Scrotal conditions

Patient presenting with scrotal swelling or testicular pain

Urgent Suspicion of Cancer Criteria
- Non-painful enlargement or change in shape or texture of **body of testis**
- Epidiymo-orchitis not improving after 2 weeks of treatment
- USS suggestive of testicular cancer

Assessment

Consider
- Duration of symptoms
- Pain
- Urinary symptoms
- Risk of STI
- Mumps

Examination
- Side and size
- Can you feel the testis separately?
- Is the testicle hard and or abnormally shaped?
- Does it transilluminate?

Suspected Testicular Torsion
- Refer as emergency to on-call urology team

Suspected Epididymitis/orchitis/epididymo-orchitis

Investigations
- Send MSSU
- First void urine in Chlamydia/Gonorrhoea MultiCollect pack unless sexual history excludes sexual risk
- Treat with antibiotics as per West of Scotland Formulary Epididymo-orchitis.
- If Gonorrhoeal acute epididymitis suspected, or STI detected, refer to sexual health team at Gatehouse Ayrshire Central
- If not settling within 2 weeks request US testis to exclude other pathology and/or consider USOC referral

Consider need for referral for routine USS based on assessment
- When considering the below pathologies request and review USS before referring scrotal pathology
- If normal USS with scrotal pain there is very little a urologist will offer

Hydrocele
- Do not refer if patent asymptomatic
- Refer routine urology if patient wishes to consider surgery

Epididymal cyst
- Do not refer if patent asymptomatic
- Refer routine urology if patient wishes to consider surgery (rarely offered if <4cm)

Variocele
- Palpable while standing and pain
- Palpable while standing and concerns about fertility status
- Signs of testicular atrophy
- Refer routine urology

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