Urology department

Simple removal of the testis ± silicone implant

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrooke’s. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This involves removal of the testis via a groin or scrotal incision.

What are the alternatives to this procedure?
Observation.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the consultant, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will normally be given an injection of antibiotics to prevent infection of the artificial testicle.

Please be sure to inform your urologist in advance of your surgery 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 neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel , Ticagrelor or blood thinning medication
• a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
Either a full 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) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you. The testis is removed through a small incision either in the groin or in the scrotum, depending on where the testis lies.

If an artificial testicle is needed, this is inserted into the scrotum and the neck of the scrotum is closed off with stitches to prevent the prosthesis from moving up into the groin. The prosthesis itself is fixed to the inside of the scrotum to prevent it from rotating.

What happens immediately after the procedure?
You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is two days.

Are there any side-effects?
Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)
☐ Swelling of the scrotum which may last several days
- Seepage of yellowish fluid from the wound after several days

**Occasional (between one in 10 and one in 50)**
- Infection of incision requiring further treatment & possible removal of the implant
- Bleeding from the wound requiring surgery & possible removal of the implant
- Future fertility cannot be guaranteed

**Rare (less than one in 50)**
- Finding of unsuspected diagnosis on the tissue examination requiring further treatment
- Remote possibility that pathological diagnosis will be uncertain
- Pain, infection or leaking requiring removal of implant
- Cosmetic result is not always perfect
- May ride up in warm weather and lie at a higher level than the other testicle
- Palpable stitch at one end which you may be able to feel
- Long-term unknown risks from use of silicone products
- Temporary or permanent bruising or damage to the nerve in the groin causing temporary or permanent abnormal sensation to the upper thigh

**What should I expect when I get home?**
When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

The groin and scrotum may be uncomfortable for seven to 10 days. Simple painkillers will usually relieve this discomfort.

You are advised to take 10 to 14 days off work and to refrain from vigorous exercise (including sport) for six weeks.

**What else should I look out for?**
If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

**Are there any other important points?**
A follow-up outpatient appointment will normally be arranged six to eight weeks after the operation.

Whilst an artificial testicle may restore your external appearance to relative normality, it tends to be much firmer than a normal testicle and does not, therefore, feel normal.

**Driving after surgery**
It is your responsibility to ensure that you are fit to drive following 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 and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy & BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351
Non-oncology nurses

**Urology nurse practitioner (incontinence, urodynamics, catheter patients)**
01223 274608 or 586748 or bleep 157-237

**Urology nurse practitioner (stoma care)**
01223 349800

**Urology nurse practitioner (stone disease)**
01223 349800 or bleep 152-879

**Patient advice and liaison service (PALS)**
Telephone:
01223 216756 or 257257
01223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
email: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and multi faith community**
Telephone: 01223 217769
e-mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
Telephone: 01223 217589

**Access office (travel, parking and security information)**
Telephone: 01223 596060

**What should I do with this leaflet?**
Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature..................................................Date......................................
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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