Radical orchidectomy

The aim of this leaflet is to help answer some of the questions you may have about having a radical orchidectomy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is a radical orchidectomy?
A radical orchidectomy is surgery to remove your testicle and the spermatic cord (the bundle of fibres and tissues that run through the abdominal (tummy) region down to the testicles).

Why should I have a radical orchidectomy?
Your doctor has advised you to have this surgery because an abnormal lump has been found in your testicle, which he or she feels is likely to be a cancer. The best way to treat it is to remove the testicle with the lump in it.

Testicular cancer is a disease that occurs when cells in the testicles grow in a strange way, resulting in a lump or tumour. Although relatively rare (accounting for about 1 in 100 cancers in men (1 – 1.5%), testicular cancer is the most common type of cancer affecting young men.

How do I know that this is a cancer?
A urologist (specialist doctor) can diagnose many testicular cancers after examining you. You may have an ultrasound scan of your scrotum to give the doctors more information about the nature of the lump in your testes. This is a painless test that uses sound waves to create images of the organs and their structure inside your body. A probe will be placed on your skin with some lubricant jelly, and the images will appear on a screen.

The only definite way to diagnose a testicular tumour is to:
- carefully examine the testicle during surgery
- examine the tissue and cells under a microscope (a pathologist will do this).

The pathologist will also be able to diagnose the type, grade and stage of the testicular cancer.

Before and after your surgery, you will also have a:
1. **blood test.** This measures particular chemical levels, which can be raised in certain types of testicular cancer. Knowing the extent of the cancer, and the type of cell, can help doctors to decide on the best treatment. These are often called tumour markers and include:
   - alpha-fetoprotein (AFP)
   - beta human chorionic gonadotrophin (bHCG)
   - lactate dehyrdrogenase (LDH)
2. **CT scan.** This is a detailed scan of your chest, abdomen and pelvis (hip area). The pictures will show a three-dimensional image of your body, which will allow the doctors to see whether the cancer has spread to other areas of your body. You may be given an injection or a drink of a contrast dye, which will help to highlight the organ and tissue structure within your body during the scan. **It is important to inform the doctor if you are allergic to iodine or have asthma, as this may cause you to react to the contrast.**

**sperm analysis.** You will be offered an appointment with the Assisted Conception Unit. They will request a sample of your sperm. This is to check your sperm levels are normal before you have surgery as, if they are low or you do not have any active sperm, we may get you to freeze sperm in order to allow you to father children at a later date. If we cannot see any sperm, we will offer you an onco tese surgery. There is a separate information leaflet regarding this procedure.

**What are the risks?**

An orchidectomy is minor surgery, but like all operations there are a few risks. They include:

- problems relating to an anaesthetic – please see our booklet, *Having an anaesthetic* for more information.
- deep vein thrombosis (DVT) – less than one in a 100 people develop a DVT after this surgery
- a pulmonary embolus (blood clot in the lung)
- stroke
- a heart attack.

If you experience any of the following problems, you may need to stay in the Intensive Care Unit and will take longer to recover from your surgery.

- **Bleeding/haematoma (collection of blood)** – fewer than two people in 100 develop this complication. If the bleeding is severe, you may need a blood transfusion or more surgery.
- **Infection at the wound site** – less than one in 100 people develop this complication.
- **Temporary swelling of the scrotum** – about five in 100 develop this complication.

Your surgeon will discuss the risks listed above with you in more detail, but please ask questions if you are uncertain.

**Are there any alternatives?**

The decision to remove your testicle is not made easily. There are very few circumstances when it is safe or advisable to take a biopsy or remove only part of your testicle.

If the lump in your testicle is a cancer and is not removed, it may continue to grow and could spread to other organs of your body. Testicular cancer responds very well to treatment, but it is always better to treat it early while the cancer is in a small area of the body.

Partial orchidectomy is sometimes considered where the tumour is small.

Unlike most surgeries, having an orchidectomy for a suspected testicular cancer is normally done within two weeks of your ultrasound scan. This can often feel quite rushed and unexpected, but it is important to remove the testicle, as some cancers can grow quickly.

