SIMPLE ORCHIDECTOMY (SURGICAL REMOVAL OF A TESTIS)

Information about your procedure from The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Simple orchidectomy.pdf

Key Points

- Removal of a non-cancerous testicle can be carried out through your groin or your scrotum, depending on where the testicle lies
- If you wish, we can replace the removed testicle with a prosthesis (artificial one) at the same time
- If your testicle is being removed for chronic pain, there is no guarantee that your pain will be relieved by the procedure

What does this procedure involve?

The procedure involves removal of your testicle through a groin or scrotal incision, with insertion of a testicular implant (prosthesis) if you wish. The term "simple" means a procedure that is not being performed for cancer

What are the alternatives?

- **Observation** - "doing nothing" and leaving your testicle in place

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we usually carry out the procedure under a general anaesthetic or a spinal anaesthetic (where you are unable to feel anything from the waist down)
- we may give you antibiotics into a vein to prevent infection, after checking carefully for any allergies
- we usually remove your testicle through a small cut in your groin; occasionally, we remove it through your scrotum depending on where the testicle lies
- if you wish to have a testicular prosthesis (pictured) put in, we do this through the same incision
- we usually fix the prosthesis to the inside of your scrotum with a single stitch that prevents it from moving or migrating
- we sometimes put the prosthesis in at a later operation, especially if there is a lot of bleeding or difficulty during the first procedure
- we close the skin with dissolvable stitches which normally disappear after two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling, discomfort & bruising of your scrotum	 Almost all patients

Dissatisfaction with the final cosmetic result (if a testicular prosthesis has been put in)		1 in 5 patients (20%)
The prosthesis (if inserted) may lie at a higher level and be a slightly different size & consistency to the other testicle		Between 1 in 2 & 1 in 10 patients
You may be able to feel the “fixation” stitch at one end of the prosthesis through you skin		Between 1 in 2 & 1 in 10 patients
Infection or bleeding in the incision requiring further treatment (and possible removal of the prosthesis)		Between 1 in 10 & 1 in 50 patients
Loss or reduction of future fertility		Between 1 in 10 & 1 in 50 patients
Persistence of chronic pain in your scrotum despite removal of the testicle		Between 1 in 10 & 1 in 50 patients
Unexpected pathology in the testicle which may require further treatment		Between 1 in 50 & 1 in 250 patients
Pain, chronic infection or leaking of the prosthesis requiring its removal		Between 1 in 50 & 1 in 250 patients
Unknown long-term risks associated with the use of silicone-based products		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- you will get some swelling and bruising that may last for several days
- simple painkillers such as paracetamol will usually relieve any discomfort
- you may be given a scrotal support unless you have had a testicular prosthesis put in
- you should avoid heavy lifting or any other strenuous exercise for at least four weeks
- your stitches are dissolvable and will usually disappear after two to three weeks
- a follow-up appointment will be arranged to discuss the next step of treatment

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home
We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);

- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.