

Procedure Information Sheet – Orchidectomy

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

1. Introduction

- 1.1. Orchidectomy is an operation to remove the testicle.
- 1.2. Indication for this treatment, including testicular cancer, part of prostate cancer treatment, testicle permanent damage by infection or injury, degenerated or atrophic testis due to undescended testis.
- 1.3. The Surgery may affect the fertility

2. Procedural Preparation

- 2.1. A written consent is necessary
- 2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.

3. Procedures

- 3.1. The procedure is to be done under a general or spinal anaesthesia.
- 3.2. A small incision cut at groin or scrotum to remove the testicles through the incision.
- 3.3. Wound is closed with stitches.

4. Possible risks and complications

- 4.1. Operation related complication:
 - 4.1.1. More Common are wound swelling, discomfort or bruising of scrotum for few days after surgery.
 - 4.1.2. Some occasional complications may occurred, such as infection or bleeding in the incision, impaired future fertility (may enquire with your doctor if you prefer sperm banking before surgery), persistence chronic pain in scrotum.

5. After the procedures

- 5.1. Some swelling or bruising that may last for few days. Comply with medication regime (painkillers/ antibiotics) as doctor prescription.
- 5.2. Keep your wound clean and dry.
- 5.3. Avoid any heavy lifting or strenuous activity and heavy lifting 4 to 6 weeks after the operation.

6. Remark

- 6.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

7. References

- 7.1. Hospital Authority. Smart Patient Website.
- 7.2. The British Association of Urological Surgeons Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____