

Department of Urology

Patient Information Sheet

Radical Orchiectomy

The surgical removal of a testicle, usually for suspected cancer

This procedure involves the removal of a testicle and part of the spermatic cord through an incision (surgical cut) in the groin.

Occasionally a biopsy or removal of a small piece of tissue from the other testicle may be performed (if necessary) at the same time.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

What are the intended benefits of this procedure?

To remove a testicle which is suspicious for cancer.

What are the alternatives to this procedure?

Observation with repeat ultrasound scans.

What are the most frequently occurring events or serious risks of this procedure?

Common (greater than 1 in 10)

- Bleeding from between stitches
- Discomfort around wound site
- Need for additional treatment if cancer is found

Occasional (between 1 in 10 and 1 in 50)

- Collection of blood in the scrotum (haematoma)
- Numbness of a patch of skin on the inner thigh which may be temporary
- Loss of future fertility

Rare (less than 1 in 50)

- Wound infection requiring antibiotics
- Tenderness in the area of the scar, rarely long term
- You may not be completely cosmetically satisfied

What sort of anaesthetic is used?

Spinal or general anaesthetic may be used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

What does the procedure involve?

A small incision is made in your groin on the side of the suspicious testicle. The testicle is then pulled up into the groin, and the spermatic cord (containing its blood supply and the vas deferens, which carries sperm) is tied. The testicle can then be removed. If you have asked for a silicone implant to be placed, then this will be done at the same time.

As this procedure is performed under a full anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

This procedure is often performed as a day-case and rarely requires a stay overnight in hospital unless you live alone or have other medical conditions.

What happens after the procedure?

If you are having this done as a day case, you will be allowed home as soon as you have passed water.

The groin will look swollen and bruised. This can take between 2-4 weeks to recover. There will be some soreness but ordinary painkilling tablets will keep you comfortable. We will give you some when you leave hospital.

You should bath or shower every day, to keep the wound area clean (bath in plain water and do not soak in hot water for prolonged periods). You should leave the wound bare (do not apply creams, lotions or dressings). If you have a wound dressing in place – you may soak this off the day after your operation in the bath or shower.

Avoid vigorous activity for 2 weeks, or until the wound has fully healed. You will usually be able to go back to work at about 2 weeks.

You will be sent an appointment for the urology clinic approximately 2 weeks after the procedure to discuss the results from the tissue analysis of the testicle.

What else should I look out for?

If you develop a discharge from the wound, fever, or increased bleeding you should contact your GP. If you are unable to pass urine at all, you should go to the nearest Accident and Emergency Department.

Who should I contact for more information?

- Day Surgery Unit if your operation was carried out there

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Olga Champ, Nurse Specialist for Uro-Oncology
020 8934 2729

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- Your Urology Consultant.

