

## PATIENT INFORMATION

# Simple removal of the testis ± silicone implant: procedure-specific information

### 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 GP or other healthcare professionals. 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 receive an appointment for pre-assessment, approximately 14 days before your admission, 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, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 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 or Clopidogrel (Plavix®)
- a previous or current MRSA infection

### **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 2 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 1 in 10)**

- Swelling of the scrotum which may last several days
- Seepage of yellowish fluid from the wound after several days

### **Occasional (between 1 in 10 and 1 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 1 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

## **Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))**

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

## **What should I expect when I get home?**

The groin and scrotum may be uncomfortable for 7-10 days. Simple painkillers will usually relieve this discomfort.

You are advised to take 10-14 days off work and to refrain from vigorous exercise (including sport) for 6 weeks.

When you leave hospital, you will be given a “draft” 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.

## **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 6-8 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.

## **Is there any research being carried out in this field?**

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 & Clinical Governance meeting.

## **Who can I contact for more help or information?**

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for ‘haematuria clinic’, chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic) 01284 713229

## **Other contacts**

**Chaplaincy** -Telephone: 01284 713486

**What should I do with this form?**

Thank you for taking the trouble to read this information sheet. 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 form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....