

# Suspected testicular cancer

## Urology Department

### Patient Information Leaflet

#### Introduction

Your consultant has informed you that you may have testicular cancer. This leaflet gives the facts about your condition and how it will be investigated and treated. We believe that time spent understanding the disease will help to reduce your fears and mean that you know what to expect.

If you would like more detailed information, please contact one of our urology clinical nurse specialists.

#### What is testicular cancer?

The testicle is made up of groups of specialised cells and has two main functions:

- To produce sperm
- To produce the male hormone, testosterone. This hormone is responsible for male characteristics such as a deep voice, beard growth, muscle development, the ability to have an erection and sex drive

Testicular cancer is a disease of certain groups of these specialised cells. The growth and repair of cells within the testicle usually occurs in a controlled and organised manner. If, for some reason, the process gets out of control, the cells will continue to divide and grow into a lump, which is called a tumour.

A malignant tumour consists of cancer cells which have the ability to spread beyond the testicle, and if left untreated, may invade and destroy surrounding tissue. Sometimes, cells can break away from the original (primary) cancer and spread to other organs in the body via the bloodstream or lymphatic system. When these cells reach a new site, they can continue to divide and form a new tumour, known as a secondary tumour or metastasis.

There are two main types of testicular cancer: seminoma and teratoma. Occasionally, people have a mix of the two. These tumours are known as germ cell tumours.

- **Seminoma:** the most common testicular tumour occurring in men between the ages of 25 and 55 years of age. It is usually the most responsive to treatment.
- **Teritoma:** usually affects younger men from 15 to 25 years of age.

There are other rarer types of testicular cancer. If you have one of these, your doctor or nurse will give you further information about this.

## What causes testicular cancer?

The cause of testicular cancer has not been identified but it is more common in men who:

- Had an undescended testicle(s). This is usually corrected as a child with a surgical procedure called orchidopexy.
- Are European or American. It is less common in men of Asian or Afro-Caribbean origin.
- Have family who have had testicular cancer. Several links within families have been identified. The brother of a patient is five to 10 times more at risk of developing the disease and the risk is double to a patient's sons. Nevertheless, the absolute risks are low as the tumour is so rare.

Various theories have been suggested, including lifestyle or environmental factors and trauma, but none have yet been confirmed through research.

## What are the symptoms of testicular cancer?

In the majority of cases, people get a swelling or lump in the testicle (eight to nine people out of every 100 get this). This is usually painless. However, about 15 out of every 100 men will experience pain or discomfort, often referred to as a 'dragging' sensation. It is worth remembering that not all testicular lumps are cancer. Cysts and infection are far more common. However, it is important to have all lumps examined by a doctor.

Other symptoms can be a result of metastatic disease (cancer which has spread) and may include:

- Backache
- Cough or shortness of breath
- Swelling of the breast tissue
- Weight loss
- General rapid deterioration in health

## What investigations will I need?

### Ultrasound scan

A scrotal ultrasound scan is a painless procedure that uses high-frequency soundwaves to produce an image of the inside of your testicle. It is one of the main ways of finding out whether or not a lump is cancerous (malignant) or non-cancerous (benign).

## Blood tests

- Blood tests check your general fitness and detect information which may indicate the presence of a testicular cancer. These blood tests will be taken before and after your operation.
- To help confirm a diagnosis, blood tests are used to detect certain hormones in your blood, known as markers.
- Testicular cancer often produces these markers so if they are in your blood, it may indicate you have the condition.
- Markers in your blood that will be tested for include:
  - AFP (alpha feta protein)
  - HCG (human chorionic gonadotrophin)
- A third blood test is also often carried out as it may indicate how active a cancer is. It is called LDH (lactate dehydrogenate). However, it is not a specific marker for testicular cancer.
- Not all people with testicular cancer produce markers. There may still be a chance you have testicular cancer even if your blood test results come back normal.

## Other tests

- Chest X-ray to check for signs of a tumour.
- CT scan to check for signs of the cancer spreading outside the testicle.

## Removal of the affected testicle

The only way to definitively confirm testicular cancer is to examine part of the lump under a microscope. Unlike many cancers where a small piece of the cancer can be removed (a biopsy), in most cases, the only way to examine a testicular lump is to remove the affected testicle completely.

