

# **Operation Information**

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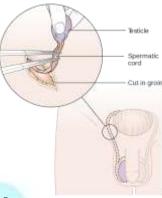


# **Orchidectomy**

## **Introduction**

Orchidectomy is an operation to remove one or both testicles. A testicle rest below the penis in the scrotum which makes sperms and the male hormone called testosterone. The indications for this operation may include:

- Cancer: testicular cancer, prostate cancer and male breast cancer;
- Trauma: sports injuries, motorcycle accidents and other trauma which causes severe damage to the testicle;
- Testicular torsion: twisting of the spermatic cord which supplying blood to the testicle results in permanent damage and necrosis;
- Serious infection: in rare cases, when the infection does not respond to antibiotics;
- Undescended testicle: secondary to atrophic testicle.



Source: https://en.wikipedia.org/wiki/Orchiectomy

## **Outcomes**

For patients with testicular cancer, orchidectomy is an effective way to obtain a diagnosis. If the surgery is performed at early stages, orchidectomy may offer cure of testicular cancer. Most cases of orchidectomy for prostate cancer and male breast cancer patients resulted in relief of symptoms, increase survival rate, and shrinkage of the tumors.

#### **Procedures**

- 1. The procedure is performed under general anaesthesia.
- 2. You are arranged in supine position.
- 3. An incision over groin or scrotum is made.
- 4. The testicle and spermatic cord are removed through the incision.
- 5. The incision is closed with stitches.
- 6. The wound is covered by sterile dressing materials.

# **Possible Risks and Complications**

- 1. Bleeding / haematoma (<2%): in severe cases, blood transfusion and further operations may be needed
- 2. Wound infection (<1%)
- 3. Temporary scrotal swelling (5%)
- 4. Venous thromboembolism: may induce deep vein thrombosis (<1%), pulmonary embolus, stroke and heart attack
- 5. Infertility: if both testicles are removed
- 6. Other side effects from the surgery are caused by the absence (for removal of both testicles) or decrease (removal of one testicle) of testosterone. Depending on the surgery, these include erectile dysfunction, decreased sex drive, hot flashes, depression, mood swings, weight gain, breast enlargement, and loss of muscle mass.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

- 1. The procedure and possible complications will be explained by your doctor and a consent form must be signed prior to the operation.
- Please inform your doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform your doctor if you are taking medications that affect your blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa.
- 3. You may have a blood test, electrocardiography (ECG), CT scan, and ultrasound for the testicular lump if needed.
- 4. Shaving to the operating site may be needed.
- 5. Good hygiene can prevent surgical wound infection. Please clean up yourself on the day of the operation.
- 6. A mark is put on your skin to indicate the site to be operated. Do not remove the marking.
- 7. No food or drink six hours before operation.
- 8. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
- 9. Please empty your bladder before the operation.

## **Post-operative Instructions**

#### General

- 1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

#### **Wound Care**

- 1. Always keep your wound clean and dry. Inform your nurse if oozing or bleeding is noted.
- 2. The wound dressing can be removed 24 hours after the operation. You can have shower after removal of the dressing. Avoid soaking the wound for long periods. Be reminded to dry the wound area by gently patting and not wiping.
- 3. The stitches take 2-3 weeks to dissolve.
- 4. Swelling and bruising over the groin and scrotal area are normal and usually subside gradually. It is advisable to wear supportive underpants but not boxer shorts. Scrotal support may be applied according to your doctor's advice. The support helps reducing swelling and pain.

#### **Diet**

- 1. A normal diet may be resumed as instructed after recovery from anaesthesia.
- 2. Intake of adequate vegetables and fibers are encouraged to prevent constipation.

## **Advices on Discharge**

- 1. Please comply with medication regime as prescribed by your doctor.
- 2. Please avoid any strenuous activity and heavy lifting for 4 to 6 weeks.
- 3. In general, you can return to work a few days after the operation. If you are a manual worker, you may need a longer time off.
- 4. In most cases, low-impact sports can be resumed after 1 week.
- 5. Immediately consult your doctor or return to hospital for professional attention in the event of bleeding or pus discharge from the wound, increasing swelling or pain on the operating site, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
- 6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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