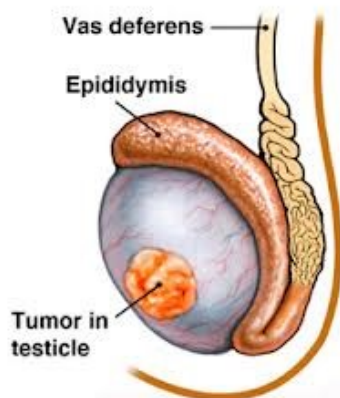


## What next?

- 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.**



**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

## *SIMPLE ORCHIDECTOMY*

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

Patient well-being is my first priority!

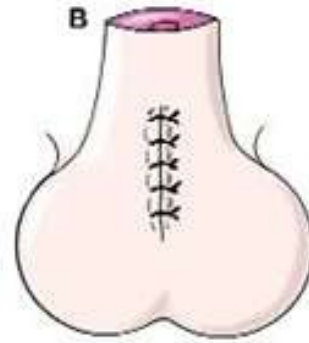
# Simple Orchidectomy

## Why is it done?

- To remove a symptomatic non-functioning testis
- To remove remnants of a testis after destruction with abscess or infection/TB.
- To remove a shattered testis after severe trauma

## Pre-requirements

- An informed consent is required from the patient.
- This may be part of a scrotal abscess drainage procedure
- 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 cord is then exposed as far as possible up in the inguinal area.
- The blood supply and the vas deferens is separated and tied and cut separately.
- The cord is tied off twice.
- The testis is then removed.
- The cord is checked for hemorrhaging.
- A drain may be placed.
- A catheter may be left over night.
- A dressing is then applied, which should be removed after 72 hours.
- No strenuous movements are permitted for at least 14 days.

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

## What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- The drain will be removed the next morning.
- The catheter will be removed 6-8 hours after the procedure.
- A haematoma (blood collection under the skin or in the scrotal cavity) may form and needs to be reviewed by Dr Schoeman as soon as possible. This may require drainage. 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 15% of all cases..