**Will having one testicle removed affect my fertility or my sex life?**

No. Having one testicle should not affect your ability to achieve an erection, or father a child. Your remaining testicle will take over the function of the removed testicle.
You will be able to discuss with your doctor the possibility of having a prosthetic or artificial replacement testes inserted. This can be inserted to give the scrotum a more natural external appearance.

**How can I prepare for the surgery?**
Along with your admission letter, you should have received a leaflet about preparing for your hospital stay. The leaflet gives more information about how to get to the hospital, what to bring with you and what to expect during your visit. If you do not have a copy, please ask for one from a member of staff caring for you.

**Fasting or ‘nil by mouth’ instructions**
Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions on whether you need to fast and, if so, when to start fasting. It is important to follow the instructions below. If there is food or liquid in your stomach during the anaesthetic, it could come up to the back of your throat and damage your lungs. The instructions you need to follow will depend on when your surgery is scheduled for.

- For morning surgery (coming to hospital at 7am), do not eat after 2am. You may drink water (not fizzy) up until 6am.
- For afternoon surgery (coming to hospital at 11am), have a light breakfast of tea/coffee with toast/cereal before 7am and then do not eat after 7am. You may drink water (not fizzy) up until 11am.

If you are given a different time to come into hospital for morning or afternoon surgery than mentioned above, you must still follow the fasting times above. All of this information is given in greater detail in the **Having an anaesthetic** leaflet. If you have not received a copy, please ask us for one.

Please bring a list of all of your medications, so we know what you are taking. This includes:
- prescription medications
- medication you have bought over the counter
- alternative medicines (for example herbal remedies).

Unless your doctor or nurse tells you otherwise, please take your tablets as prescribed, with a small sip of water, on the day of your surgery.

**Giving my consent (permission)**
We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked by the surgeon to sign a consent form. This states that you agree to have the procedure and understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

**Before the surgery**
A nurse will take your details and prepare you for surgery. After reviewing your scans, the surgeon will also mark the site of the operation, using an arrow to point to the testicle that needs to be removed.
The anaesthetist will see you to discuss your anaesthetic. You will have a general anaesthetic for this surgery, which means that you will be asleep for the entire procedure. If you would like more information, please ask us for a copy of the **Having an anaesthetic** leaflet.

**What happens during surgery?**
We will ask you to remove your clothes and to put on a clean surgical gown and anti-thrombus stockings. These will help to prevent DVT during and after surgery. You may take them off during your hospital stay to wash them, but you must keep them on at all other times to help reduce the risk of clots. You will be able to remove them when you leave hospital.

You will need to be ready for surgery about an hour beforehand. You will remain on your bed as you go to the anaesthetic room, where the anaesthetic nurse and doctors will see you. They will put a drip (small plastic tube) in your arm or hand to allow them to give you medicines and fluid during surgery.

While you are unconscious, your testicle will be removed by a small incision (about five centimetres long) normally in your groin. The surgery takes about half an hour. A pathologist will then examine the removed tissue and diagnose whether the tumour is cancerous or benign (non-cancerous). If it is cancerous, they will also be able to tell what type of cancer it is.

**Will I feel any pain?**
You will feel discomfort in your groin and scrotal area. You will receive regular painkillers while you are in hospital. If these are not controlling your pain, please let your nurse know so that others can be prescribed. It is important that you take your painkillers on a regular basis for the first few days. This will keep the medicine at a constant level in your body, so will control your pain better. After a few days, you can gradually reduce your medicine until you do not need it any longer. Please contact the hospital or your GP if you find the pain difficult to control. Always follow the instructions on the packet and never take more than the recommended dose.

**What happens after the procedure?**
After the surgery, you will be taken to the recovery room and will stay there until you wake up from the anaesthetic. This may take one or two hours. You will then return to the ward on your bed. On the day of your procedure, family members and friends can wait in the ward day room and visit you afterwards.

You will wake up with the following:
- **Wound dressing.** You will have a small dressing covering the incision site. This can be removed 24 hours after the operation. You will have dissolvable sutures (stitches) which can take up to 90 days to dissolve. You can bathe or shower normally after 24 hours, but it is important to dry the wound area by gently patting, **not wiping**.
- **Scrotal support.** Your groin and scrotal area can feel bruised and swollen after the operation. It is advisable to wear close fitting underwear, such as briefs or ‘Y’ fronts rather than boxer shorts while you recover.
- **A drip.** This will be removed once you are eating and drinking. You can eat and drink as soon as you feel ready after your operation.

