

Information for Patients

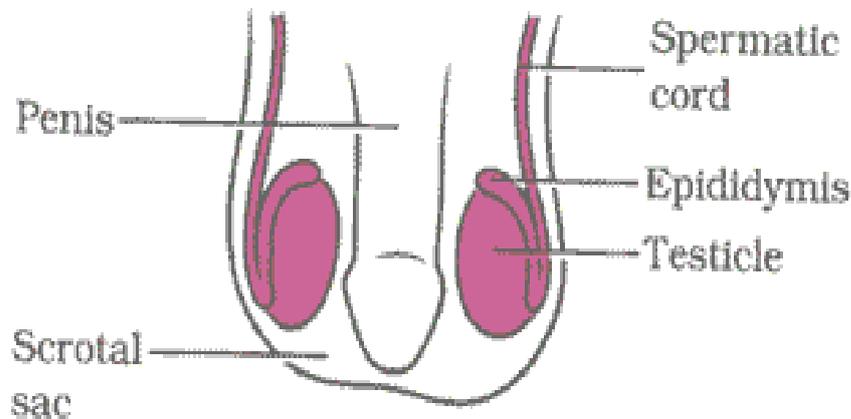
Prostate Cancer treatment - Bilateral Subcapsular Orchidectomy

Department of Urology

What do the testicles do?

The two testicles lie in the scrotum suspended by the spermatic cord (see diagram). Each testicle contains tightly coiled tubes (seminiferous tubules) containing germ cells (reproductive cells) which divide and mature to form sperm. Sperm are stored in the epididymis and on ejaculation they pass through the spermatic cord to the penis.

The testicles also produce the hormone testosterone. It is the presence of testosterone which bring about male characteristics such as deepening of the voice, facial hair etc.



Why Subcapsular orchidectomy is done

A Subcapsular orchidectomy is done to help control the growth of prostate cancer. Prostate cancer needs testosterone in order to grow. Testosterone is the male sex hormone produced by the testicles. If the testicle tissue is removed, the level of testosterone in your blood falls very quickly. And in 9 out of 10 men (90%) the prostate cancer will stop growing and start to shrink.

Orchidectomy can reduce the testosterone levels quickly. Some men choose to have an orchidectomy rather than hormone therapy. They like the fact that it is one treatment compared to the injections which you have either monthly or 3 monthly. Other men do not like the fact that the surgery is not reversible and they worry about how they will feel about themselves afterwards. It is important to talk through with your doctor the pros and cons of having an orchidectomy.

How is the operation done?

A Bilateral Subcapsular Orchidectomy is a simple operation. The surgeon makes a small cut in your scrotum (the sac which holds your testicles) and the part of the testicles that produces testosterone is removed. After the operation the scrotum will appear smaller than it was before. After the operation, you're likely to experience some pain, and some swelling and bruising of the scrotum. You will be given painkillers to ease any pain. You will also start to have side effects similar to those of hormonal therapy drugs, which include hot flushes and impotence.

What are the benefits of a Subcapsular Orchidectomy?

Advantages

A subcapsular orchidectomy is a simple operation that avoids the use of drugs and some of the associated side effects such as breast swelling and tenderness. Subcapsular orchidectomy and other hormonal treatments are equally effective.

Disadvantages

Some men find the idea of this operation difficult to cope with. As with any operation, there are risks associated with surgery. Your specialist will give you more information about these risks and the side effects you're likely to have.

What are the risks?

Infection of the incision (cut) site requiring antibiotic treatment bleeding from the wound or within the scrotum, rarely this requires a further operation.

Are there any alternative treatments?

Hormone Therapy via tablets and injections. Your doctor should have discussed this with you.

What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions.

Your operation

This is normally done as a day case procedure. In some cases, it is done under local Anaesthetic. You will be admitted onto the ward the morning of your operation. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

You will be asked not to eat or drink any non clear fluids, such as soup, milk etc, for 6 hours before your operation. You can have clear fluids (water/squash) up to 2 hours before your operation. After this you will be asked not to drink anything further. **If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

What will happen after the operation?

