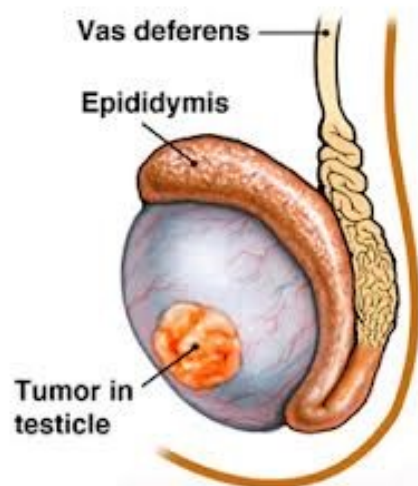


## What next?

- The dressing should be kept dry for the initial 72 hours after surgery.
- The dressing should then be removed in a bath. It should be soaked until it comes off with ease.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- On discharge a prescription may be issued for the patient to collect.
- Patients should schedule a follow-up appointment with Dr Schoeman within 2 weeks to review pathology and arrange subsequent management.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Sick leave will be granted for 14 days.
- Please don't hesitate to direct any 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.**



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

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

**PATIENT  
INFORMATION  
BROCHURE**

***RADICAL  
ORCHIDECTOMY***

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Patient well-being is my first priority!

# Radical Orchidectomy

## Why is it done?

- For testis cancer.
- For lesions highly suspicious of testis cancer.



**NB!** Regular self-examination highly recommended.



## Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic appointment will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- In the the event of a single testis or an abnormal contralateral testis, sperm banking may be required prior to the procedure.
- Young, single men will be given the option of sperm banking.
- A prosthesis may be ordered preoperatively, and placed at the end of the procedure, should the patient want this option.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- The inguinal area (area from navel to pubic bone, hip bone to midline, on affected side) will be shaved in hospital.
- Please ensure that the admission and theatre staff as well as Dr Schoeman are made aware of the correct side on which the procedure is to be done.
- Be prepared for an overnight stay. and a indwelling catheter

## How is it done?

- This is done under general anaesthetic.
- A single incision is made in the groin. The underlying muscle layers are split for good oncological control.
- The affected testis and spermatic cord is then surgically removed through this incision.
- A metal clip may be left right at the internal inguinal ring, as a future marker, should radiotherapy be required.
- Subcutaneous sutures (which need not be removed) are used, unless stated otherwise by Dr Schoeman.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected into the wound, thus giving post-operative pain relief for the next 4-6 hours.
- A drain may also be left for 24-48 hours to prevent the collection of serous fluids.

## What to expect after the procedure

- **Any anaesthetic has its risks and the anaesthetist will explain such risks.**
- Bleeding is a common complication. If concerned call the hospital.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible.
- An infection of the wound may occur and requires immediate attention.
- Owing to the nature of the surgery and the soft skin of the scrotum, bruising may appear much worse than it is and is no cause for alarm.
- **DANGER SIGNS:** A scrotum that swells immediately to the size of a football, fever, or puss. Contact Dr Schoeman or the hospital immediately as this occurs in up to 15 % of all cases.