

## What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then soaked in a bath until the dressing comes off with ease.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- Do not tug at the sutures!!
- On discharge a prescription may be issued for patients to collect.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



Dead Testis

**Jo Schoeman**  
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital  
Suite 10 Level 9  
Evan Thompson Building  
24 Chasely street  
AUCHENFLOWER QLD 4066

Ph: 07) 3371-7288  
Fax: 07) 3870-5350  
E-mail: [jo@urojo.com.au](mailto:jo@urojo.com.au)  
Emerg: 0403 044 072

[www.brisbane-urologist.com.au](http://www.brisbane-urologist.com.au)

# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

### *SCROTAL EXPLORATION FOR TESTICULAR TORTION*



See this live on:  
[vidscrip.com/urojo](https://www.vidscrip.com/urojo)

Patient well-being is my first priority!

# Scrotal Exploration for Testicular Torsion

## Who is susceptible?

- Newborn babies: Often missed diagnosis
- 12-16 year old boys as their testes increase in size with puberty

## Why is it done?

- To reverse a twisted spermatic cord compromising blood supply to the testis
- This should be done within **4-6 hours** of the first presenting symptoms
- A failed manual de-torting of the testis.

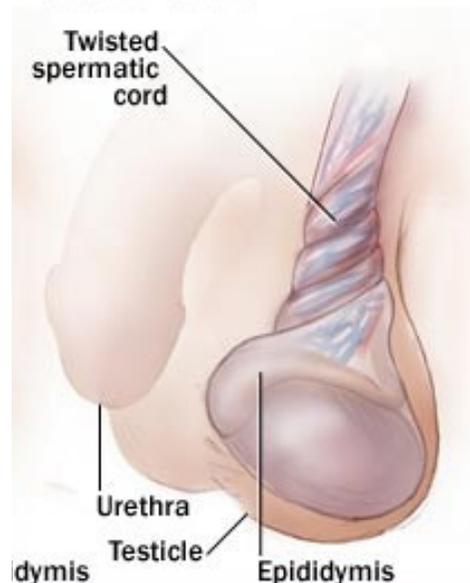
## Pre-requirements

- An informed consent is required from the patient.
- **This is an EMERGENCY**
- Patients should preferably not have had any food or drink 6 hours prior. Otherwise the risks of an urgent intubation should be discussed by the anaesthetist
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and Dr Schoeman**
- The whole scrotum will be shaved prior to the procedure.

## How is it done?

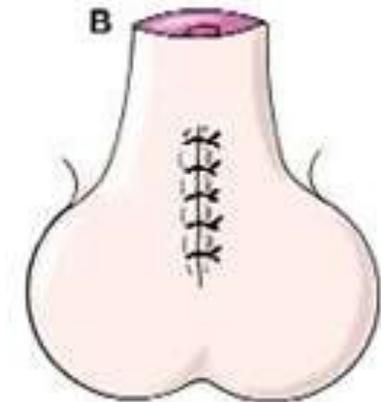
- This procedure is performed under general anaesthetic.
- A single incision is made on the midline raphe of the scrotum.
- The affected testis and vas deferens is then extracted through this incision.
- The testis is then un-twisted.
- The testis is then covered with a warm wet swab, encouraging blood supply in the testis by means of vaso-dilatation.
- Once the dusky blue-grey colour is replaced by a pink colour, the testis is pexed to the Dartos muscle.
- If the testis is black on opening the scrotum and no change occurs with the revival process, the testis is removed.
- A dressing is then applied, which should be removed after 72 hours.
- No strenuous movements are permitted for at least 14 days.

## Testicular torsion



## What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- An infection of the wound can occur and requires immediate attention.
- Owing to the nature of the surgery and the soft skin of the scrotum, bruising may appear to be much worse than it actually is and is no cause for alarm.
- **DANGER SIGNS:** A scrotum that swells immediately to size of a football, fever, puss. Contact Dr Schoeman or the hospital immediately as this may occur in up to 5% of all cases..



**NB!** You are required to bring 2 pairs of tight new undies for post-operative scrotal support.