SWAN UROLOGY
INTEGRITY PRECISION UNDERSTANDING

Patient Information Sheet

RADICAL ORCHIDECTOMY

Introduction

The testis is the part of the male genitalia that produces the male hormone testosterone, and sperm for fertilisation. The testis and epididymis sit in the scrotum and are connected to the abdomen by the spermatic cord, which contain blood vessels, nerves and the vas deferens.

Testicular lesions are easily seen on ultrasound scans done to investigate scrotal pain, swelling or lumps. Cystic lesions are benign and can be observed. Solid lesions are likely to be malignant or cancerous. When found, your doctor will organise blood tests (tumour markers) and a CT scan to check for metastatic deposits.

If cancer is suspected, a radical orchidectomy is performed to remove the testis, epididymis and spermatic cord. Fertility and testosterone production are preserved if the other testis is normal. If the other testis is abnormal or absent, sperm banking can be performed prior to surgery and the patient referred to an endocrinologist to discuss testosterone replacement therapy.

What are the alternatives?

Testicular biopsy +/- removal if cancer is confirmed on frozen section
Observation – regular testicular self-examination and ultrasound scans

What does the procedure involve?

Under general anaesthetic, a small incision is made in the groin. The muscle layers are opened and the ilioinguinal nerve moved away. The testis and epididymis are removed with part of the spermatic cord. The other end of the cord is stitched and left in the abdomen. The muscle layers and skin are closed with absorbable sutures.

Testicular Implants

A testicular implant can be inserted at the time if you wish. Silicon implants are sized to match the other side, filled with saline and sutured to the scrotal sac. The implants feel quite natural and need to be massaged downwards in the scrotal sac after surgery to ensure they “sit” in the right position.

Occasionally, the implant may get tethered by scar tissue and “sit” high, close to the groin. They may also get infected and delay the start of chemotherapy when required. If you are unsure, it is better to defer the decision and arrange for implant insertion at a later date if required.

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What are the risks of surgery?

Common (>10%)
Mild bruising, discomfort and swelling

Occasional (2-10%)
Bleeding or infection
Numbness in the groin and scrotum
Hernia
Hydrocele

Rare (2%)
Anaesthetic or cardiorespiratory problems requiring intensive care

What should I do before surgery?

- Consider sperm banking to preserve fertility
- Do not eat, drink, or chew gum for 6 hours before surgery
- If you are on blood thinning medication, discuss this with Dr Ooi
- If you smoke, quitting makes anaesthesia safer and reduces complication rates

What should I expect after surgery?

The usual hospital stay is 1 night. Sips of fluid are provided initially, followed by light diet. Use pain killers as required and apply ice packs for 5-10 minutes at a time to reduce discomfort and swelling. Wear supportive underwear with hand towels packed inside to compress and elevate the scrotum for a few days. The external dressing can be removed after 3 days. Leave the steri-strips on and pat dry after a shower until they start to peel off.

Avoid heavy lifting, swimming, sporting activities and strenuous exercise for 4-6 weeks. Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, wound issues, difficulty passing urine, fevers or feeling unwell. General advice is also available on our website in the Procedures section.

Appointments

Dr Ooi will see you 2-3 weeks after surgery to check on your progress and give you the pathology results. If you live remotely and things are going well, you may prefer to have a telephone call instead of a face-to-face consultation. If cancer is confirmed, you will be referred to a medical oncologist who will arrange a short course of chemotherapy and continue with surveillance.

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