

Exploration for suspected testicular torsion

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for people who have been recommended to have a procedure to investigate suspected testicular torsion. It gives information on what this is, what the procedure involves and what the benefits and risks of it are.

What is testicular torsion?

Testicular torsion is a benign but serious condition caused by the spermatic cord (the cord that supplies the testicles with blood) becoming severely twisted. If the spermatic cord becomes severely twisted, the blood supply for the affected testicle can be interrupted. If this is not treated quickly with surgery, there is a risk of losing the affected testicle.

What does the procedure involve?

It involves making a small cut in the scrotum to examine the testis, untwisting the affected testis and fixing both testes in the scrotum to prevent twisting in the future.

What are the benefits of the procedure?

Testicular torsion is a medical emergency. Treating it quickly will help prevent losing the affected testicle.

What are the risks?

Most procedures have some risks. You should be reassured that, although all these risks are well-recognised, the majority of people do not suffer any problems after a urological procedure. The risks are:

Common risks

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

Occasional risks

- It may be possible to feel the stitch used to fix the testis through the skin
- Blood collection around the testes which may clear up slowly or need to be removed by surgery
- Possible infection around the area of the cut which may need further treatment

Rare risks

- The testis may become smaller in the future, even if it is saved
- No guarantee of fertility

The groin and scrotum may be uncomfortable for seven to 10 days after the procedure. We will give you painkillers to take home with you (always read the label; do not exceed the recommended dose).

What are the alternatives?

It is your choice as to whether you have the procedure. However, if you do not have it, you risk losing the testis and the other testis may also become damaged.

What happens before the procedure?

This procedure is usually performed following an emergency admission and is best carried out within four hours of the symptoms starting. We will ask you not to eat or drink before the surgery.

Please be sure to tell your consultant before the procedure 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 brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

What happens during the procedure?

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

The surgeon will make a small cut in your scrotum to examine both your testicles. If twisting of the testicle is confirmed, the surgeon will untwist you testicle. They will then fix both testicles in the scrotum to prevent the twisting from happening again.

What happens after the operation?

After your operation, you will normally go back to the urology ward. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

Your surgeon will inform you when you are likely to be able to go home after your operation. The average hospital stay is one to two days after emergency admission.

Please make sure you have a lift home available.

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

What should I look out for at home?

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

What happens next?

We will normally arrange a follow-up outpatient appointment six to eight weeks after the operation. However, you may not need a follow-up appointment unless there are problems after your operation.

Driving after surgery

It is your responsibility to ensure that you are fit to drive after your surgery. You do not normally need to notify the DVLA, unless you have a medical condition that will last for longer than three months after your surgery that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Medication

Please make sure before you come into hospital that you have enough of your regular medication to take when you get home as it is unlikely that your regular medication will be changed. Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/Conditions/Testicular-lumps-benign/Pages/Diagnosis.aspx>

Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or

mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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