

Radical Orchiectomy

This leaflet answers questions many people ask about a radical orchidectomy operation. If any further questions are raised from reading this information, please speak to a member of the medical and/or nursing staff at any time during your stay in hospital.

Your doctor has informed you that you should have your testicle removed as he suspects a testicular cancer. However, statistics show that testicular cancer remains one of the most curable cancers. Extra tests such as a scan or blood tests may be organised before arranging your admission to hospital.

What is testicular cancer?

The testicle is made up of groups of specialised cells and has two main functions:

- to produce sperm
- to produce the male hormone, testosterone.

Testicular cancer is a disease of certain groups of these cells. The growth and repair of cells within the testicle usually occurs in an organised and controlled manner. If cancer cells are present, the process gets out of control and the cells will continue to divide and grow and a lump develops.

There are two main types of testicular cancer – **Seminoma** (seminomatous germ cell tumour) and **Teratoma** (non-seminomatous germ cell tumour). Occasionally there can be a mix of the two.

Seminomas most commonly occur in men between the ages of 25 and 55 years of age, while Teratomas usually affect younger men from 15 to 35 years.

The cause of testicular cancer has not been identified but it is associated with the following:

- It is more common in men who have had a testicle that has failed to descend into the scrotum (this is usually corrected at birth or in the first year of life).
- It is more common in white men than in men of Asian, Oriental or Afro-Caribbean origin.
- Men with a brother or father who has had testicular cancer are slightly more at risk of developing the disease, although the risk is still small.

Various theories regarding the cause have been suggested, including lifestyle or environmental factors and trauma but none have yet been confirmed through research.

What are tumour markers?

Some testicular cancers produce chemicals which are released into the bloodstream. They are called tumour markers. You will have a blood test to check the levels of these chemicals in your blood. There are three different chemicals:

- AFP Alpha Foeto Protein
- HCG Human Chorionic Gonadotrophin
- LDH Lactate Dehydrogenase.

AFP and HCG are produced when testicular cancer cells are growing. The LDH is used at diagnosis to suggest how far the disease has spread.

Not all testicular cancers produce these tumour markers - approximately 70% of teratomas are 'marker positive' and approximately 20-30% of seminomas.

The blood tests are also used to assess your response to treatment and will be checked regularly in follow up after treatment at your Cancer Centre.

What is an orchidectomy?

The operation to remove the testis, is known as an '**Orchidectomy**' and is performed under a general anaesthetic (you will be asleep).

The operation will involve making a small incision (cut) in your groin and your affected testicle will be removed via this route. The procedure takes about 30 minutes to perform. It involves the complete removal of the testicle on that side.

What are the alternatives?

Removing a piece of the testicle (biopsy) is not recommended for diagnosing testicular cancer as it may cause the disease to spread or recur.

If your testicle is not removed when testicular cancer is present, then it will continue to grow and may spread to other parts of your body (metastasise).

What are the potential risks and side effects?

Any operation and anaesthetic carries risks, these are generally small and not doing the operation may carry a greater risk.

Risks of anaesthetic can be discussed with the anaesthetist who will be looking after you during the procedure and who will normally visit you before the operation.

Possible risks and side effects from the procedure are outlined below. However, if you have any concerns, please do discuss them with nursing and medical staff as it is important that you understand what is going to happen to you.

- Bruising and swelling of the scrotum.
- Discomfort in the groin area.
- Infection at the wound site.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?

Surgical removal of the affected testicle is therapeutic as it removes the primary cancer. It is also diagnostic as it allows examination of the tissue to determine the type of cancer involved.

What should I do before I come into hospital?

Before your radical orchidectomy, a nurse will see you in a pre-assessment clinic. During this clinic session they will assess your suitability for the procedure and the anaesthetic and ensure that you have had the relevant tests and examinations performed prior to your admission.

You will be able to eat as normal up until six hours before your surgery and can have clear fluids up to two hours before the operation. For the two hours before the operation you will need to be Nil By Mouth (NBM), which means having nothing at all to eat or drink. This is essential as if you vomit there is the possibility of stomach contents going into your lungs and causing complications. You will be told at your pre-operative assessment when you must stop eating and drinking. **If you continue to eat or drink after this, your surgery will be cancelled.**

What should I expect on the day of surgery?

You will be admitted on the day of your surgery having had a bath or shower that morning. When you arrive in the admission lounge you will be greeted by the nursing staff who will show you to your bed/chair. You will see the anaesthetist to discuss any concerns you may have.

The nurse will provide you with an operating gown and anti-thrombus stockings (used to prevent blood clot formation) and will check you are ready for theatre. Soon after, a porter will arrive and you will be transferred on a bed to the theatre department.

You will be checked again by theatre staff before being anaesthetised and taken into the operating room.

When the surgery is completed, you will be taken to the recovery room and remain there until you come around from the anaesthetic. This may take a little while. You will return to the ward when your condition is satisfactory.

