

ESOU20

17th Meeting of the
EAU Section of
Oncological Urology

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Functional Recovery following treatment of rare urogenital cancers

A reflection on lymphedema treatment and physical rehabilitation

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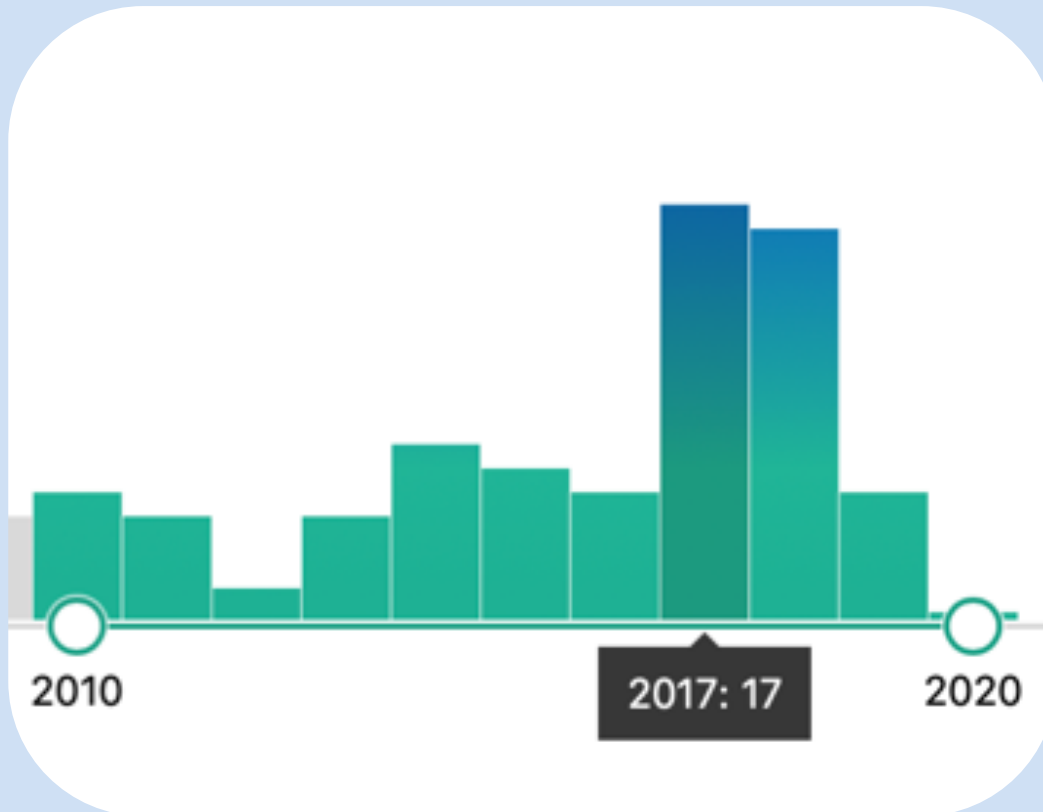
Conflict of Interest Disclosure

