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RESEARCH

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PERSPECTIVES OF MAN SUBMITTED TO PENECTOMY

Perspectivas do homem submetido à penectomia

Perspectivas del hombre sometido a la penectomía

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ABSTRACT

Objective: this article aims to describe the perspectives of patient submitted submitted to penectomy and to know the perspectives of this patient after the penectomy. **Methods:** its a case study realized in a federal hospital of Rio de Janeiro city with two patients who were admitted to the hospital during 2017 and underwent to penectomy surgery. The data collection was realized during 2018 with a semi-structured interview. The participants were protected by the ethics principles established by the resolution 466/ 2012 of the National Health Council and this study was approved under the number 2.769.381. **Results:** it was found that penectomy in this case studies was the only therapy. Thereby, the desire of being among their family and to extend their life was determinants to adhere the therapy. **Conclusion:** it was concluded that even with the changes in their body, the penectomy was realized to extend the life. **Descriptors:** Penile neoplasms; Men's health; Self concept; Oncology nursing; Urologic surgical procedures, male.

RESUMO

Objetivo: o presente artigo objetiva descrever as perspectivas do paciente submetido à penectomia e conhecer as perspectivas deste paciente após a penectomia. **Métodos:** trata-se de um estudo de caso realizado em um hospital federal na cidade do Rio de Janeiro com dois pacientes que estiveram internados no ano de 2017 e foram submetidos a penectomia. A coleta de dados foi realizada no ano de 2018 através de uma entrevista semi-estruturada. Os participantes foram amparados pelos princípios éticos estabelecidos pela resolução 466/ 2012 do Conselho Nacional de Saúde, sendo que este estudo foi aprovado sob o número 2.769.381. **Resultados:** constatou-se que a penectomia nestes estudos de caso era a única terapêutica. Com isso, o desejo de estar com a família e prolongar a vida foram determinantes na adesão ao tratamento. **Conclusão:** concluiu-se mesmo com as mudanças no corpo, a penectomia foi realizada na perspectiva de prolongar a vida.

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Descritores: Neoplasias penianas; Saúde do homem; Autoimagem; enfermagem oncológica; Procedimentos cirúrgicos urológicos masculinos.

RESUMÉN

Objetivo: el presente artículo objetiva describir las perspectivas del paciente sometido a la penectomía y conocer las perspectivas de este paciente después de la penectomía. **Métodos:** se trata de un estudio de caso realizado en un hospital federal en la ciudad de Río de Janeiro con dos pacientes que estuvieron internados en el año 2017 y fueron sometidos a penectomía. La recolección de datos se realizó en el año 2018 através de una entrevista semiestructurada. Los participantes fueron amparados por los principios éticos establecidos por la resolución 466/2012 del Consejo Nacional de Salud, siendo que este estudio fue aprobado bajo el número 2.769.381. **Resultados:** se constató que la penectomía en estos estudios de caso era la única terapéutica. Con ello, el deseo de estar con la familia y prolongar la vida fueron determinantes en la adhesión al tratamiento. **Conclusión:** se concluyó que incluso con los cambios en el cuerpo, la penectomía se realizó en la perspectiva de prolongar la vida.

Descritores: Neoplasias del pene; Salud del hombre; Autoimagem; Enfermería oncológica; Procedimientos quirúrgicos urológicos masculinos.

INTRODUCTION

Cancer is a chronic disease that leads to abnormal cell growth, which interferes with the formation of benign or malignant tumors. This is one of the most feared pathologies in the world, because depending on the organ that affects, has a high power of lethality.

In Brazil, it has been gaining significant space in health policies. The change in morbidity and mortality profile has been changing, making people older and therefore more susceptible to neoplasms. This does not mean that this is a problem that affects only the elderly population, given that the population is increasingly exposed to risk factors, causing it to also affect the young population.¹

The cause of the neoplasia can be unique, coming from a genetic disorder for example. However, it may still have a multifactorial etiology. Exposure to factors such as smoking, excessive consumption of processed products, alcoholism, multiplicity of sexual partners are also examples of conditions that can lead to cancer, which justifies finding this pathology in young people.²

Regarding the type of cancer, the profile of Brazilian society has been differentiated between men and women. This fact can be explained by physical differences, among other genetic and hormonal reasons, for example. The female population has been most affected by breast, cervical, trachea, stomach, ovarian, lung, lymphoma cancer, among others. Regarding the male group, this group is more affected by prostate, trachea, bladder, larynx, esophagus, mouth, lymphomas carcinomas, among others. It should be noted that lung cancer has been presented as the most common cancer in the world.³

