What evidence is this information based on?
This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?
Removal of the testis via a groin incision for suspected testicular cancer. A testicular implant may be inserted at the same time if you wish.

What are the alternatives to this procedure?
There are usually no alternatives to this procedure but, sometimes, the surgeon may agree to observation, biopsy or partial removal of the testis where a suspected tumour is present. This, however, is very uncommon.

What should I expect before the procedure?
Having only one testis should not adversely affect your life because the remaining testicle takes over its function. Your sex life and ability to father children should be unchanged. However, testicular cancer and its treatments (especially chemotherapy) can affect fertility. You will, therefore, be given the opportunity to produce semen samples for storage. These can be used in the future for assisted conception if your fertility does not recover after treatment.

If you are concerned about the cosmetic results of losing a testicle, we can insert an artificial testicle (prosthesis) during the operation.

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a “pre-assessment” to assess your general fitness, to
screen you for MRSA and to do some baseline investigations. Once you have been admitted, 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 and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.

Please tell your surgeon (before 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 regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your 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 happens during the procedure?**

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

We normally remove your testicle through an incision in the groin (pictured). It may be necessary to take biopsies from the other (normal) testis. If this is needed, it will be discussed with you before the procedure.

The operation takes approximately 30 minutes.

**What happens immediately after the procedure?**

You should be told how the procedure went and you should:
• ask the surgeon if it went as planned;
• let the medical staff know if you are in any discomfort;
• ask what you can and cannot do;
• feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
• make sure that you are clear about what has been done and what happens next.

You may eat, drink and mobilise as soon you have fully recovered from the anaesthetic. You will be able to leave hospital as soon as you are comfortable. This will depend on your having someone who can take you home and remain with you for the first 24 hours after discharge.

The average hospital stay is one to two days.

**Are there any side-effects?**
Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

**Common (greater than 1 in 10)**
- Cancer, if found, may not be cured by removal of the testis alone.
- Additional procedures or treatments such as surgery, radiation or chemotherapy may be needed.
- We may need permission to biopsy the other testis if it is small, abnormal or has not descended properly.

**Occasional (between 1 in 10 and 1 in 50)**
- The pathology may not show no cancer.
- Microscopic examination of the removed testicle may not give a definite result.
- Infection of the incision needing further treatment (& possible removal of implant). This is common when a prosthesis is used can be serious, needing removal of the prosthesis.
- Bleeding needing further surgery and possible removal of implant).
- Loss of future fertility.

**Rare (less than 1 in 50)**
- Pain, infection or leaking needing removal of implant.
- Cosmetic appearance of the implant may not be acceptable.
- Implant often lies higher in the scrotum than normal testis.
- You may be able to feel a stitch at one end of the implant.
- Long-term risks from use of silicone products are not known.

**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).
Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get 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, such as work, exercise, driving, housework and sex;
• ask for a contact number if you have any concerns once you return home;
• ask when your follow-up will be and who will do this (the hospital or your GP); and
• be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” 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 7 to 10 days but simple painkillers will usually relieve this discomfort. It is common to notice some bruising in your groin and scrotal area. You may find it more comfortable to wear supportive (jockey) pants rather than boxer shorts.

You may shower or bath 24 hours after the procedure but make sure that your wound is thoroughly dry afterwards. You should be able to return to work after two weeks but it is sensible to avoid heavy lifting and strenuous exercise for a month.

Sex can be resumed after two weeks although some men find the “stress” of surgery reduces their sex drive temporarily. Testicular cancer cells cannot be passed to your partner during sex.

Absorbable stitches are normally used but these may take up to 90 days to disappear completely.

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?
It will be 14 to 21 days before the biopsy results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.
Further treatment will usually be carried out under the supervision of the Oncology Department and is likely to require follow-up for life; we will arrange an appointment for you before you leave hospital.

In the unlikely event that the pathology results show you do not have cancer, you will be seen in the urology outpatient clinic or asked to visit your GP for further follow-up.

If you need further information about testicular cancer, please contact the testicular cancer specialist nurse at your local Oncology Centre. Cancer BACUP produce a free booklet "Understanding Testicular Cancer". For a copy, telephone Freephone 0800 181199 or log in to the Cancer BACUP website (www.cancerbacup.org.uk)

**Driving after surgery**
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.

**Is any research being carried out in this area?**
Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

**What should I do with this information?**
Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

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

Signature...............................................................

Date..............................................................
How can I get information in alternative formats?
Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.

Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free NHS Smoking Helpline on 0800 169 0 169

Disclaimer
While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

The NHS Constitution
Patients’ Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

• a right to choice and a right to information that will help you make that choice;
• a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
• a right to certain services such as an NHS dentist and access to recommended vaccinations;
• the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
• the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients’ responsibilities, including:

• providing accurate information about their health;
• taking positive action to keep yourself and your family healthy.
• trying to keep appointments;
• treating NHS staff and other patients with respect;
• following the course of treatment that you are given; and
• giving feedback (both positive and negative) after treatment.