I have no potential conflict of interest to report

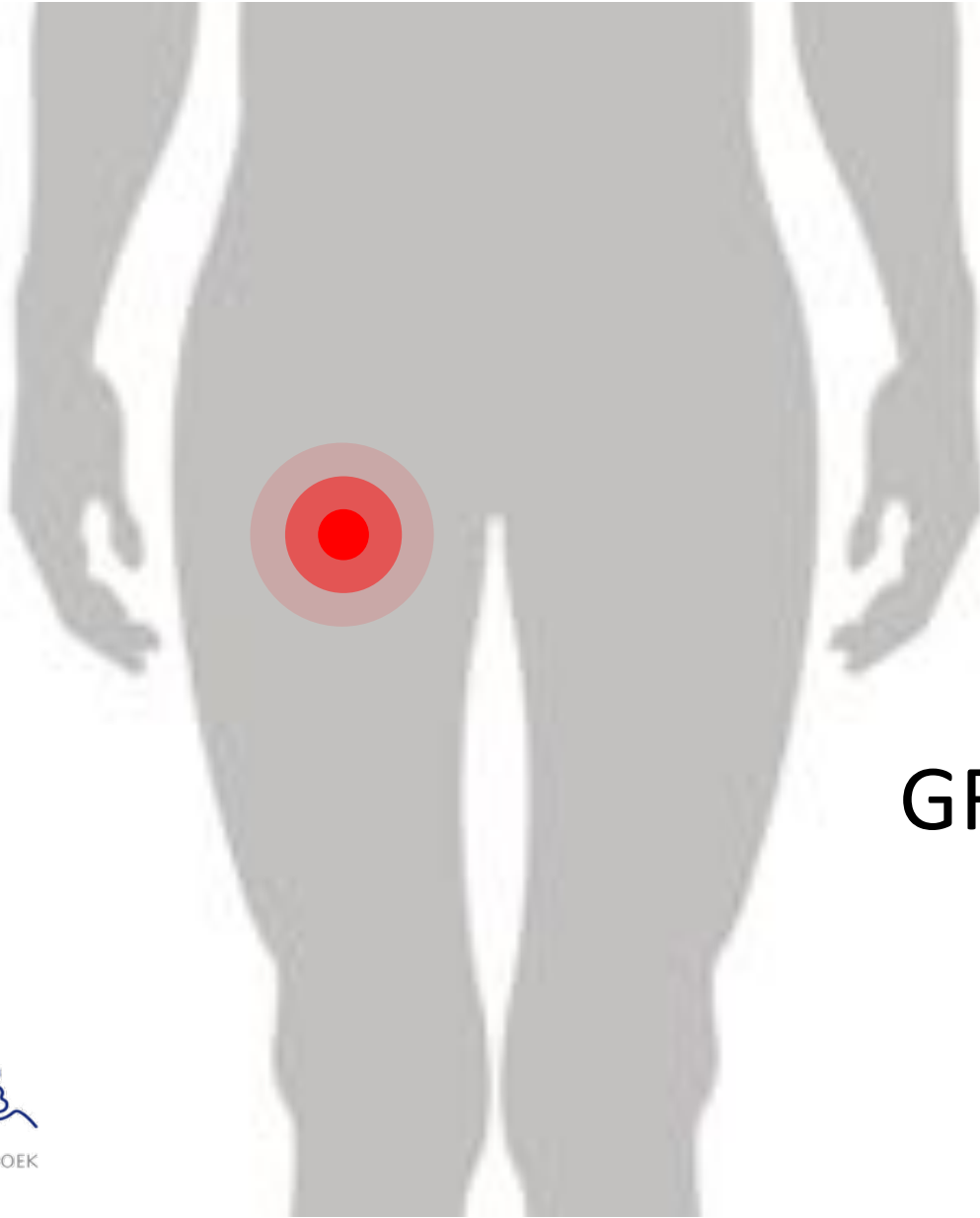
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Quality of life after treatment for penile cancer



- Few studies
- Cross-sectional, mostly small sample sizes
- Overall QOL appears to be acceptable to good
- Extent of surgery related to QOL
- In particular: **lymphadenectomy**



GROIN DISSECTION

Complications following ILND

- Short term complications
 - Wound infection
 - Seroma
 - Skin flap problems
- Long term complications
 - Lymphedema

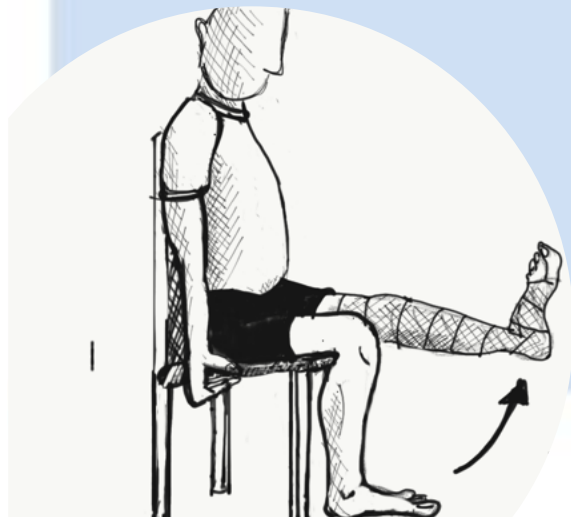
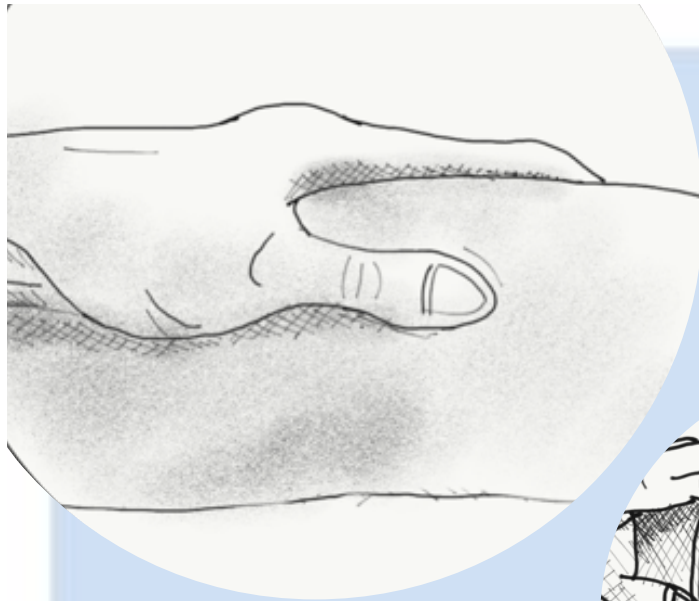




