important to keep health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn’t know about your medical history. It’s important to keep copies of your medical records to give your new doctor the details of your diagnosis and treatment. Learn more in Keeping Copies of Important Medical Records\(^3\).

**Can I lower my risk of the penile cancer progressing or coming back?**

If you have (or have had) penile cancer, you probably want to know if there are things you can do that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Unfortunately, it’s not yet clear if there are things you can do that will help.

Adopting healthy behaviors such as [not smoking\(^4\)](https://www.cancer.org/healthy/quit-smoking.html), [eating well\(^5\)](https://www.cancer.org/healthy/eating-well.html), [getting regular physical activity\(^6\)](https://www.cancer.org/healthy/physical-activity.html), and [staying at a healthy weight\(^7\)](https://www.cancer.org/healthy/avoid-obesity.html) might help, but no one knows for sure. Still, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of penile cancer or other cancers.

**About dietary supplements**

So far, no [dietary supplements\(^8\)](https://www.cancer.org/healthy/nutrition-supplements.html) (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of penile cancer progressing or coming back. This doesn’t mean that no supplements will help, but it’s important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States – they do not have to be proven effective (or even safe) before being sold, although there are limits on what they’re allowed to claim they can do. If you’re thinking about taking any type of nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

**If the cancer comes back**

If the cancer does come back (recur) at some point, your treatment options will depend on where the cancer is, what treatments you’ve had before, your overall health, and your preferences. For more information on how recurrent cancer is treated, see [Treatment of Penile Cancer, by Stage\(^9\)](https://www.cancer.org/cancer/penile-cancer/describing-stages/pcc-stage.html).
For more general information on recurrence, you may also want to see Understanding Recurrence\textsuperscript{10}.

**Could I get a second cancer after treatment?**

People who’ve had penile cancer can still get other cancers. So far, penile cancer and its treatment have not been linked to the risk of specific second cancers. (You can learn more general information about this in Second Cancers in Adults\textsuperscript{11}.)

Still, it’s important to see your primary care provider and get recommended check-ups and screening tests, including cancer screening tests. You can find details about cancer screening tests that might be right for you in Cancer Screening Guidelines\textsuperscript{12}.

**Getting emotional support**

Some amount of feeling depressed, anxious, or worried\textsuperscript{13} is normal when cancer is a part of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in Life After Cancer\textsuperscript{14}.

**Hyperlinks**

Long-Term Side Effects of Penile Cancer Treatment

Penile cancer and its treatment can sometimes lead to long-term, life-changing side effects. Penile-sparing treatments are used whenever possible to limit these changes, but in some cases they can’t be avoided.

Urination

Most men can still control the start and stop of urine flow after surgery. They’re still continent because the ring of muscle (called the sphincter muscle) that controls urine flow is close to the bladder and is not affected by penile surgery. But if the surgery removes part of the penis (partial penectomy) or the entire penis (total penectomy), how a man urinates might change. In some cases, a partial penectomy leaves enough of the penis to allow relatively normal urination. But men who have had a total penectomy often must sit to urinate.
Sexuality

If cancer of the penis is diagnosed early, treatments other than penectomy can often be used. Conservative techniques such as circumcision, local therapy\(^1\) other than surgery (laser ablation, topical chemotherapy), or Mohs surgery\(^2\) may have little effect on sex and sexual pleasure once you have fully recovered.

Some of the changes caused by treatment affect the way a man thinks about sex. Though he may be physically able to have sex, thoughts and feelings may keep it from happening. For example, changes in the way the penis looks can cause decreased interest and problems having sex due to shame or embarrassment. Many men worry that they won't be able to satisfy their partner. And sometimes depression and anxiety can cause them to avoid sex.

Removing all or part of the penis can have a huge effect on a man’s self-image and ability to have sex. You and your sex partner may wish to consider counseling to help understand the impact of penile cancer treatment and to explore other methods of sexual satisfaction.

Satisfying sex is possible for many, but not all men after partial penectomy. The remaining shaft of the penis can still become erect with arousal. It usually gets enough length for penetration. The most sensitive area of the penis (the glans, or “head”) is gone, but a man can still reach orgasm and ejaculate normally. His partner should also still be able to enjoy sex and often reach orgasm.

Intercourse is not possible after total penectomy. Some men give up sex after this surgery. Since cancer of the penis is most common in elderly men, some are already unable to have sex because of other health problems. But if a man is willing to put some effort into his sex life, pleasure is possible after total penectomy. He can learn to reach orgasm when sensitive areas such as the scrotum, skin behind the scrotum, and the area around the surgical scars are caressed. Having a sexual fantasy or looking at erotic pictures or stories can also increase excitement.

A man can help his partner reach orgasm by caressing the genitals, by oral sex, or by stimulation with a sexual aid like a vibrator.

After total penectomy, surgical reconstruction of the penis might be possible in some cases. If you’re interested in this, ask your doctor if this might be an option for you.

Removing all or part of the penis can also have a devastating effect on a man’s self-image. Some men might feel stressed or depressed, or might not feel “whole” after the operation. These are valid and understandable feelings, but they can often be helped
with counseling or talking with others. For more information, see *Sex and the Man with Cancer*³.

**Lymphedema**

The lymph nodes⁴ in the groin and the vessels that connect them help fluid drain out of the groin and lower part of the body and back into the bloodstream. If the groin lymph nodes are removed or treated with radiation, it can sometimes lead to problems with fluid drainage in the legs or scrotum, causing abnormal swelling. This condition is called lymphedema. The chances of it developing vary greatly.

This problem was more common in the past because more lymph nodes were removed to check for cancer spread. Today, fewer lymph nodes are usually removed, which lowers the risk of lymphedema. But lymphedema can still happen, even with less treatment. And it can be a life-long risk. For more on this, see our *Lymphedema*⁵ section.

**Hyperlinks**


**References**

See all references for Penile Cancer ([www.cancer.org/cancer/penile-cancer/references.html](http://www.cancer.org/cancer/penile-cancer/references.html))


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