

PATIENT INFORMATION

Exploration of the scrotum for suspected torsion of the testis: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This involves examination of the testis via a scrotal incision, untwisting of the affected testis and fixation of both testes in the scrotum to prevent twisting in the future

What are the alternatives to this procedure?

Observation risks loss of the testis and may also cause reflex damage to the other, normal testis



What should I expect before the procedure?

This procedure is usually performed following an emergency admission and is best carried out within 4 hours of the onset of symptoms.

You will be asked not to eat or drink before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

The surgeon will explore both your testicles through an incision in the scrotum. If twisting of the testicle is confirmed, the testicle will be untwisted and both testicles fixed in the scrotum to prevent recurrence of the twisting.

What happens immediately after the procedure?

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is 2 days following emergency admission.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Fixation of both testes
- It may be necessary to remove the affected testis during surgery if the damage caused by twisting is thought to be irreversible

Occasional (between 1 in 10 and 1 in 50)

- It may be possible to feel the stitch used to fix the testis through the skin
- Blood collection around the testes which resolves slowly or requires surgical removal.
- Possible infection of the incision or the testis requiring further treatment

Rare (less than 1 in 50)

- Loss of testicular size or atrophy in future, even if the testis is saved
- No guarantee of fertility

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

The groin and scrotum may be uncomfortable for 7-10 days. Simple painkillers will usually relieve this discomfort.

You are advised to take 10-14 days off work and to refrain from vigorous exercise (including sport) for 6 weeks.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

A follow-up outpatient appointment will normally be arranged 6-8 weeks after the operation although, in some patients, follow-up may not be arranged unless there are post-operative problems.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for ‘haematuria clinic’, chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....