FIXATION OF A RETRACTILE TESTIS

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:
http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Retractile testis.pdf

Key Points

- A retractile testis (or testicle) is one in which your cremaster muscle (the muscle in your groin that pulls up on the testicle) is overactive, and intermittently pulls the testis up towards your groin
- Surgical fixation may relieve the chronic, recurrent pain caused by retraction of the testis
- The procedure aims to divide the muscle tissue which pulls the testis up, and then fixes the testis to the bottom of the scrotum

What does this procedure involve?

The procedure involves dividing the cremaster muscle tissue through an incision in your groin and then fixing the testis in your scrotum with one or more stitches to keep it in place.

What are the alternatives?

- **No treatment** – if your discomfort is mild and manageable
- **Manual manipulation** – in some patients, simple manipulation of the testis back into the scrotum is helpful

What happens on the day of the procedure?

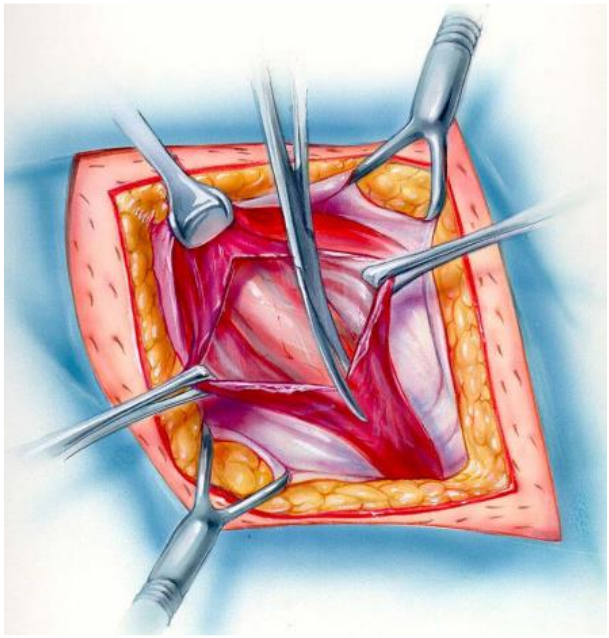
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally use a full general anaesthetic
- we may give you antibiotics into a vein, after a careful check for any allergies
- we will make a small incision to expose the spermatic cord which supports your testis
- we divide the cremaster muscle, which lies along the full length of the spermatic cord (pictured), to stop your testicle being pulled up
- we also anchor the testicle to the inside of the scrotum, usually through a separate incision



- we use absorbable stitches throughout, which do not require removal and usually disappear over the next two to three weeks
- we put a dressing on your scrotum and supply you with a scrotal support

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling and bruising of the scrotum which usually lasts a few days	 Almost all patients
Infection of the wound or testis requiring further treatment	 Between 1 in 2 & 1 in 10 patients
The testicle may remain in a higher position in the scrotum than before	 Between 1 in 10 & 1 in 50 patients
The testicle may continue to have some mobility and/or cause further pain	 Between 1 in 10 & 1 in 50 patients
Bleeding requiring surgical exploration or transfusion	 Between 1 in 50 & 1 in 250 patients
Atrophy (shrinkage) of the testicle or chronic pain	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of the groin and scrotum which may last several days
- simple painkillers such as paracetamol and supportive underwear will help to relieve any discomfort
- your stitches will normally disappear after two to three weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should refrain from any heavy lifting or strenuous exercise for the first few weeks after surgery
- children undergoing the procedure should not take part in sporting activities for at least 6 weeks
- a follow-up appointment will be made for you to be reviewed

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;

- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.