



INSERTION OF A TESTICULAR PROSTHESIS (IMPLANT)

**Information about your procedure from
The British Association of Urological Surgeons (BAUS)**

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Testicular prosthesis.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Testicular%20prosthesis.pdf)

Key Points

- A testicular prosthesis (implant) replaces a testicle that is missing or has been removed from the scrotum
- The decision whether to have a prosthesis is entirely yours
- The size, position and feel of a prosthesis are like that of the other testicle, but it can never be an exact match
- Up to 1 man in 5 (20%) may be unhappy with the final cosmetic appearance
- A prosthesis can be put in at the time of surgical removal of your testicle or as a separate procedure later

What does this procedure involve?

The procedure involves putting in a silicone testicular implant, usually through an incision in your groin.

What are the alternatives?

- **No prosthesis** - “doing nothing” and not having the procedure

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.










Details of the procedure

- we normally carry out the procedure under a general anaesthetic or a spinal anaesthetic (where you are unable to feel anything from the waist down)
- we normally give you antibiotics into a vein to prevent infection, after checking carefully for any allergies
- we make a small incision in the groin and place the prosthesis (pictured) in the scrotum from above
- we may fix the prosthesis to the inside of your scrotum with a single stitch that prevents it from moving or “tumbling” within the scrotum
- we close off the neck of the scrotum to prevent the prosthesis migrating upwards
- we close the skin with dissolvable stitches which usually disappear after two to three weeks
- the procedure takes 45 to 60 minutes to perform
- you should expect to be in hospital for less than one day



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

| After-effect | Risk |
|---|--|
| Swelling, discomfort & bruising of your scrotum |  Almost all patients |
| The prosthesis may lie at a higher level & be a slightly different size to the other testicle |  Between 1 in 2 & 1 in 10 patients |
| You may be able to feel the “fixation” stitch at one end of the prosthesis through the skin |  Between 1 in 2 & 1 in 10 patients |
| Dissatisfaction with the final cosmetic result |  1 in 5 patients (20%) |
| Bleeding in the wound requiring further treatment (and possible removal of the prosthesis) |  Between 1 in 50 & 1 in 250 patients |
| Infection in the wound or scrotum requiring antibiotics or drainage (with possible removal of the prosthesis) |  Between 1 in 50 & 1 in 250 patients |
| Pain, chronic infection or leaking of the prosthesis requiring its removal |  Between 1 in 50 & 1 in 250 patients |
| Unknown long-term risks associated with the use of silicone-based products |  Between 1 in 50 & 1 in 250 patients |
| Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) |  Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk) |

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This

figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- you will get some swelling and bruising that may last for several days
- simple painkillers such as paracetamol will usually relieve any discomfort
- you may be advised to wear looser clothing and to pull down on the prosthesis daily, for the first few weeks, to help settle it in a good, low position
- you should avoid heavy lifting or any other strenuous exercise for at least six weeks
- a follow-up appointment may be arranged

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.