When you wake up you will find that you may have a drip (a bag of fluids administered into a vein) to keep you hydrated. Your groin wound will have a dressing on it.

How will I feel afterwards?

You may eat and drink when you are fully recovered from the anaesthetic. You will feel some discomfort, but this will be controlled with simple painkillers. If you experience any discomfort or pain, you must inform a member of the nursing staff so they can give you appropriate analgesia (painkillers).

Your wound dressing will be checked by the nursing staff at regular intervals as is your blood pressure and other vital signs.

It is usual to feel sore and tired following the surgery, but you should be out of bed and gently mobilising the following day.

How long will I be in hospital?

Only a short stay in hospital is necessary after the operation. If your operation is performed in the morning, you may be able to go home later the same day. If your operation takes place during the afternoon an overnight stay is usually required.

Going home

Your wound will be closed with dissolvable stitches which do not require removing. The ward nurses will provide you with a letter for the nurse in your GP practice. It is advisable to see the practice nurse if you experience any redness, swelling or increased tenderness, pain or discharge from the wound.

Do expect some bruising in your groin and scrotal area. You may find it helpful and more comfortable to wear supportive pants rather than boxer shorts.

You can bath or shower 48 hours after your operation but make sure you dry your wound thoroughly by gently dabbing the area.

You are likely to have a CT scan within a few days of being discharged home. This is a type of x-ray that builds up a detailed picture of the inside of your body and is used to check whether your cancer has spread.

Some commonly asked questions:

How much pain will I be in?

You will experience some discomfort in your groin and scrotum. Simple painkillers, such as Paracetamol should be taken. Please make sure you do not exceed the recommended maximum dose in a 24-hour period.

When can I exercise?

You will be able to gently increase your activity over the next few days. It is advisable to avoid heavy lifting for approximately two weeks.

When can I drive?

When you feel comfortable and safe to do an emergency manoeuvre. It is a good idea to practise in a stationary vehicle first. You should also check with your insurance company before returning to driving.

When can I return to work?

This will very much depend on what you do for work, how you are feeling after the surgery and whether you require any additional treatment. Ask your oncologist for advice on this area.

On the day of your discharge from hospital the ward staff can supply you with a two-week sick certificate. Further sick certificates can be obtained from your GP if necessary.

Will my sex life be affected?

The removal of one testicle will not affect your sexual performance or your ability to father children as long as the remaining testicle is healthy. Before undergoing a radical orchidectomy the issues regarding sperm preservation will be discussed with you. If you require further treatment following the operation the issues surrounding fertility will be revisited and discussed with you further.

Will I be able to have a prosthesis (artificial testicle)?

If you are concerned that the loss of a testicle will affect your body image, a prosthesis can be inserted into your scrotum to restore a normal appearance. This can be discussed with you at a later date.

Follow-up

The role of your Urology team is to arrange for the orchidectomy operation to be performed at Eastbourne DGH and so make the diagnosis. You will then be referred to a Consultant Oncologist at the Sussex Cancer Centre in Brighton for further treatment decisions.

They are Specialists in the care of testicular cancer and will carry out all further follow up. You should be seen by a Consultant Oncologist within two to three weeks of your orchidectomy. They will have your histology (tissue) results and the results of your CT scan.

Will I need further treatment?

This will depend very much upon your histology (tissue) and CT results.

Your Consultant Oncologist will decide if further treatment is recommended. If further treatment is required, this is usually in the form of chemotherapy or radiotherapy or a combination of both.

Your Urology Clinical Nurse Specialist will give you a booklet called 'Understanding Testicular Cancer' produced by 'Macmillan Cancer Support'. This booklet gives information on treatment and answers some general questions you may have about diagnosis and treatment. It may help you to deal with some of the feelings you and your family may have. It should also help to serve as a prompt for any discussions you have with the medical and nursing staff.

Sources of information

Macmillan Cancer Support - 0808 808 0000 (free phone)

Macmillan Cancer Support Booklet "Understanding Testicular Cancer"

www.macmillan.org.uk

Testicular Cancer Support Website

www.checkemlads.com

Orchid Cancer Appeal

St Bartholomew's Hospital, London, EC1A 7BE

Tel: 0203 465 5766

E-mail: info@orchid-cancer.org.uk

Website: www.orchid-cancer.org.uk

Eastbourne District General Hospital

Firle Unit (Pre-assessment Unit)

0300 131 5394

Uro-Oncology Clinical Nurse Specialists

Sally Sawyer, Tansy Frew, Portia Durnford, Jayne Whiting, Clare Callaghan

0300 131 4523

Hailsham Urology Ward Eastbourne District General Hospital

0300 131 4500 Ext: 770473

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – **0300 131 4731** or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434

Email: esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr S Garnett - Consultant Urologist, Mr P D Rimington - Consultant Urologist

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Responsible clinician/author: Sally Sawyer - Lead Uro-Oncology Clinical Nurse Specialist

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