
Radical removal of the testis (± silicone implant)

This involves 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

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

In reality, there are often none but, occasionally, the surgeon may wish to discuss observation, biopsy or partial removal of the testis where a suspected tumour is present; these occasions, however, are very uncommon. The majority of testicular cancers can be detected by simple examination and ultrasound scanning together with blood tests (to measure tumour markers), a chest X-ray and a CT (body) scan.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Angina
- ~ Diabetes
- ~ Hypertension
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Recent heart attack

~ Blood thinning medications, particularly

- ~ Asasantin
- ~ Aspirin
- ~ Fish oil
- ~ Iscover
- ~ Persantin
- ~ Plavix
- ~ Warfarin

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5-10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. 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 be fitted with elasticated stockings on admission, these will help prevent thrombosis (clots) in the veins of the legs.

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After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform the procedure in conjunction with Dr Campbell and with your permission

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation. If no contact has been made please telephone Dr Campbell's secretary on (07) 3367-1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

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. Both methods minimize pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

In this operation The testicle is normally removed through an incision in the groin (similar to that used for repair of a hernia). 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 60 minutes to complete.

Immediately after the procedure

You may eat, drink and mobilise when you are fully recovered from the anaesthetic. You will be able to leave hospital as soon as you are comfortable, provided you have someone to collect you and to remain with you for the first 24 hours after discharge.

The average hospital stay is 1-2 days.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Cancer, If found, may not be cured by removal of the testis alone
- Need for additional procedures or treatments such as surgery, radiation or chemotherapy
- Permission to biopsy the other testis if small, abnormal or history of maldescent

Occasional (between 1 in 10 & 1 in 50)

- Removal of testis only to find that cancer was not present
- Possibility that microscopic examination of the removed testicle may not give a conclusive result
- Infection of the incision requiring further treatment (& possible removal of implant). Infection of the wound or scrotum is more common when a prosthesis is used and is more serious because it usually means that the prosthesis will need to be removed
- Bleeding requiring further surgery (& possible removal of implant)
- Loss of future fertility

Rare (less than 1 in 50)

- Pain, infection or leaking requiring removal of implant.
- Patient cosmetic expectations not always met by the implant
- Implant may lie higher in scrotum than normal testis
- Palpable stitch at one end of the implant which you may be able to feel
- Long term risks from use of silicone products unknown

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General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection

~ Colonisation with MRSA (0.9%, 1 in 110)

~ Clostridium difficile bowel infection (0.2%; 1 in 500)

~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, 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. It is common to notice some bruising in your groin and scrotal area. You may find it more comfortable to wear supportive pants (rather than boxer shorts).

You may shower or bath 24 hours after the procedure but ensure that your wound is thoroughly dried by gently dabbing the area. You should be able to return to work after 3 weeks but it is sensible to avoid heavy lifting and strenuous exercise for 6 weeks. You are advised not to drive for 3 weeks, and only if comfortable enough that there is no delay in your foot-pedal reaction time. Do not drive if you are still experiencing pain.

Before driving, check with your motor car insurance company about any particular stipulations that they might have.

Sexual activity can be resumed after 2 weeks although, for some men, the strain of surgery may reduce your sex drive temporarily. Testicular cancer cannot be passed to your partner during sex.

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

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

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 Dr Campbell or your family doctor.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific points?

It will normally take 3 days for the pathology results to become available. You and your family doctor will be informed of the results.

Further treatment may be carried out under the supervision of an Oncologist and this will probably require follow-up for life. A Discussion about this will occur before you leave hospital.

If further treatment is not required, then you will be seen by Dr Campbell for further follow-up.

If you need further information about testicular cancer, please refer to the patient information section (FAQ section and urology conditions section) of our website www.campbellurology.com.au

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 are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

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Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

**The Queen Elizabeth II Jubilee Hospital,
Urodynamics Department**

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

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

Signature

Date