**What do I need to do after I go home?**
You may go home once all the appropriate tests are completed. Many people now go home on the day of surgery. A discharge letter will be sent to your GP explaining the treatment, any medication you have had and any follow-up arrangements.
Although this is a minor operation, it is important to take things easy for the first week, as you will probably feel very tired. You should be able to return to work within a few weeks. It is important to avoid heavy lifting and strenuous exercise for the first few weeks.

Only start driving when you are able to do an emergency stop without hesitation. Check with your insurance company to make sure that you are covered. To discuss any concerns you have about driving after your orchidectomy, contact the Driver and Vehicle Licensing Agency (DVLA). You can find their details on the back page.

**When can I have sex again?**
You may begin your normal sexual activity again two weeks after your operation, as long as you feel comfortable. Having an orchidectomy should not affect your ability to have an erection, but the psychological stress associated with a potential diagnosis of a cancer may affect your performance.

If you wish to discuss your feelings about this, we can put you in touch with the Dimbleby Cancer Centre, which operates a free counselling service (see the back page of this leaflet).

**Will I have a follow-up appointment?**
The pathologist will examine the testicle and tumour tissue together with the results of the blood test and CT scan.

You will get these results about two weeks after your operation. You should have an appointment to come to the Urology Centre on a Wednesday afternoon before you are discharged. If you have not received an appointment, please call us on 020 7188 7823 (9am to 5pm, Monday to Friday).

If all your tests confirm that you have a cancer, the oncologist (a doctor who specialises in cancer) will also see you. An appointment will also be made in the medical oncology department.

The nurse specialist and oncology doctors can give you more information about testicular cancer and treatment options. An orchidectomy may be the only treatment that you need to cure you of the cancer. However, you may need to have chemotherapy as well. Testicular cancer responds very well to chemotherapy, even if the CT scan indicates that it has spread to other organs of the body. Either way, you will be followed up by the oncology team for at least five years.

Chemotherapy can temporarily affect your fertility. The oncology doctors will inform you of these potential risks. You will receive detailed information for your own case once a decision on your treatment is made. During this consultation, you will be offered sperm storage.

**Useful sources of information?**
**Macmillan Cancer Support** provides information and support to anyone affected by cancer. They also produce a detailed booklet, **Understanding testicular cancer**, which is free.
- **t:** 0808 808 2020 (living with cancer)
- **t:** 0808 800 1234 (types of cancer and treatments)
- **t:** 0808 801 0304 (benefits enquiry line)
- **w:** www.macmillan.org.uk
The Orchid Cancer Appeal campaigns for public awareness and improved treatments for men with cancers, particularly testicular and prostate cancer.

**t:** 020 7601 7808  **t:** www.orchid-cancer.org.uk

**Appointments at King’s**
We have teamed up with King’s College Hospital in a partnership known as King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King’s. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

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**Contact us**
If you have any further questions concerning this procedure after you have gone home, please contact a clinical nurse specialist, by calling the hospital switchboard on **t:** 020 7188 7188 and asking for bleep 2841. The clinical nurse specialists are available Monday to Friday, 9am to 5pm. Out of hours or during the weekend, please contact your GP, Florence Ward **t:** 020 7188 8818 or Aston Key Ward on **t:** 020 7188 8860.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

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**Dimbleby Cancer Care Information Centre** – Dimbleby Cancer Care provides information, psychological support and complementary therapy to people affected by cancer, their families and carers. You can contact them for more information.
**t:** 020 7188 5918

**Pharmacy Medicines Helpline**
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
**t:** 020 7188 8748 9am to 5pm, Monday to Friday

**Your comments and concerns**
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
**t:** 020 7188 8801 (PALS)  **e:** pals@gstt.nhs.uk
**t:** 020 7188 3514 (complaints)  **e:** complaints2@gstt.nhs.uk

**Language and accessible support services**
If you need an interpreter or information about your care in a different language or format, please get in touch.
**t:** 020 7188 8815  **e:** languagesupport@gstt.nhs.uk

**NHS 111**
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
**t:** 111