SCROTAL EXPLORATION for SUSPECTED TORSION of the 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 this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

http://rb.gy/x4d8j

KEY POINTS

- Testicular torsion (twisting) is a common urological emergency in adolescents and young men
- Twisting of the testicle can result in permanent damage or loss of the testicle if not treated promptly
- Your other testicle will need to be fixed permanently in the scrotum, at the same time, to prevent it ever twisting in the future

What does this procedure involve?

The procedure involves exploration performed through a surgical incision in the scrotum. We untwist the affected testicle and fix **both** testicles in the scrotum with stitches to prevent further twisting. At surgical exploration, if the twisted testicle is not viable, it will be removed.

What are the alternatives?

At the moment, scans and scoring systems are not as accurate in making a diagnosis as surgical exploration. They may, however, be used to confirm alternative diagnoses. Conservative treatment, without surgery, is very likely to lead to pain and atrophy (shrinkage) of the testicle.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history

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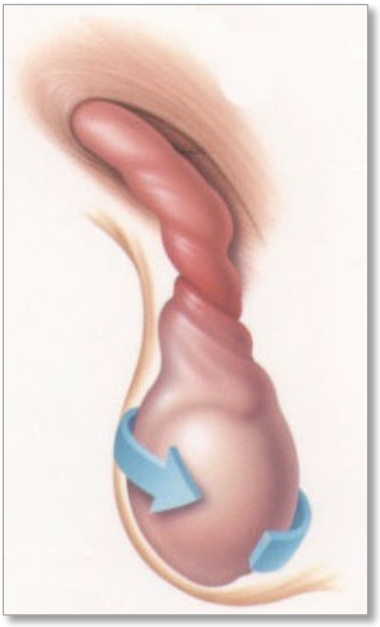
and medications, and will discuss the surgery again with you to confirm your consent.

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 normally carry out the procedure under a general anaesthetic
- you may be given an injection of antibiotics before the procedure, after you have been checked for any allergies
- we make either a single incision in the centre of your scrotum, or small incisions on each side
- if torsion is confirmed (pictured), we untwist the testicle
- if the testicle remains healthy and viable after untwisting, we fix it in the scrotum with stitches to prevent further twisting
- in a small proportion of patients, the testicle is severely damaged and may need to be removed
- if a torsion is confirmed, we also fix the other testicle to prevent twisting in the future
- we use absorbable stitches to the skin that normally disappear within two to three weeks



Sometimes, we find that it is not the testicle itself that has twisted but a small appendage (attachment) on the testicle or epididymis. It is often difficult to make this diagnosis without surgery. In this situation, we simply remove the twisted appendage. Other diagnoses which may be found include infection or a normal testis.

Are there any after-effects?

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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
If torsion of the testis is confirmed, the need to fix both testicles in the scrotum immediately	 All patients
Swelling and bruising of the scrotum which usually lasts a few days	 Between 1 in 2 & 1 in 10 patients
Need to remove the affected testicle if it is too damaged to recover (a "dead" testicle)	 Between 1 in 2 & 1 in 10 patients
It may be possible to feel the fixation stitches through the scrotal skin	 Between 1 in 10 & 1 in 50 patients
Development of a haematoma (blood clot) around the testicle which may take time to resolve or need surgical drainage	 Between 1 in 10 & 1 in 50 patients
Infection in the wound requiring antibiotics or surgical drainage	 Between 1 in 10 & 1 in 50 patients
Late atrophy (shrinkage) of the testicle	 Between 1 in 50 & 1 in 250 patients
Reduced fertility due to testicular damage caused by temporary interruption of its blood supply	 Between 1 in 50 & 1 in 250 patients

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Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Less than 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 between 4 & 6%; 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 get some swelling and bruising of the scrotum which may last several days
- simple painkillers such as paracetamol and supportive underwear will be helpful to reduce this
- all the skin stitches are absorbable and will disappear within two to three weeks
- 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 other tablets you may need will be discussed
- you should refrain from any heavy lifting or exercise for the first few weeks after surgery
- a follow-up appointment may be made for you

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 (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or

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- 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 **0300 123 1044**.

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

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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

Whilst we have made every effort to give accurate information, 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 have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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