Lower limb lymphedema

Lower limb lymphedema treatment

- Comprehensive Decongestive Therapy (CDT)
 - Manual lymph drainage
 - Compression
 - Exercise



Lymphedema prevention ?



Preventive CDT : no evidence



Preventive compression: poor evidence

One small RCT including penile ca.

- RR 0.80 (0.60 ; 1.07) ; NTT 7
- HR 0.69 (0.38 ; 1.26)
- Time to dx 12 vs 18 wk
- RR seroma 1.69 (0.85 ; 3.37)


Stuiver et al. Lymphology 46 (2013) 120-131



Midline
lymphedema
after LND

7 – 40%

i.e. Raskin J Urol 2019, Stuiiver Lymphology 2013



Compression therapy for midline edema

circumference
37 cm






Compression therapy for midline edema

adhesive stretching bandage (Elastomull)





Compression therapy for midline edema





Compression therapy for midline edema





Compression therapy for midline edema

Waved foam
(Kompres II)





Compression therapy for midline edema

Compression shorts
(Curetex)





Compression therapy for midline edema

Waved foam for lower abdomen



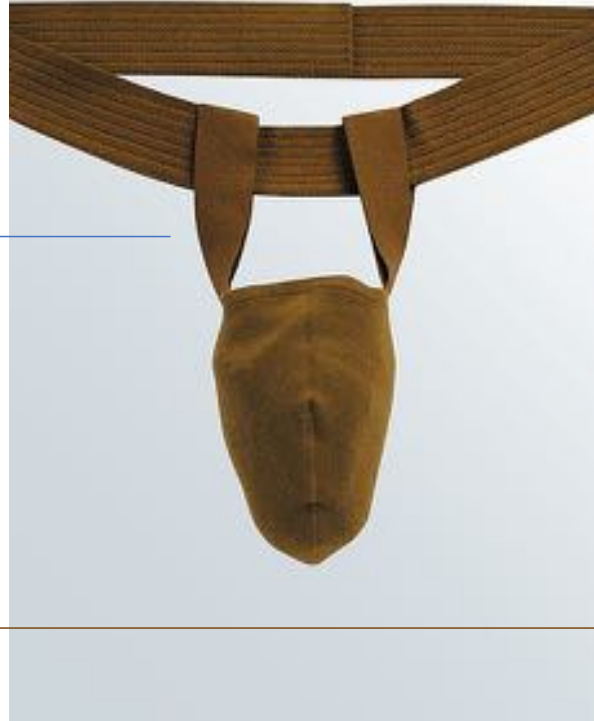
Result after 3
days

circumference
29 cm



Prefab compression materials

Whitaker Pouch



Genital pad
(Jobst)





Managing occupational problems

See also: Liang L, Aftab-Hashmi M, Mirsaeidi H (2017) J Hosp Med Manage. Vol. 3 No. 2:12

Risk factor management and Rehabilitation



High BMI is associated with higher risk of >grade 2 wound **complications** and **lymphedema**