After the operation you will go to the recovery area. You will stay here for about an hour or until you the nurses feel you are well enough to return to the ward.

The nurses will make regular checks of your blood pressure, pulse, breathing, and wound and ensure your pain is controlled.

When will I be able to go home?

When the nurses are happy that you have recovered, have passed urine and can eat and drink without feeling sick. If you had your operation as a day case you will go home the same day, about 4 hours after you return to the day case unit. If you have been admitted as an inpatient you may be discharged later in the day or the day after your operation.

Discharge Information

Care of your wound

You will have a dressing over the wound that should be left in place for 48 hours. Where your doctor made the cut, clips or stitches will have been used to keep the two edges of skin together. If clips are used, they are normally removed 7-10 days after your operation. Stitches are normally dissolvable and therefore do not need removing. Ask your nurse what type you have and whether a nurse is needed to remove them. Over time the scar will fade.

If your wound becomes red, tender/hot to touch or is discharging fluid/pus you should inform your district nurse or GP for advice as you may have developed a wound infection, this may require antibiotics.

Medicines to take home

You may be given painkillers to take home. You should use them as required but no more than the dose/total recommended. You should continue to take your normal medicines unless advised otherwise.

Pain

The doctor will have prescribed painkillers should you need them after your operation. It is important that your pain is controlled, if it is not, you should let the nurse know.

Washing

You can have a bath or shower after 48 hours and should gently pat dry around your wound rather than rubbing dry.

Driving

You should check with your insurance company first as some companies have guidelines on how long you should wait before driving again. You should wait at least 2 weeks and you should feel comfortable to carry out an emergency stop without discomfort.

Work

You can normally return to work after about 1-2 weeks. (If you need a sick certificate, you should ask the ward nurses for this. You may need to get an additional certificate from your GP once the hospital certificate runs out).

General advice

Wearing underpants rather than boxer shorts will help reduce swelling and provide support.

You should take it easy for 2-4 weeks but take gentle exercise like walking, gradually increasing what you do as you feel able. Avoid strenuous exercise for 2-4 weeks.

Avoid lifting heavy objects.

Follow Up

You will be in a follow up Urology or Oncology Clinic with a PSA prostate blood test in two months. When at home if you have any concerns or questions, please phone your Key Worker.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Ward D2 East

Tel. No:- 01633 - 234043 / 234044

24 hours

Urology Outpatients Department

Tel. No:- 01633 - 234979

Monday – Friday office hours

Urology Day Ward

Tel. No:- 01633 – 656378 / 656377

Monday – Friday office hours

Uro-Oncology Clinical Nurse Specialists

Julie Simpson

Sian Lewis

Louise Broadway

Kathleen Connor-Middleton

Tel. No: 01633 – 238976 (will return voicemails when not on clinical duties)

Monday – Friday office hours

Urology Nurse Practitioner

Laura Reynolds

Leanne Denning

Tel. No:- 01633 – 234758

Monday – Friday office hours

Surgery/Pre-admission queries

Tel. No:- 01633 – 238568

Monday – Friday office hours

Further Information

The following charities provide further written information and support for patients diagnosed with cancer.

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ

Tel: 0808 808 2020 (Mon-Fri 0900-2000)

Web Address: www.macmillan.org.uk

Cancer Research UK

Angel Building, 407 St John Street, London EC1V 4AD

Tel. No: (Supporter Services) 0300 123 1861

(Switchboard) 020 7242 0200

Web Address: www.cancerresearchuk.org

St David's Hospice Care

Blackett Avenue, Newport NP20 6NH Tel: 01633 851052

Email: enquiries@stdavidsfoundation.co.uk

Web Address: www.stdavidsfoundation.co.uk

Smoking Cessation Service

Tel: 0800 085 2219

Reference:

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

**“This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg”.**