Papers written by two authors cite that among the various forms of cancer currently available, penile cancer is a rare malignancy with uncertain etiology, which is reflected in a pathology with few studies. This is an insidious cancer most

commonly found among men over 50 years of age, which does not restrict the possibility of affecting younger men.^{4,5}

This pathology most commonly affects underdeveloped countries. However, it is possible to find cases in developing countries, such as Brazil. In this case it is possible to observe a higher incidence of cases in the north and northeast regions. This is due to the fact that this type of cancer is closely linked to individuals with low social status, as well as poor hygiene habits, more common in socioeconomically disadvantaged regions, such as those mentioned.^{4,5}

In addition, the main risk factors for this cancer are related to late postectomy, viral infections such as HPV, poor gland hygiene, sexually transmitted diseases, history of penile abrasions, among other external factors, such as smoking and the multiplicity of sexual partners.^{4,5}

Clinically, this type of cancer may present with an alteration of the skin of the penis, which may lead to a change in the color of it. It can sometimes lead to a bulge in some region, a wound or even a lump located in the glans or other part of the body of the penis. When the disease spreads through the network of inguinal lymph nodes, they can be palpated as lumps under the skin.⁴

The most common types of penile cancer are squamous cell carcinoma – currently the majority of cases (95%) – that can affect any part of the penis; melanoma, which accounts for less than 2% of cases and begins in melanocytes; adenocarcinoma, which is a very rare type that originates from the sweat glands of the skin of the penis; and finally sarcoma, which originates from blood vessels or connective tissue cells.⁵

The diagnosis is made through an anatomopathological analysis and a penile tissue removal is performed for analysis. After the diagnosis of the neoplasia, there is then the choice of therapy to be employed in the patient. When the disease is discovered in its early stages there is no need to remove all or part of the organ. Currently, as a therapy, there are the possibilities of circumcision, simple excision (removal of the tumor and also the surrounding normal tissue), *Mobs* surgery (removes the affected epithelial layer), laser resection, cryosurgery, surgery of the lymph nodes and, in more extreme cases, partial or total penectomy.⁵

In cases related to the disease, after cancer detection and staging, treatment is directed based on the extent of the tumor. When it is a tumor with a larger and deeply invasive extension, partial penectomy is often indicated, and those at the base or bulbar urethral part of the penis eventually require full penectomy.⁵

Penectomy is traumatically presented to men, although it is necessary for the maintenance of life, and often brings difficulties, sadness and pain to the man who is submitted to the procedure. However, even with the difficulties, the desire for survival still stands out and, therefore, surgery is still accepted by men with penile cancer.

Initially, an injury appears on the penis that may be accompanied by a foul odor and bleeding. These lesions vary in size and depth, which leads to the choice of treatment. Because men seek treatment late, these lesions eventually appear to higher degrees. When tumors are still superficial,

they are treated by laser surgical incision, chemotherapy or superficial radiotherapy. However, in more advanced cases of tumors, there is a need for partial penectomy, and for those at the base or bulbar urethral part of the penis, there is then a need for total penectomy.^{3,6}

The man who undergoes this surgical procedure then lives a new life having to redefine many precepts related to his self in society. This fact may be related to the question of the representativeness of this organ for male virility. Thus, although cancer will be eliminated, other sequelae still accompany this man, whether physical or even emotional.

When penile cancer treatment cannot be performed by means other than penectomy then an issue that strongly affects the male image arises. The man then goes through a process of change in his body that leads to a feeling of violation and mutilation. The absence of the phallus brings a feeling of powerlessness to man, and this can lead to a number of stresses that consequently affect mental health.²

Losing the penis to man has a meaning of not suiting nature. This feeling of powerlessness that affects men after the penectomy procedure can be evidenced in a recent study in which participants have been reported to identify the penis as the defining organ of masculinity. Thus, the absence of this organ makes him so fragile as to question his own masculinity. This masculinity is not related to leaving them with the perception of gender exchange, but with the feeling of powerlessness and loss of virility.^{2,6}

With the loss of the phallus man begins to play a new role in his daily life. That man who felt strong must then find new meaning in his life. A new way of being in society, where the feeling of loss, relief and conformation goes together in a new body conformation without the penis.²

The study aims to describe the perspectives of patients undergoing penectomy and to know the perspectives of this patient after penectomy.

The patient undergoing penectomy reveals a challenging situation for health professionals, considering the surgery and the cultural condition regarding the virility of the man. The experience with these patients generates concerns about their lives after the procedure, fears about how to approach this issue, which for many is clearly taboo.

It is assumed that penectomy imposes a situation of vulnerability on man and interferes with the way he is viewed in society and in his sexuality. This study aims to contribute to the reflection of professionals who are in direct contact with the penectomized patient to minimize the taboo that is still evident in the academic, professional and civil society.

