

Patient information

Orchidectomy

Urology Department

Your consultant/doctor has advised you to have an orchidectomy

What is an orchidectomy?

An orchidectomy is the medical name for the surgical removal of a testicle.

What are the benefits and aims of having an orchidectomy?

The intended benefits are to diagnose or treat testicular abnormality.

Removing the testicle is the only way to definitely diagnose testicular cancer. The operation (orchidectomy) also treats the cancer by removing it. If you have testicular cancer that is detected in its very early stages, an orchidectomy may be the only treatment you require.

What are the risks of having an orchidectomy (or likelihood of risk occurring)?

Most procedures have possible side effects, although the complications listed below are well recognised most patients do not suffer any problems.

Common: (greater than one in ten)

- Cancer if found may not be cured by removal of testis alone.
- Additional procedures or treatments such as surgery, radiation or chemotherapy may be needed.
- Your permission may need to be sought to biopsy the other testis if it is small, abnormal or has not descended properly.

Occasional: (between one in ten and one in fifty)

- This may not show a cancer.
- Microscopic examination of the removed testicle may not give a definite result.
- Infection of the incision (wound) needing further treatment. This is more common when a prosthesis is used, the infection can be serious needing the removal of the prosthesis.
- Bleeding needing further surgery and possible removal of Prosthesis
- Loss of future fertility.

Rare: (less than one in fifty)

- Pain, infection or leaking needing removal of the implant.
- Cosmetic appearance of the implant may not be acceptable.
- Implant often lies higher in the scrotum than normal testis.
- You may be able to feel a stich at one end of the implant.
- Long term risks from the use of silicone products are not known.

Hospital Acquired Infection

- Colonisation with MRSA (0.9% - 1 in 100).
- MRSA Bloodstream infection (0.02% 1 in 5000).
- Clostridium difficile bowel infection (0.01% - one in 10,000).

The rates for hospital acquired infection may be greater in high risks patients for example patients

- with long term drainage tubes
- who have has their bladder removed due to cancer
- who have had a long stay in hospital

Or

- who have been admitted to hospital many times.

As long as the other testicle is healthy, having an orchidectomy will not usually affect your fertility or sex life. The remaining testicle usually produces enough sperm and testosterone to compensate.

Are there any alternatives available?

There is no alternative to an orchidectomy, although available treatment options will be discussed with you before any decision is made.

What will happen if I decide not to have treatment?

If you decide not to have the surgery, this should be discussed with your specialist at the earliest opportunity.

If the ultrasound scan is suggestive that this is a testicular cancer, if left untreated, the cancer will usually grow. This may lead to further complications, which may require more radical treatment later on.

If an orchidectomy is recommended, having the operation early is always best advised.

If the swelling in your testicle is not thought to be suspicious of/identified as a cancer, then usually arrangements will be made for the Consultant Urologist to see you again in clinic within a few months, with an up to date ultrasound scan-to check for any further changes.

Having an orchidectomy can be an extremely difficult decision to make, and this decision will not be taken lightly. You may feel you need a more time to discuss your options again.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness, it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns, Bridges and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the Pre-operative Clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and possibly disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

The operation

The surgeon will make a small cut (incision) through your groin on the affected side. The testicle is pushed up from your scrotum and removed through this incision. The surgeon can insert an artificial testicle (known as an implant or prosthesis) into the scrotum; if decided pre-operatively with your Urologist.

This procedure could also be done at a later date, if necessary. This will give the appearance of a 'normal' testicle from the outside.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

You will be in hospital for several hours.

You should be able to go home later on in the day however you may be required to stay in overnight if the specialist feels it is necessary to do so.

Going Home

You will need someone to collect you from hospital, once you have been discharged. If you are discharged on the day of your operation, and you have had a general anaesthetic and/or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home. If required the doctor can administer a prescription for you to take to the hospital pharmacy, on your way home.

Your wound

The stitches used during your surgery are self-dissolving, so you do not need to worry about having them removed. It is not unusual to have some discomfort around the scar for a couple of weeks, but this can usually be controlled with painkillers.

Wearing supportive underpants (scrotal support) and loose trousers might help you feel more comfortable.

You may also experience some numbness around the wound site area, but this usually gradually improves.

The wound site should be kept clean and dry and should be observed for any signs of infection, such as an increase in pain, unusual redness or swelling, or discharge.

If you notice any of the above symptoms, or any symptoms not mentioned, which are causing concern, you should seek advice from your District nurse/GP or local walk-in centre at the earliest opportunity.

Getting back to normal

Remember you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

Your specialist will advise you not to drive or do any heavy lifting or participate in any strenuous activity for a few weeks after your operation. You can usually drive after two weeks, but you must be able to do an emergency stop without any difficulty. It usually takes up to six weeks for the operation site to be healed enough for more strenuous exercise.

You may resume your normal sexual activity again two weeks after your operation, as long as you feel comfortable.

Returning to work

The amount of time you will need to take off work will depend on the type of work you do again your Specialist will advise you about this.

Further Appointments

You will be seen by your Specialist in clinic usually one to two weeks after your surgery. Your histology results will usually be discussed with you at this stage, and any further investigations or treatment required will be discussed then also.

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 further information contact

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