Exploration of torsion of testis

This information sheet has been written to provide parents and older children with an explanation of the care and management of Torsion of Testis.

Understanding the testis

There are two testis located in the scrotum. A flexible tube known as the spermatic cord connects each of the testis with the abdomen. This cord contains blood vessels that take blood to and from the testis and the vas deferens which takes sperm from the testis to the penis. Young boys can often feel the spermatic cord through the skin. The testis are able to move around a little in the scrotum, but cannot usually move enough to twist round fully.

What is torsion of testis?

In some people the tissues that surround the testis in the scrotum are lax. This allows the testis to move more than normal. A torsion of the testis occurs when the testis twists and rotates round trapping the spermatic cord. If this occurs the blood supply to the testis will be cut off. Unless the blood supply is restored quickly the testis may become damaged or die.
Who gets torsion of the testis?
It most commonly occurs in teenage boys, shortly after puberty, however it can occur in younger children and babies. It is uncommon over the age of 25 years.

What are the symptoms of torsion of testis?
The typical symptom is severe pain that develops quickly in the scrotum and vomiting. If untreated the affected testis soon becomes tender, swollen and inflamed. The pain may be felt in the tummy more than the scrotum.

Some boys have warning pains in a testis every now and then, before a full blown torsion. These occur suddenly and last a few minutes, and then eases just as suddenly. In this situation the testis is twisting slightly but then returning back to normal. If this is occurring it is important that your child is reviewed by your GP as it is likely they will require a planned operation to stop the testis twisting.

No investigations are required, ultrasound scanning has proven to be inaccurate as diagnosing a torsion.

What is the treatment for torsion of the testis?
Torsion of the testis is an emergency that requires a small operation under a general anaesthetic. This requires you to sign a consent form and for your child to go to theatre as soon as is practically possible. During the operation a small cut is made in the skin of the scrotum to expose the testis. The testis is examined to see if it is still viable (it has not been twisted so long that it has died). If viable the affected testis and spermatic cord are untwisted. The testis is then stitched to the surrounding tissue and fixed so that it is unable to twist in the future. The other testis will also be fixed at the same time.

Can I go to theatre with my child?
Parents can accompany their child to theatre and stay with them until they are asleep. You will then be asked to return to the ward whilst the operation takes place. Once the operation has taken place your child will go to a recovery area. The ward will be informed when your child is in recovery and you may go up and wait with them until they are ready to return to the ward if you wish.
What will happen when I return to the ward following my operation?

When your child is ready to return to the ward after their operation they will be collected from the recovery area by a ward nurse. On return to the ward this nurse will monitor your child’s recovery as they wake and ensure they have adequate pain relief. Once your child is awake and alert they may start eating and drinking.

What will the wound look like?

The scrotum may initially look no different. Any stitches that are visible will be dissolvable and will usually disappear in 10 - 14 days (some can take a few more weeks). The wound is often just covered with a dry dressing. Once the wound has healed the scar should be hardly visible. If it has been difficult to untwist the testis the scrotum may appear bruised or swollen. This should begin to subside after 48 hours. To help the swelling reduce it is advised that your son wears supportive cotton underpants, rather than boxer shorts; these should be worn for 2 weeks or longer. For older children occasionally a scrotal support (medical supportive pants) may be applied in theatre. This can be exchanged for normal supportive underpants when your child wishes.

Whilst the scrotum is still swollen it may be tender. It is advisable to give your child regular analgesia, such as paracetamol for the first 24 hours.

When can I have a bath or shower?

You should keep the wound area dry for the first 2 to 3 days, after this your child may shower rather than bath until the suture line is fully healed, usually 7 - 10 days. The wound site does not need be covered by any dressing.

When can I go back to school?

It is advisable to keep your child off school for about 48 hours. They should also avoid games such as football, tennis and bicycle riding for 2 – 4 weeks. It is also not advisable for them to go swimming until the wound site has healed sufficiently, usually 7-10 days.
When will I be able to go home?
You and your child will be able to go home when your child is awake, alert, comfortable, able to eat and drink normally, and has passed urine. The surgical team may also wish to review your child prior to going home or they may be happy for the nurses to discharge your child when ready. Some children may be discharged the same day others after 12 -24 hours, depending on when the surgery has taken place.

Follow Up
Most children will not require a follow up appointment, however if requested by your consultant this will be sent to you in approx 6-8 weeks. Your child medical discharge summary will be sent electronically to your G.P. A copy of this letter is also either given to parents at the time of discharge or posted to your home address if not completed when you are ready to go home.

Are there any complications I should be aware of?
Complications for this procedure are very rare. The main concern would be a wound infection. The wound should look clean and dry with no discharge. If your child should develop a temperature or the wound site looks red, swollen, feels hot or is oozing, then please contact your G.P.

A complication of the torsion of the testis rather than the surgery is the loss of one of the testis as it has died before it can be untwisted. This is why torsion of the testis is a surgical emergency and is treated immediately. If there is a delay in treatment the risk to the testis is greater. If the surgeon has not been able to save the testis this will be explained to you after the operation.

There is a chance that even if the testis appears viable during the operation that it subsequently dies. This is known as testicular atrophy. There are usually no symptoms of this occurring except the testis will gradually become smaller and hard over time. An atrophied (dead) testis has no function. Because of this risk during the surgical exploration of the twisted testis the unaffected testis will be examined and secured so that it cannot have torsion in the future. If the second testis is protected then it is rare for fertility to be affected.

In later life some men choose to have the atrophied testis removed and replaced with prosthesis (artificial one).
The final risk of having this procedure relates to the general anaesthetic that is required. Although having a general anaesthetic is considered very safe it is important you discuss any particular concerns you have with the anaesthetist who will see your child prior to their operation.

**Who should I contact if I have a problem?**

Most children recover from this procedure very quickly and without any problems, however if you have any worries that are not covered in this information sheet do not hesitate to contact Peter Pan ward on 01895 279529 or Wendy Ward 01895 279530.

**References**

- EMIS 2010
- Minevich E - Testicular torsion. eMedicine. Article dated Feb 1020

**Disclaimer**

This article is for information only and should be considered alongside the individual specific advice given regarding your child’s condition by their consultant or their team.
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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