



Gloucestershire Hospitals
NHS Foundation Trust

Suspected Testicular Cancer Pathway

Information for men attending the Urology Clinic

Introduction

Being told you may have testicular cancer can feel overwhelming. Investigations and treatment often happen quickly with number of tests and possibly surgery arranged within a short period of time.

This leaflet explains the usual procedures and expected timelines, ensuring you are informed about what to expect in the upcoming days and weeks. It also contains important contact numbers for your clinical nurse specialist (CNS) and further guidance and who to contact if you have concerns or need urgent medical advice. Whilst everyone's situation is individual, this leaflet should help you feel informed and supported during a fast-moving time

Why have you been referred?

Your GP has sent you to us urgently because you have a lump or have had a change in your testicle. This is called a “two-week wait” or “2WW” referral.

Most testicular lumps are *not* cancerous, but it is important that we check this quickly.

If your examination or scan suggests that cancer might be present, we will arrange further tests and treatment. This usually involves the following:

1. Surgery (Radical Orchiectomy)

Radical Orchiectomy removes the affected testicle through a small cut in the groin. It helps confirm the diagnosis and treats the cancer.

We aim to do the surgery within two weeks of this appointment. Most patients will be fully recovered in one week, but we advise avoiding heavy lifting for six weeks.

If you have any questions or concerns about this surgery, please speak to a member of your clinical team.

For further information on this operation, please visit the British Association of Urological Surgeons Limited (BAUS) leaflet using the following link, or scan the QR code.

BAUS

Website:

https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Radical%20orchidectomy.pdf



2. CT (Computed Tomography) Scan of the chest, abdomen and pelvis)

CT scanner is an X-ray machine which produces images of the body. The scanner consists of a 'doughnut' shaped structure, or gantry, about 2 feet thick, which you will pass through on a couch.

This scan checks whether the cancer has spread. It is requested urgently and can be done either before or after surgery.

3. Blood Tests

Some testicular cancers produce proteins called tumour markers in their blood. These are called **Beta-HCG (Beta Human Chorionic Gonadotrophin)**, **LDH (Lactate dehydrogenase)** and **AFP (Alpha fetoprotein)**.

We take blood samples before surgery, often on the day of your clinic appointment. If raised, we repeat after surgery to ensure they improve with treatment. We will also check your kidney function (eGFR), which is needed before your CT scan with contrast

4. Clinical Nurse Specialist (CNS)

You should be given the name and contact details of your Urology CNS at your first appointment. They are your main point of contact throughout your care.

If you did not receive this, please call the Cheltenham Urology Department on **0300 422 6902**, chose option 1, and ask for the Secretary for the Urology CNS team.

Your CNS can:

- Answer any questions you may have
- Provide emotional support if needed
- Guide you through your tests and treatment

5. Testicular Prosthesis (Implant)

You may be offered a testicular prosthesis, which is a silicone implant placed in the scrotum. It is purely for cosmetic purposes and does not affect sexual function or hormone levels.

If you would like one, it does not have to be done at the same time as the orchidectomy. It can be arranged later as a separate, planned procedure.

Please note the final decision for prostheses will be made with the operating surgeon on the day of surgery. There is a risk of infection with inserting a prosthesis and this could cause delays in further treatments such as chemotherapy and as such, many prefer to insert these later as an elective operation.

6. Sperm Banking

Some men choose to store sperm before treatment in case their fertility is affected.

- It must be done *before* chemotherapy or radiotherapy
- It can be done before or after surgery
- If done before surgery, extra blood tests are needed
- Usually two to three samples are required, with 2 days between each sample
- This process takes around two weeks and may delay surgery slightly

There will be a charge for sperm banking if you already have one child. For more information on sperm banking, please ask your clinical team. They can also provide you with the relevant patient information leaflet.

Before your surgery

You will attend a pre-assessment appointment. This includes routine health checks to ensure you are fit for anaesthesia and surgery. Anaesthesia is a temporary state of controlled unconsciousness or numbness to allow surgeons to carry out their procedure.

On the day of surgery

Before your surgery, your surgeon will meet you to review the consent form together. This is a good time to ask any last-minute questions or raise any concerns. Your surgeon will also mark the correct side for the procedure, so everything is ready for the operating theatre.

An anaesthetist will also see you. They will talk through your options for anaesthesia and ways to manage pain during and after surgery, so you know what to expect.

The operation takes about one hour. This is usually a day-case surgery, which means most men go home the same day. Your surgeon will refer you to an oncologist, and your follow-up care will be planned.

After your surgery

If your tumour markers were raised before surgery, you may need to have a follow-up blood test about two weeks after your surgery.

If you have concerns about your wound or recovery, please contact the Urology Assessment Unit. Alternatively, outside these hours, please attend the nearest Emergency Department.

Urology Assessment Unit (Cheltenham)

Monday to Friday, 9:00 am to 5:00 pm

Tel: 07977 021215

What happens next?

Your case will be discussed at the Gloucestershire Urology **Multidisciplinary Team (MDT)** meeting. This may take up to six weeks because surgical laboratory results can take up to four weeks to process.

The MDT includes urologists, oncologists, pathologists and radiologists who work together to decide the best plan for you. Your care will be personalised and clearly explained.

After this:

- You will meet your Oncologist. You may be seen in Gloucestershire Royal Hospital or Cheltenham General Hospital.
- They will explain your results and the recommended plan

- As part of national guidelines, your case will also be reviewed by the Regional Testicular Cancer MDT in Bristol.

Possible next steps include:

- Surveillance (regular CT scans and blood tests)
- Radiotherapy
- Chemotherapy

Remember

Testicular cancer is very treatable and often curable, even if it has spread. We are here to support you at every step.

Contact information

Urology CNS Secretary

Tel: 0300 422 6902 (choose option 1)

If you cannot reach the team, you may contact:

Sophie Davies (CNS):

Tel: 0300 422 4336

Email: sophiee.davis@nhs.net

Hannah Hamblin (CNS):

Tel: 0300 422 4951

Email: hannah.hamblin@nhs.net

Post-operative concerns:

Urology Assessment Unit

Tel: 07977 021215

Further information

For further information on testicular cancer, you can visit the following websites or scan the QR codes.

British Association of Urological Surgeons (BAUS)

Website:

https://www.baus.org.uk/patients/conditions/12/testicular_lump/



Testicular Cancer (NHS)

Website: <https://www.nhs.uk/conditions/testicular-cancer/>



Orchid Fighting Male Cancer

Website: <https://orchid-cancer.org.uk/testicular-cancer-3-2/testicular-cancer-support/>



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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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