

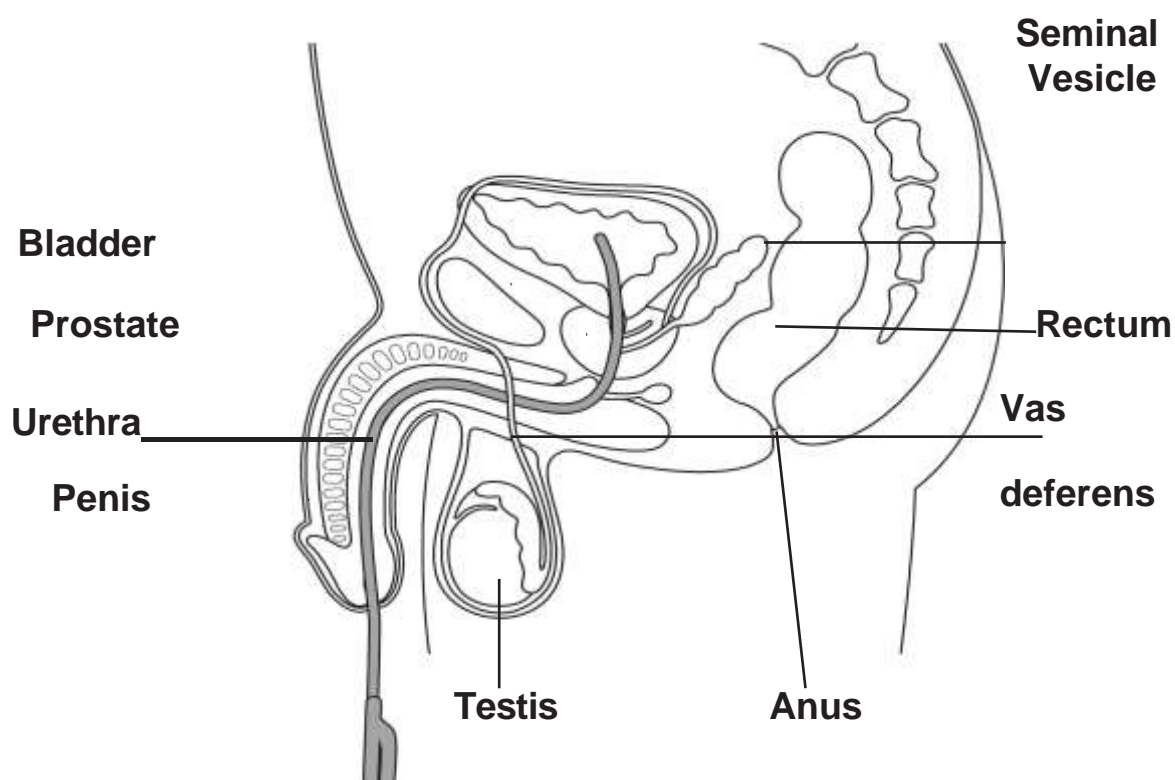
Patient information

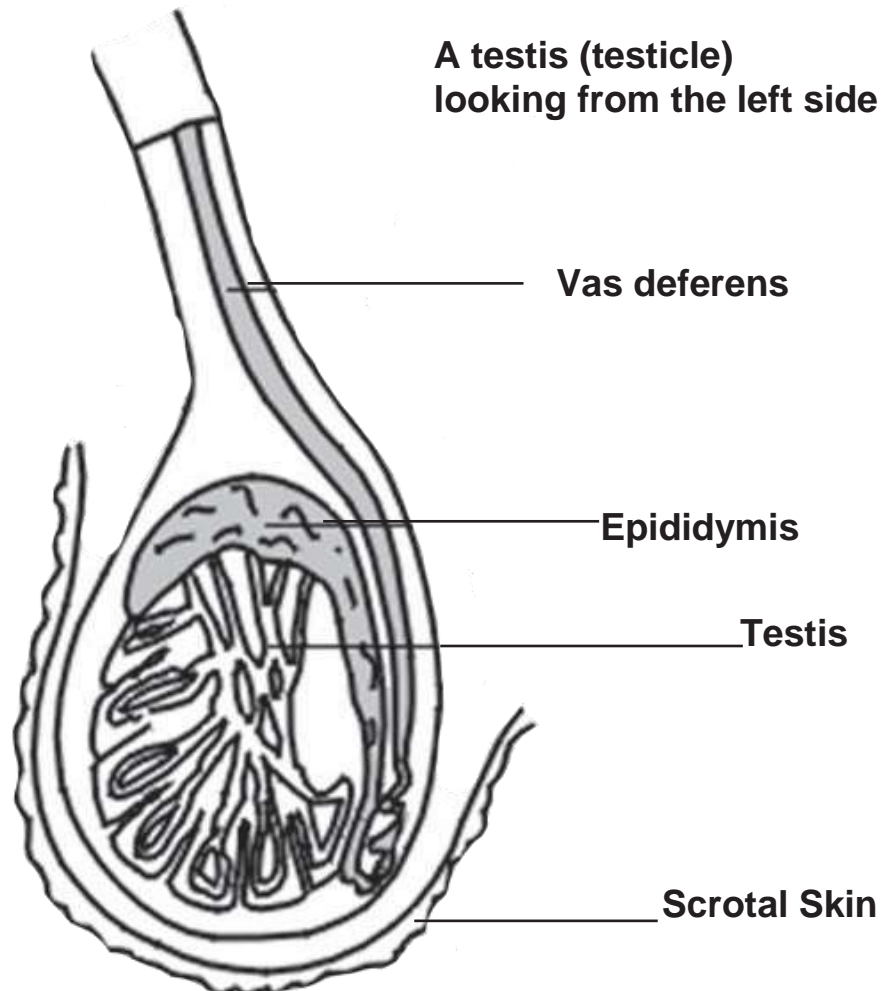
Chronic Testicular Pain

Urology Department

Chronic testicular pain (orchalgia, orchidynia or chronic scrotal pain) is common and its cause is unclear. It is very rarely due to testicular cancer. Treatment includes reassurance, medical treatments and occasionally surgery. In some men it can be very difficult to treat.