Stuiver et al 2013



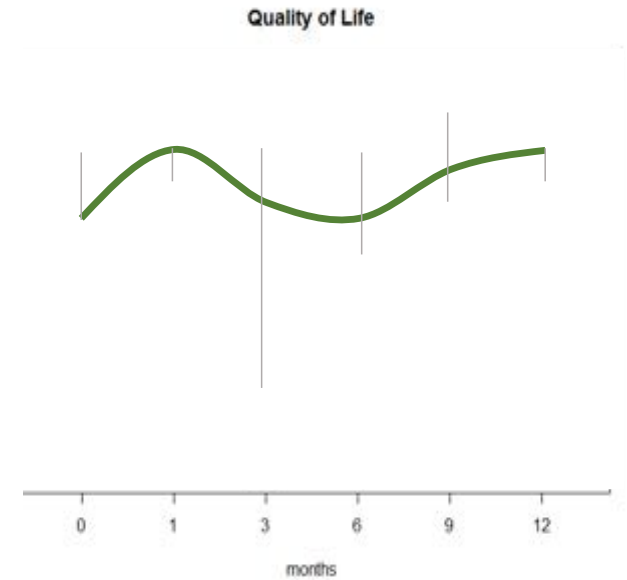
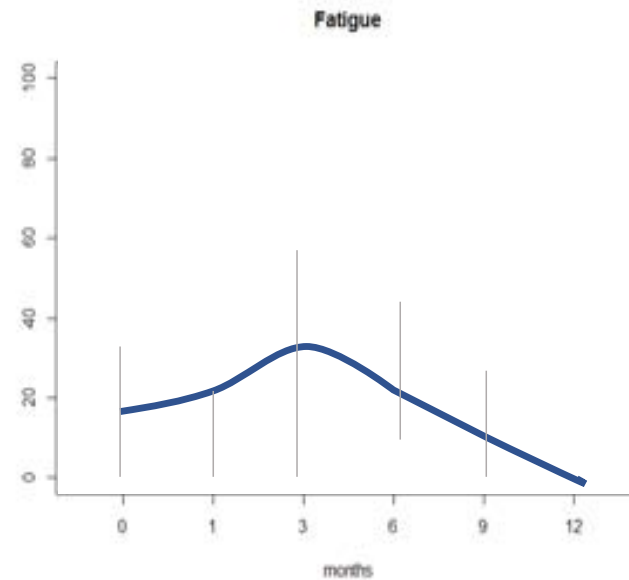
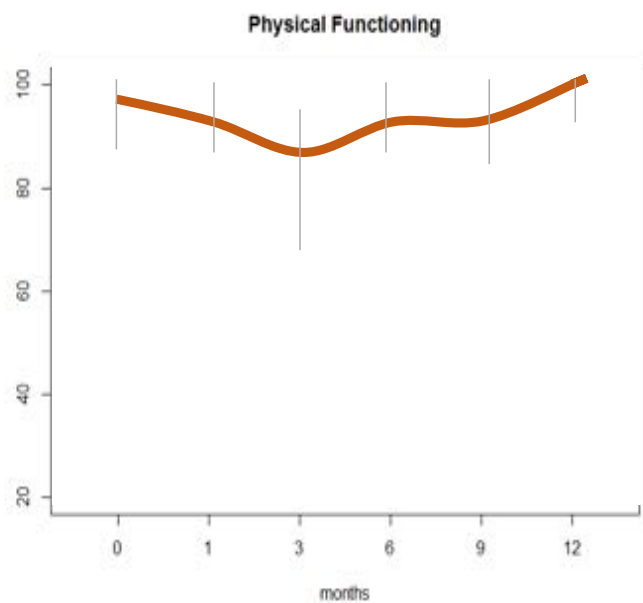
Rest is frequently advised to reduce risk of complications, BUT

Inactivity leads to **muscle atrophy** and fast declines in **VO₂peak**



Do patients treated with ILND for penile cancer require **rehabilitation**?

Quality of Life revisited: prospective measurements after LND for penile cancer



EORTC QLQ-c30; median + IQR ; N= 33

Summarizing



Extensive treatment for penile cancer comes with extensive morbidity



Evidence on lymphedema prevention and management is insufficient



Physical therapy (CDT) is the current best practice for manifest lower limb lymphedema



Detailed evidence on functional recovery and QOL after ILND is for penile cancer is mostly absent



Disease specific QOL life instruments and prospective studies are needed



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THANK YOU

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