

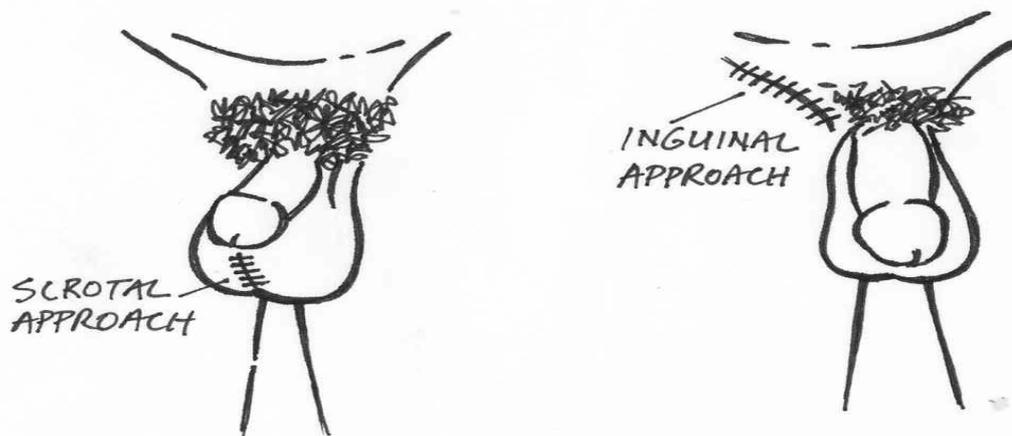
*ORCHIDECTOMY
PATIENT
INFORMATION*

The information contained in this booklet is intended to assist you in understanding your proposed surgery. Some of the information may or may not apply to you. Please bring this book with you to hospital as it is a useful guide. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you.

What is an Orchid?

An Orchid is the medical term for the testis or testicle. The testicles are the male gonads (reproductive glands) and are situated in the scrotum. These glands produce sperm and testosterone. Testosterone is the male sex hormone and is responsible for the secondary sexual characteristics of the male.

Some males are born with only one testicle. If both testicles are removed, the ability for a male to reproduce is ended. It is important that if one of your testicles is to be removed because of cancer, and there is the probability of you receiving chemotherapy and/or radiotherapy, that the option of sperm banking be made available to you. If you would like more information about this option, please discuss this with your doctor.



What is an Orchidectomy?

An Orchidectomy is the surgical removal of one or both testicles. The reasons for having an Orchidectomy may be because of:

- cancer of the prostate gland
- cancer of the testicles
- torsion (twisting of the spermatic cord that supplies blood to the testicle) of the testicle resulting in permanent damage
- trauma of the testicles resulting in permanent damage, or
- infection

Why do I need a Orchidectomy?

The reason for your Orchidectomy will indicate which one of the following two surgical techniques will be used to remove the testes.

A **Simple Orchidectomy** involves a small incision through the scrotum to remove the testicle(s). This only requires a small dressing afterwards and the sutures dissolve within three to four weeks.

A **Radical Orchidectomy** involves an incision line in the groin that allows the access required to remove both the testicle and the spermatic cord.

Potential Complications

Possible complications of this surgery include:

- Excessive bleeding from the incision site
- Haematoma (an accumulation of blood within the tissues that clots to form a solid swelling)
- Bruising around the groin

- Infection

Length of Stay

The usual length of stay is 1-2 days. However, if other procedures are required it may be necessary for you to remain in hospital for a few more days. Your doctor will discuss this with you.

Before Surgery

Who is available to help?

Medical staff

Your surgeon will explain the reason for the Orchidectomy and the risks associated with the surgery. Your doctors will visit you every day while you are in hospital to provide medical care and answer questions about your surgery and progress.

Nurses

Nurses will provide your preparation for surgery and care until you are discharged from hospital.

A nurse will explain what to expect before and after surgery. Please ask questions and express your concerns; your family or people close to you are welcome to be involved.

When you are discharged from hospital your nurse will arrange for you to receive ongoing support, advice and practical help, if needed.

Cancer Society

You may wish to contact the Cancer Society if you are being operated on for a cancer. This organisation can provide

information, counseling and arrange help such as nursing care and involvement in support groups.

Tests

1 Blood samples

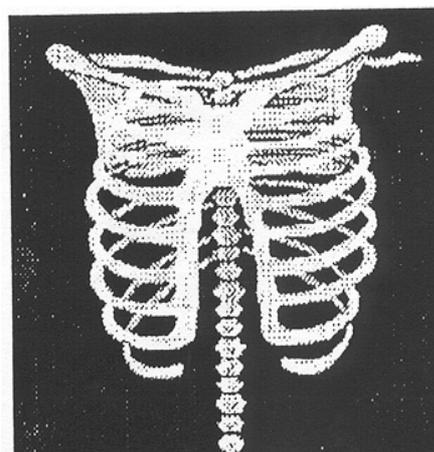
A sample of blood may go to the laboratory to check your blood levels of hormones associated with cancer of the testes if that is why you are having an Orchidectomy. Two samples of your blood will go to the laboratory to check your general health before surgery.

