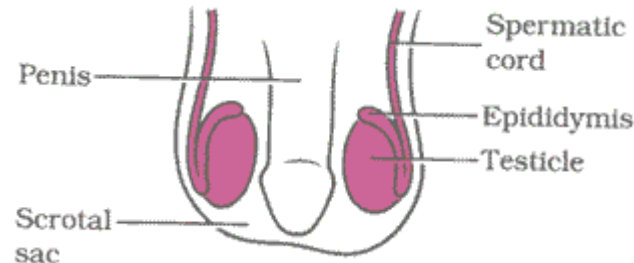


What do the testicles do?

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. In the area around the testicles and abdomen lie many lymph nodes and blood vessels which help to drain fluid from the surrounding tissues back into the bloodstream.

If testicular cancer spreads it will be via this drainage system.



What is testicular cancer?

Testicular cancer is most common in men between the ages of 20 and 40 years. It is a rare cancer.

The cancer develops when the cells within the testis grow and divide in an uncontrolled abnormal manner. There are two main types of testicular cancer - **seminoma** and **teratoma**, this is determined by the type of cells making up the cancer.

Treatment may differ depending on which type of testicular cancer you have and whether it has spread to other parts of the body. All testicular cancers can be treated and if discovered early the cure rate is over 90%

What causes testicular cancer?

The exact cause of testicular cancer is not known but in men who have a history of **undescended** testicle(s) it is more common. Some men worry that testicular cancer is caused by injury, sexual activity, diet, smoking or stress, there is no evidence which supports this.

How will I know I have testicular cancer?

Most men will present to their GP with a lump or change in the testicle and will be referred urgently to a specialist (urologist) for further investigation if cancer is suspected. If the urologist thinks you have cancer, they will arrange for you to have some blood tests (tumour markers), these may be elevated if testicular cancer is present. You will also have an ultrasound scan of your testicles.

What will happen next?

If the ultrasound scan is suggestive of cancer, you will need an operation to remove the testicle – **orchidectomy**. This will allow us to determine what type of cancer you have and whether any further treatment may be needed.

Will having one testes affect my ability to have children?

As long as you have one functioning testicle you should still be able to have children, this however cannot be guaranteed. Further treatment if needed (chemotherapy/radiotherapy) can cause infertility. You should discuss the effect of treatment on fertility and also how sperm can be saved (sperm banking) with your doctor.

Can I have an implant (prosthesis) inserted to replace the testicle?

Some men wish to have this and some do not. Your urologist should discuss this and should you wish to have an implant your doctor will arrange to do this at the time of your operation.

Are there any risks to having a prosthesis?

Discomfort, infection or leaking (rare) which will require removal of the implant.
The cosmetic result is not always perfect
Long term unknown risks of using silicone products

What are the benefits of an orchidectomy?

To remove the testicle with a view to curing you of testicular cancer

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?

Observation only. In some cases, investigations can be inconclusive and it may be suggested that observation with repeat ultrasound scan is a reasonable option. If this applies to you, your doctor will discuss this with you. If cancer is seriously suspected this is not normally an option.

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. 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 does the operation involve?

An incision (cut) is made in your groin on the side of the testicle to be removed. The testicle is removed through this and takes about 30 minutes. 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.

What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, 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.

Will I have any follow up?

You will need blood tests (tumour markers) 24 hours and again 1 week after your operation. You should make sure you are given the blood forms and arrangements have been made to have these taken at your GP surgery. If you did not have a special scan (CT scan) before your operation you should receive an appointment to have this in 2-3 weeks.

Your urologist will refer you to a specialist cancer doctor (oncologist) at Velindre hospital. You will normally be seen there within 4 weeks to discuss the need for any further treatment.

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.

Sex

You will be able to resume sexual activity when you feel comfortable to do so.

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.

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

Urology Ward: -

D 2 West: - 01633 - 234132

Urology Assessment Unit-

Tel. No: - 01633 - 234029 (24 hours)

Uro-Oncology Clinical Nurse Specialists-

Julie Simpson, Louise Broadway, Kathleen Connor-Middleton, Jessica Morgan.
Tel. No: - 01633 – 238976

Monday – Friday office hours

Further Information

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

The Orchid Cancer

Appeal St Bartholomew's

Hospital London, EC1A 7BE

Monday to Friday 9.00am – 5.30pm

Main telephone 0203 465 5766

Web Address: www.orchid-cancer.org.uk

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: (Supporter Services) 0300 123 1861
(Switchboard) 020 7242 0200
Web Address: www.cancerresearchuk.org

St David's Foundation

Cambrian House, St John's Road, Newport NP19 8GR
Tel: 01633 270980
Email: enquiries@stdavidsfoundation.co.uk
Web Address: www.stdavidsfoundation.co.uk

Smoking Cessation Service

Tel: 0800 085 2219

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