In the context of teaching and research, the objective is to expand the bibliographic collection on the subject, for reflections and discussions on the subject in teaching-learning in relation to penile cancer and its complications for men's health. In addition, it is intended to subsidize data for new reflections on health education units in order to strengthen the objectives raised in the National Policy for Men's Health.

METHODS

It is a case study, that is a strategy adopted in the analysis of contemporary events, but when relevant behaviors cannot be manipulated. This is a method that attempts to illuminate a decision or several of them. In general, the construction of case studies seeks to elucidate questions that adopt "how" and "why" linked to contemporary facts inserted in a real context and that the researched person has little control over any event.⁷

The study was conducted in a federal hospital located in the city of Rio de Janeiro, which has a total of 292 beds, of which two hundred and fifty-seven are operational, and is divided into specialties intensive care center (ICU), clinical medical, gastroenterology, hematology, coronary unit, traumatology and orthopedics, urology, gynecology, neurosurgery, pediatrics, otorhinolaryngology, plastic surgery, pneumology, thoracic surgery, vascular surgery, proctology, general surgery and burn center. The urology ward, specific field of study, is shared with the gynecology department and has a total of 30 beds currently in operation.⁸

The study participants were two inpatients in 2017 who underwent penectomy due to penile cancer over the age of 18 years, who agreed to participate in the research signed in informed consent ("Termo de Consentimento Livre e Esclarecido" - TCLE) being able to dialogue with the interviewer.

Data collection was performed through semi-structured interviews to meet the research objectives. In this form of data collection the interviewer is with the participant obtaining information about the subject in question through a professional conversation.⁹

Firstly, data regarding the study participant were collected: age; address; profession and educational level. Subsequently, two semi-structured questions were used: What impacts did penectomy bring to your life?; What are your prospects after the penectomy?

Interviews were scheduled at a convenient time and place for participants, and after data collection, they were typed in Microsoft Word and Excel for Mac version 2011, so there was analysis of the case study evidence. For coding purposes, respondents were named as E1 and E2.

In accordance with the ethical precepts, this study was submitted to the Brazil platform of the Ministry of Health, seeking to comply with the Resolution 466/2012 of the National Health Council (Conselho Nacional de Saúde - CNS/MS), which regulates the development of research involving human beings being approved under the number 2,769,381.¹⁰

The research followed the ethical principles of beneficence - do no harm to anyone, preserving the physical and psychological integrity of participants, without causing disadvantage or exposure unreported situations in the presentation of the research to the detriment of the benefit of the study; respect for human dignity - respect the right to refuse to participate in research, and clearly state all research objectives; and justice - which assumes that the

participant will be treated fairly at all stages of the research, even when it ends.¹¹

It should be noted that anonymity and confidentiality were maintained for both participants and the data provided. The research is also in line with Resolution 466/2012 and the data collected should only be used for scientific purposes and results disseminated in scientific events and journals.

RESULTS AND DISCUSSION

The study was conducted in 2018 with the analysis of two patients undergoing penectomy in 2017, one aged 60 years and the other 63 at the time of collection.

The study data were grouped, coded and then three categories emerged: penectomy as mutilation; adherence to the procedure associated with popular belief; and health treatment, and case study evidence is presented for each category.

Penectomy as mutilation

Currently, surgical treatment leading to total or partial penectomy has been adopted in 60% of cancer cases reported in Brazil. This type of intervention brings to man repercussions that affect the psychological and personal scope of the patient facing this problem.¹²

The man who underwent penectomy comes to see himself as someone who had his physical violated, with psychological reflexes that make him feel mutilated due to amputation in the surgical procedure.

The procedure caused... caused some sadness. Because you take a piece of your body[...]. A piece, because we only have one penis, and take half [...] (E2)

Such an account brings a reflection that the body is not just a set of organs and tissues. It must be considered that it carries with it meanings that have been constructed on the basis of experiences attributed by a specific group. When it comes to the male body, it is historically permeated with labels that place it as a holder of physical strength, invulnerability and active capacity and productivity. When this body undergoes some unexpected transformation, a need for the resignification of the senses attributed to it arises.¹³

Although the patient is fragile, he can still externalize a need to solve the problem he faces. It is known to him that there will be a change in his body, but there is a need to adopt this procedure as a way to solve the problem.

Look, this we have to take. So I said: doctor, will I be all right? Then you can do it. (E1)

You have penile cancer and will have to remove its head [...] I said: that's fine, doctor. (E2)

Once submitted to the procedure, the man still takes time to accept the change made. It still takes time to adapt to the

new conditions of the penis, which is sometimes amputated in its entirety.

Generally, performing a penectomy leads to loss of virility and, consequently, there are interferences that affect self-esteem and generate damages in the affective, sexual and social spheres. However, there are reports that the procedure did not interfere in this sphere.