This is because the combination of the ultrasound and blood marker tests is usually sufficient to make a firm diagnosis. Also, a biopsy may injure the testicle and spread cancer into the scrotum which is not usually affected.

The removal of a testicle is known medically as an orchidectomy. It is the main type of treatment for testicular cancer so if you have testicular cancer, it is likely you will need to have an orchidectomy.

Your specialist will only recommend removing your testicle if they are relatively certain the lump is cancerous. After the operation, you should still be able to have an erection and orgasm will not be affected. If there is any risk to your fertility and sperm count by any additional treatment, we will offer you sperm banking. This will be discussed with you before to any additional treatment.

**The rest of this leaflet covers the orchidectomy procedure.**

## What does the procedure involve?

The surgeon makes a cut in your groin through which the testicle is removed.

You can have an artificial (prosthetic) testicle inserted into your scrotum so that the appearance of your testicles is not greatly affected. The artificial testicle is usually made of silicone which is a soft type of plastic. It probably will not be exactly like your old testicle or the one you still have. It may be slightly different in size or texture.

Your consultant may also ask for your permission to take a biopsy of the other testis if they feel it is necessary during the operation.

## What are the benefits of the procedure?

If testicular cancer is detected in its very early stages, an orchidectomy may be the only treatment you require.

## What are the risks?

Most procedures have some risks and it is important that we make you aware of these. For this procedure, the likelihood of complications is greater in men who are:

- Obese
- Smokers
- Sufferers of recent or chronic illness
- Heavy drinkers
- Users of drugs such as mind altering drugs, muscle relaxants, tranquilisers, sleep inducers, insulin or sedatives

The risks are:

### Common risks

- Cancer, if found, may not be cured by removal of the testis alone
- The need for additional procedures or treatments such as radiation, chemotherapy or more surgery

### Occasional risks

- Removal of testis only to find that cancer was not present
- Possibility that microscopic examination of the removed testicle may not give a definite result
- Infection of the cut that needs further treatment such as antibiotics and possible removal of the implant, if you have one. 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 and possible removal of the implant (artificial testicle), if you have one
- Loss of future fertility

### Rare risks (all relating to having an implant)

- Dissatisfaction with the cosmetic result of the implant
- The implant may lie higher in scrotum than the normal testis
- You may be able to feel the stitch used at one end of the implant
- Long term risks from use of silicone products is unknown

## What happens before the procedure?

You will need to come to hospital on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix ®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

**Your admission letter will contain guidance about when you can eat and drink before your operation.**

### Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment to assess your general fitness. This will help us to determine whether there are any reasons why you should not have the operation.

At this appointment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure

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?

We will either use a 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. Your anaesthetist will discuss the benefits and risks of each type of anaesthetic with you before your surgery.

The surgeon will make a small cut in your groin and remove your testicle through this. A prosthesis (false testicle) can be inserted at the time of surgery or at a later date. Please discuss this with your consultant.

### What happens after the operation?

After your operation, you will normally go back to the day case or 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. **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 do at home?

- You will be able to bathe or shower as usual.
- You will be able to return to normal daily activities, including work, as soon as you are comfortable.
- You should be able to drive two weeks after surgery.
- You should avoid vigorous exercise for six weeks after the operation.
- You can start having sex when healing is complete and you feel comfortable to do so.

### 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.

## What should I look out for at home?

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

## What happens next?

Once the affected testicle is removed, we will send it to the laboratory for examination.

If a diagnosis of testicular cancer is confirmed, we will forward your laboratory results, CT scan and tumour markers (blood tests) to **University Hospitals Birmingham NHS Foundation Trust**.

Your case will be discussed by their team of testicular cancer experts and they will recommend the best options of treatment for you. These may involve chemotherapy or radiotherapy.

Once all the information is available, you will receive an appointment to see the oncologist (cancer specialist) in their new patient clinic at the University Hospitals Birmingham.

## 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

[Testicular cancer](#)

### 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

If you are referred to the University Hospitals Birmingham, you can also contact Paul Hutton who is the Testicular Cancer Nurse Specialist there. Paul's contact number is 0121 697 8423.

#### **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](mailto: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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