

Procedure information

Inguinal (Radical) Orchidectomy +/- Insertion of a Testicular Prosthesis

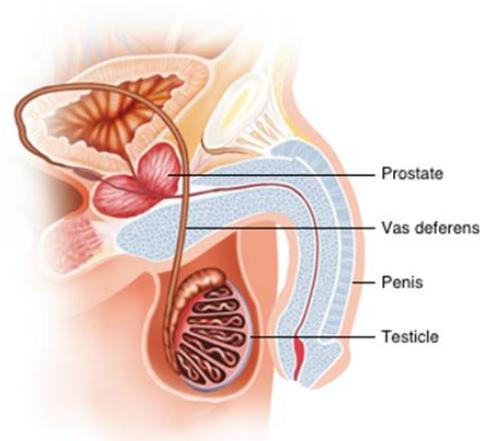
What is an inguinal orchidectomy?

An inguinal orchidectomy (also known as a radical orchidectomy or orchiectomy) is an operation to remove one of your testicles and the spermatic cord.

Why is an orchidectomy required?

An inguinal orchidectomy is usually performed to treat a mass in the testicle which is suspected to be a testicular cancer.

Occasionally, inguinal orchidectomy is performed to treat severe infection or chronic pain in the testicle.



What does an orchidectomy involve?

The operation is performed in hospital under a general anaesthetic (completely asleep).

We make a 10-12cm incision in your groin through which we remove the testicle and spermatic cord.

If you are having a testicular prosthesis inserted, we place it in the scrotum through the same incision.

We close the wound with absorbable stitches.

The operation is usually performed as day surgery – you can go home on the same day if you are accompanied by a responsible adult. Sometimes you need to stay in hospital for one-night.

What is the recovery after an orchidectomy?

You will need to rest for 1 to 2 days following your operation.

You can return to sedentary work approximately 5 days after your operation.

You will need to avoid strenuous activity including heavy lifting for approximately 4 weeks after your operation.

You will be able to return to driving approximately 5 days after your operation.

Should you have a testicular prosthesis?

It is your decision whether to have a testicular prosthesis inserted at the time of your orchidectomy.

A testicular prosthesis is a saline or silicon filled implant which is inserted into your scrotum to make it look like you have two testicles.

Testicular prostheses come in different sizes, but the size and shape of the implant won't match your other testicle exactly. This is unlikely to be noticeable without close inspection.

A testicular prosthesis will usually sit higher in your scrotum than your other testicle. It is normal for the testes to sit at different heights, so this is unlikely to be noticeable without close inspection.



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A testicular prosthesis will feel rubbery but will not feel the same as your other testicle. You and your partner will be able to feel the difference between your normal testicle and the prosthesis.

A testicular prosthesis does not produce testosterone or sperm.

If you choose not to have a prosthesis inserted at the time of your orchidectomy, it is possible to have a prosthesis inserted at another time.

If you have problems with a testicular prosthesis, it may need to be removed, which involves a minor surgery.

Will having an orchidectomy affect your fertility or hormone levels?

The function of your testicles is to make sperm and the hormone testosterone.

Fertility

After orchidectomy, your remaining testicle will continue to make sperm, providing it is functioning normally.

However, if you only have one testicle, your other testicle is not functioning normally, or you require further treatment for testicular cancer (such as chemotherapy), you may develop a low sperm count or stop making sperm altogether.

It is an option to freeze a semen sample (“sperm banking”) before or shortly after your operation, to ensure you have options for starting or growing your family in the future.

Your urologist will refer you to a fertility clinic if you want to have sperm banking.

Hormone levels

After orchidectomy, your remaining testicle will continue to make testosterone, provided it is functioning normally.

If you only have one testicle, or your other testicle is not functioning normally, you will develop low testosterone levels. Low testosterone can cause symptoms such as low energy, low libido, erectile dysfunction, mood changes, and changes in body composition.

If needed, testosterone can be supplemented with medications known as “testosterone replacement therapy”.

If you have testicular cancer, will any other treatment be required?

After removal, your testicle and spermatic cord are sent to pathology to confirm or exclude the presence of cancer. If a cancer is found, pathology testing will also determine the type of cancer.

This information, in combination with the results of a CT scan and blood tests (tumour markers) will be used to work out if any further treatment is required.

Often, orchidectomy alone can cure testicular cancer. If it is likely your cancer has been cured by the orchidectomy, no further treatment will be required, but you will need to have regular scans and blood tests to make sure the cancer doesn't recur.

If the cancer has already spread, or follow up scans/blood tests show the cancer has recurred, further treatment will be required. The most common treatment required is chemotherapy.

Even if testicular cancer has spread, there is a high chance of it being cured with a combination of orchidectomy and chemotherapy.

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Sometimes your urologist will refer you to a medical oncologist (cancer specialist) after your operation for advice on further treatment.

What are the risks of an orchidectomy?

The risks of this procedure include (but are not limited to):

Common risks (1/2 to 1/10):

- Temporary swelling and bruising of the scrotum.
- Numbness around the wound and/or at the base of the penis. Usually this will improve over time but occasionally it is permanent.
- The cancer may not be cured by the operation. Sometimes further treatment is required.

Occasional risks (1/10 to 1/50):

- Infection, requiring antibiotics and/or another operation/procedure to correct.

Rare risks (1/50 to 1/250):

- Bleeding, sometimes requiring another operation/procedure to correct.
- Chronic pain in the groin due to damage to the nerve in the groin.
- Rarely the mass in the testicle is not a cancer.

Risk of having a testicular prosthesis:

- Dissatisfaction with the feel or appearance of the prosthesis.
- The prosthesis will be a slightly different size/shape and will feel different compared to the other testicle.
- The prosthesis may sit higher in the scrotum than the other testicle.
- Infection around the prosthesis requiring removal of the prosthesis.
- Migration of the prosthesis into the groin requiring another operation to correct.
- Erosion of the prosthesis through the scrotal skin requiring removal of the prosthesis.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options for a testicular mass?

Orchidectomy is the most common treatment for a mass in the testicle because most testicular masses are cancers.

Biopsy of the mass prior to orchidectomy is not recommended because of the risk of spreading the cancer.

Sometimes, partial orchidectomy (removal of the mass without removing the whole testicle) is possible, but there is a higher chance of the cancer recurring.

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Sometimes, surveillance of a mass is recommended if it is small and is unlikely to be a testicular cancer.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

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