

Testicular exploration for suspected torsion of testis

(Side: _____)

affix patient label

What is this procedure?

This involves an examination of the testicle using an incision, untwisting of the affected testicle and fixation of both testicles in the scrotum to prevent twisting.

Why do I need this procedure?

Exploration of the testicle must be carried out when torsion (twisting) of the testicle is suspected in order to restore blood supply.

Are there any alternatives?

There are no safe alternatives to this procedure because observation alone risks loss of the testis and may cause reflex damage to the other, normal testis.

What happens before the procedure?

This procedure is performed under a general anaesthetic during emergency admission and is best carried out as soon as safely possible.

Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.

You will be asked to sign the operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What does it involve?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

The surgeon will explore your testicle through an incision in the scrotum. If twisting of the testicle is confirmed, the affected testicle will be untwisted. Both testicles are then fixed in the scrotum to prevent a repeat of the twisting. (If the testis has twisted on one side there is an increased risk of it happening on the other side). On some occasions the testis has untwisted prior to surgical exploration, and fixing both sides is still advisable. If the testicle is too damaged to recover it will be removed. If there is evidence of infection of the testicle or tube arising from it (epididymis), the testes are not fixed, and you will be prescribed antibiotics to go home with.

What happens afterwards?

After the operation please ask any questions or discuss any concerns with the ward staff and members of the surgical team. Make sure that you are clear about what has been done and what happens next.

You may experience discomfort for a few days after the operation but we will give you painkillers to take home. Absorbable skin stitches are normally used, which do not require removal. The average hospital stay is one day following emergency admission.

Are there any risks or complications?

Most procedures have possible side-effects. Although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10 patients)

- Fixation of both testicles is usually required.

Occasional (between 1 in 10 and 1 in 50 patients)

- It may be possible to feel the stitch used to fix the testicles through the skin.
- Blood collection around the testicles which resolves slowly or needs surgical removal.
- Possible infection of the incision or the testis, needing further treatment.
- Ongoing discomfort in the affected testis.
- It may be necessary to remove the affected testis if it is too damaged to recover.

Rare (less than 1 in 50)

- Later shrinkage of the testicle, even if the testis is preserved.
- No guarantee of fertility.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients:

- with long-term drainage tubes
- who have had their bladder removed due to cancer
- who have had a long stay in hospital, or
- who have been admitted to hospital many times.

What should I look out for at home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home
- ask when you can begin normal activities again
- ask for a contact number if you have any concerns once you return home.

When you leave hospital, you will be given a discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

Your groin and scrotum may be uncomfortable for seven to 10 days but simple painkillers will usually relieve this discomfort.

You are advised to take 10 to 14 days off work and to avoid 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.

When can I resume driving?

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, 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 give you advice on this.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 253690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

Testicular exploration for suspected torsion of testis

(Side: _____)

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To examine the testicles through a small incision in the scrotum, untwist the affected side and fix both testicles to prevent future torsion.*

Significant, unavoidable or frequently occurring risks:

- *Bruising, bleeding or haematoma formation.*
- *Removal of the affected testis if it is too damaged to recover.*

Uncommon but more serious risks:

- *Infection of the testis or wound requiring further intervention.*

Rare but serious risks:

- *Later shrinkage of the testis even if it is preserved.*
- *Reduced fertility.*
- *Ongoing testicular discomfort.*

Any extra procedures which may become necessary during the procedure (including associated risks):

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Testicular exploration for suspected torsion of testis (CHA3706) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Testicular exploration for suspected torsion of testis (CHA3706) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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