The normal scrotum and testes





The testes hang down inside the scrotum behind the penis and make sperm. It is normal for one testis to be slightly bigger than the other, and for one to hang slightly lower than the other. The testes themselves feel like smooth, soft balls inside the baggy scrotum.

At the top and to the back of each testis is the epididymis (this stores the sperm). This feels like a soft swelling attached to the testis, and can be quite tender if you press it firmly.

Leading from the epididymis is the vas deferens. You can feel the vas deferens at the back and top of the scrotum. They feel like soft, narrow tubes passing up and into the groin. (The vas deferens carries the sperm to the penis.) Some people confuse the normal epididymis or vas deferens with an abnormal lump.

What is chronic testicular pain?

Chronic testicular pain is defined as intermittent or constant testicular pain that has been present for three or more months that significantly interferes with the daily activities of the patient so as to prompt him to seek medical attention.

Who gets chronic testicular pain?

Chronic testicular pain can occur at any age but the majority of the patients are in their mid to late thirties. About one in a hundred men will experience chronic testicular pain. A much larger number of men will experience pains in the testicles that come and go but cause them little bother. Chronic testicular pain is more common in men that have had a vasectomy or other operations on the scrotum.

Where is the pain felt?

The pain can be in one testis or in both testes. It may be constant or intermittent. It may be spontaneous or be made worse by physical activities and pressure. It can be felt just in the scrotum or it may travel to the groin, perineum (between the scrotum and the anus), back or legs.

What causes chronic testicular pain?

The cause of chronic testicular pain is often difficult to find out.

Some men have an obvious cause for the pain such as testicular infection, testicular torsion (twisting of the testicle), varicocele (varicose veins of the testicle), hydrocele (fluid in the sac around the testicle) or previous surgery. Rarely, testicular tumours present with pain in the testicle, these can be ruled out by an ultrasound scan.

In some men, the pain felt in the testicle is coming from a different part of the body that shares the same nerve supply as the testicle. This is called referred pain. For example pain coming from problems in the hip or back can be felt in the testis.

Often, there is no obvious cause for the pain but there may be a history of minor injury to the scrotum triggering the pain. In these men, the nerves are responding in an abnormal way to the injury. When the problem that caused that pain has gone, the nerves still respond as if it is there, fooling the mind into thinking that there is still something painful happening to the testis.

Depression may be associated with chronic testicular pain. Men who have pain are often depressed but whether this is a cause or a symptom of the depression it is difficult to say.

Do I need any tests?

The doctor will examine you. The doctor may examine your prostate, your back and groins, as well as the scrotum. The doctor may check a urine sample for infection and may perform an ultrasound of the scrotum. If the doctor suspects a cause for the pain outside the testis, other tests may be requested.

Do I need any treatment?

Reassurance and explanation are sometimes helpful. Some people worry that they may have a serious disease such as testicular cancer. Worry and anxiety can make symptoms worse. Therefore, it may be useful to know that you have chronic testicular pain and not some other disease. However, you will have to accept that pain or discomfort is likely to persist.

There are some simple things you can do to help make things more comfortable:

- Try a change of underwear. If you normally wear tight underwear try wearing loose underwear. If you wear loose underwear try something more supportive.
- Avoid sitting for long periods. If you work sitting in an office or drive a lot get up and walk around every hour.

- Alter your bicycle seat. If you are a cyclist make sure you have a comfortable saddle – women’s shaped saddles distribute the weight more evenly. Avoid having the saddle tilted upwards have it flat or ideally tilted downwards.

What treatments are available?

There are many different treatment options available these include:

- Antibiotics and non-steroidal anti-inflammatory medicines.
- Even if infection has not been identified, a small number of patients may respond to a combination of antibiotics and non-steroidal anti-inflammatory medicines (such as ibuprofen). These can be prescribed for you and are usually taken for a period of six weeks. If they improve symptoms for a time but then the pain returns it is worthwhile having another course.
- Referral to a Specialist Pain Team.
- This is a team of people normally led by a consultant anaesthetist who have special expertise in dealing with chronic pain. They may try other options such as TENS (transcutaneous electrical nerve stimulation), antidepressant medication or injection of local anaesthetic into the cord of the testicle.

Can any surgical procedures help?

For patients in whom all medical treatments have failed and testicular pain continues to impair their quality of life, surgical intervention may be suggested as a last resort. These procedures include:

- Denervation of the spermatic cord. This is a procedure using an operating microscope in which all the nerves going to the testicle are divided.
- Epididymectomy. Removal of the epididymus.
- Vasovasostomy. This is reversal of vasectomy. The vas which was cut during the vasectomy is reconnected.
- Orchiectomy. This is removal of the testis and is usually performed by an incision in the groin.

Surgical procedures are reserved for those patients who have intolerable symptoms and who have failed all treatments. Even removal of the testis itself does not guarantee relief from the pain. In some people the pain on the side operated on goes but it transfers to the other side.

What is the outlook?

It is difficult to give a prognosis (outlook). Your symptoms may last many years, although they may ‘come and go’ or vary in severity. Painkillers can keep discomfort to a minimum.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For general queries about chronic testicular pain telephone the Urology Centre on Tel: 0151 282 6797 or 0151 282 6877
Text phone number: 18001 0151 282 6797 / 18001 0151 282 6877

For clinical questions specific to your case, telephone the secretary of your Urology Consultant

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