He didn't cut it all. Just cut off its head. I can still make some naughty. (E2)

This type of mutilation could in most cases be prevented, given the fact that this is a preventable cancer with a good prognosis when detected early.¹²

Adherence to the procedure associated with popular belief

Belief can be defined as the act or effect of believing. It can also be cited as a group of religious ideas that leads to faith in something, or even a secular view, as thinking about what is believed to be true or secure.¹⁴

As discussed earlier, the delay in a diagnosis and starting treatment ends up triggering the penectomy. But this delay is not only associated with historical and psychological conditions. It has a lot to do with social inequalities and related sociocultural aspects. At this moment it is possible to think about the belief and values with different meanings and meanings attributed to each gender that has brought different stereotypes for each situation experienced.⁴

From a gender perspective, the man thinks himself invulnerable, and this belief leads him to delay the search for a health professional to begin treatment, as this would put his belief in invulnerability in check.⁴

However, when man is weakened by illness, and accepts that he is not a being endowed with superpowers, then there is a change of vision. Previously the belief was in their sex, but with the detection of the problem and the realization that they will not achieve healing on their own, this belief becomes someone or some entity with some kind of healing power.

At first, the religious belief based on the power associated with God was evidenced in the patients:

I have nothing else to do. It's my health too. I have a lot of faith in God. (E1)

I hope to get better. Trying. Trusting God so much. I am trying to get better. (E2)

In this perspective, God is placed as omnipotent and holder of the cure for all diseases. For the faithful there is a connection with the supernatural that offers them a solution to their suffering and adversity.¹⁵

Although the belief in God's entity was notorious, it was not the only one. Sometimes there was a belief in the power of doctors over healing.

Dr. Lucas said: if you want to live a little longer you have to take it all [...] I said: Dr. I want to live a few more times. (E2)

This belief in the doctor permeates an idea that they will be the solution to the problem.

When he said: your thing was not for yesterday, not for today. The faster the better. So that's right, doctor. (E2)

Regardless of the source of creed associated with healing, it was observed that respondents undergoing penectomy only underwent the procedure because they believed in someone or some entity, and hoped to prolong life.

I want to live some more time to enjoy my children. (E2)

The treatment for health

Accepting penectomy as a penile cancer therapy is a difficult decision, but this procedure is seen as a health and for health intervention. The man who does it does so that there is some benefit in his body and that the life span is extended.

Health is linked to its importance as something essential for maintaining joy, willingness to perform daily activities, ability to work, being physically well, free of disease, and the subject may feel at peace or tranquility.¹⁶

In the interviewees' approach, it was possible to notice that the search for being well was brought at different moments of the interviews. The desire to be well and enjoy life a little more was something externalized by them.

I want to get well. (E1)

This is what I want. Just live. (E2)

On the other hand, there is uncertainty about what will come after the procedure. Treatment was the therapy of choice, but still it was not seen as the resolute one.

I think there is no cure. You treat, it gets better a little. Another time gets worse. But I think cure does not exist. (E2)

Another very noteworthy fact regarding adherence to treatment was the existing bond between the patient and the family. It was possible to observe that he performed the procedure in order to follow the growth of his family, so it becomes one of those responsible for the consent to the treatment.

I have three sons. My youngest is twenty-eight years old. I want to enjoy my son some more. (E2)

Thus, facing cancer illness, and facing the need for a surgical intervention in oncology, or even other non-surgical approaches, men begin to change behaviors and reframing the way they exercise their masculinity. After

being confronted with their limitations and weaknesses, they reformulate what they have as their life project, and then seek to live with the pursuit of health not only as the absence of disease, but thinking in the physical, social and psychological scope.¹³

CONCLUSION

It has been found that penile cancer is still closely linked to sociocultural factors related to man. It was observed that places of residence, hygiene actions or even schooling had a higher impact on these cases.

Regarding the objectives proposed in this case study, it was observed that men who underwent penectomy initially have a negative perspective, as they face taboos in society. They still carry an intimate relationship of the male sexual organ with virility, and their lack impacts their masculinity as well as their physical and mental integrity.

Nevertheless, it was observed that adherence to the surgical procedure was permeated by values related to the family and the desire to extend the life span, as well as values in beliefs inherent in the culture of each one.

Moreover, it is emphasized that this study raises the importance of developing future research on the proposed theme, in order to intensify the evidence and strengthen health actions under the National Policy for Men's Health.

It is concluded that there is still much to discuss and reflect on the subject, reducing limiting beliefs inherent in the subject, and breaking such taboos raised during the research in order to reduce the impact of penectomy on the life of men who undergo such procedure.

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