2 Midstream urine

A sample of your urine is sent to the laboratory to check for the presence of bacteria.

3 Chest x-ray

This is to check on the health of your lungs.



4 ECG

An electrocardiogram of your heart may be required depending on your age and any diagnosed heart abnormalities.

5 CT scan

If you have not had a recent scan prior to your surgery then the surgeon may request one.

6 Ultrasound

Soundwaves are directed through the soft tissue of the scrotum to identify anatomical abnormalities and help diagnose problems.

Other measures

Nil by mouth

Nil by mouth

As your stomach should be empty before an anaesthetic, you must not eat anything or drink milk products six hours prior to surgery. You may, however, be able to drink clear fluids up to two hours before surgery - the Pre-Admission Clinic or ward nurse will clarify this with you.



Bowels

If required for your surgery, you will have been given an enema to use at home. This empties the lower bowel and helps to prevent constipation after your surgery.

Breathing exercises

These exercises help to keep your lungs clear of fluid and prevent chest infection. They will be taught to you by your nurse or physiotherapist and should be practiced before surgery.

Support your abdomen if necessary with a soft pillow and take 4-5 deep slow breaths - then give one deep cough.

Leg exercises

These include pedaling the feet, bending the knees and pressing the knees down into the mattress.

Leg exercises help keep muscle tone and promote the return of

blood in your leg veins to your heart.

Do not cross your legs
this squashes your veins causing blockages

After Surgery

You are transferred to the Recovery Room next to the operating theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you back to the ward on your bed.

On the ward

Your nurse will check the following regularly:

- Vital signs - your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The amount of urine you are producing
- The wound site and wound drains
- The effectiveness of pain relief
- The amount of oxygen in your blood

You may have

Intravenous fluids

A small tube is placed into a vein to give you fluids and medications. This tube can be placed in any vein, usually in the forearm.

Wound drains

You may have a wound drain. These will drain blood and fluids from your operation site. Good drainage will promote healing.

Pain relief after your surgery

Your nurse will work alongside your doctors, the anaesthetist and pain registrars to keep your pain at a minimum.

The **PAIN SCORE** is a way of your nurse establishing how much pain you are experiencing by your grading of your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine.

1 Intravenous pain relief

Pain relief can be administered into the veins to manage pain that is not controlled by tablets or suppositories alone.

2 Rectal pain relief

Pain may also be controlled by the insertion of suppositories if you are not able to take tablets orally or if they will be more effective.

3 Oral pain relief

As you would normally be able to eat and drink after this surgery you may have tablets orally.



Comfort cares after your surgery

You will be able to mobilise fairly soon after your surgery and there is no reason why you should not be able to have a shower or freshen up at the basin, if and when you feel like it.



It is important that you wear supportive underwear (your nurse can provide you with a disposable option while in hospital)

at this time. This helps to prevent swelling and blood clots forming in the scrotum. It is also a comfort measure.

Medications are available for the relief of nausea and vomiting, if they occur.

You will be reminded and assisted with deep breathing exercises. These should be performed every hour while you are awake.

Food and fluids

After your surgery you will be able to eat and drink.

Removal of drips and drains

Intravenous fluid

This is removed when you are drinking normally. The leuc (plastic tube) is removed when you no longer require intravenous medications.

Wound drains

These are removed when the amount of drainage is minimal and the operation area is healing.

Sutures (stitches or staples)

Sutures are usually removed 7-10 days after surgery if they are not dissolvable. A District Nurse or your GP can do this.

Discharge Advice

- After this operation you may need to wear supportive underwear for about a week to assist in the prevention of scrotal swelling.

- Avoid strenuous exercise for two weeks. Sexual activity may be resumed after this time or when you feel comfortable to do so.
- Obtain a medical certificate from your doctor before you leave the hospital if you need to change duties at work.
- Avoid constipation.
- See your GP promptly if you are experiencing fever; scrotal tightness, swelling or redness; discharge from the wound site; or pain that is not relieved by Panadol.
- Artificial testicle implants may be an option if you are concerned about any change in the appearance of your scrotum. You should discuss this with your doctor.

Follow-up

Discharge letter

You and your GP will receive a copy of a letter outlining the treatment you received during your hospital stay. This will be posted to you if it is not completed by the time you leave hospital.

GP

When you are discharged from hospital you will be under the care of your GP who will look after your general health and monitor your progress.

Outpatients appointments

You will receive an appointment for Urology Outpatients approximately six weeks after discharge. This will be posted to you.



3 References: Mosby's Genitourinary Disorders, Clinical Nursing, Mikel Gray 1992
Urological Nursing 3rd Edition, Urological Nursing' 2004
Campbell's Urology 7th Edition, Urology, 1998