West Suffolk NHS
NHS Foundation Trust

PATIENT INFORMATION

Radical removal of the testis (± silicone implant): 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 removal of the testis via a groin incision for suspected testicular cancer. A testicular implant may be inserted at the same time if you wish

What are the alternatives to this procedure?

In reality, there are often none but, occasionally, the surgeon may wish to discuss observation, biopsy or partial removal of the testis where a suspected tumour is present; these occasions, however, are very uncommon. The majority of testicular cancers can be detected by simple examination and ultrasound scanning together with blood tests (to measure tumour markers), a chest X-ray and a CT (body) scan.

What should I expect before the procedure?

Having only one testis should not adversely affect your life. The remaining testicle takes over the function of the removed one so your sex life and ability to father children should be unchanged. However, testicular cancer and its treatments (especially chemotherapy) can alter the amount of sperm produced.

You will, therefore, be given the opportunity to provide semen samples for storage. These can be used in the future for assisted conception If your fertility does not return after treatment.

If you are concerned about the cosmetic results of losing a testicle, a false testicle (prosthesis) can be inserted during the operation.

You will usually be admitted the day before your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

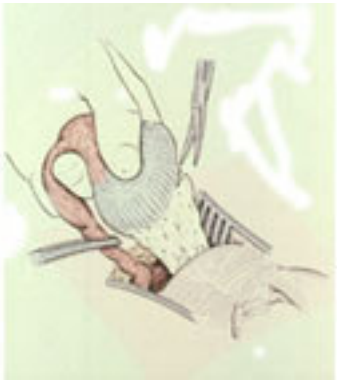
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

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?

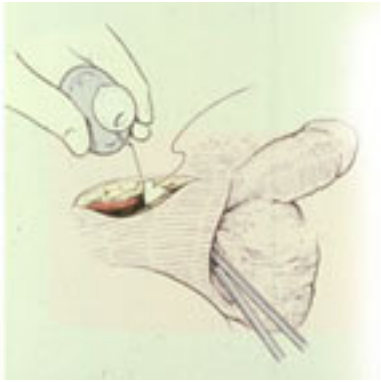
Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.



The testicle is normally removed through an incision in the groin (similar to that used for repair of a hernia). It may be necessary to take biopsies from the other (normal) testis; If this is needed, it will be discussed with you before the procedure.

The operation takes approximately 30 minutes.

You will usually be given an antibiotic to reduce the chance of infection.



What happens immediately after the procedure?

You may eat, drink and mobilise when you are fully recovered from the anaesthetic. You will be able to leave hospital as soon as you are comfortable, provided you have someone to collect you and to remain with you for the first 24 hours after discharge.

The average hospital stay is 1-2 days.

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)

- ☐ Cancer, If found, may not be cured by removal of the testis alone
- ☐ Need for additional procedures or treatments such as surgery, radiation or chemotherapy
- ☐ Permission to biopsy the other testis if small, abnormal or history of maldescent

Occasional (between 1 in 10 and 1 in 50)

- ☐ Removal of testis only to find that cancer was not present
- ☐ Possibility that microscopic examination of the removed testicle may not give a conclusive result
- ☐ Infection of the incision requiring further treatment (& possible removal of implant). Infection of the wound or scrotum is more common when a prosthesis is used and is more serious because it usually means that the prosthesis will need to be removed
- ☐ Bleeding requiring further surgery (& possible removal of implant)

☐ Loss of future fertility

Rare (less than 1 in 50)

☐ Pain, infection or leaking requiring removal of implant.

☐ Patient cosmetic expectations not always met by the implant

☐ Implant may lie higher in scrotum than normal testis

☐ Palpable stitch at one end of the implant which you may be able to feel

☐ Long term risks from use of silicone products unknown

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. It is common to notice some bruising in your groin and scrotal area. You may find it more comfortable to wear supportive pants (rather than boxer shorts).

You may shower or bath 24 hours after the procedure but ensure that your wound is thoroughly dried by gently dabbing the area. You should be able to return to work after 2 weeks but it is sensible to avoid heavy lifting and strenuous exercise for a month. You are advised not to drive for 2 weeks and, before driving, to check with your motor insurance company; do not drive If you still have pain.

Sexual activity can be resumed after 2 weeks although, for some men, the strain of surgery may reduce your sex drive temporarily. Testicular cancer cannot be passed to your partner during sex.

Absorbable stitches are normally used but these may take up to 90 days to disappear completely.

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?

It will normally take 14-21 days for the pathology results to become available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Further treatment will usually be carried out under the supervision of the Oncology Department and this will probably require follow-up for life. An appointment for the Oncology Clinic will usually be arranged for you before you leave hospital.

In the unlikely event that the pathology results show you do not have cancer, you will be seen in the urology outpatient clinic or asked to visit your GP for further follow-up.

If you need further information about testicular cancer, please contact Jane Robson (in the Oncology Centre, 01223 216552). Cancer BACUP produce a free, detailed booklet "Understanding Testicular Cancer". For a free copy, telephone Freephone 0800 181199 or log in to the Cancer BACUP website (www. cancerbacup.org.uk)

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…….……