Guidelines for the Management of Acute Scrotal Pain in Children

(V 1.0)

Clinical Director

Signed

Name ... Mr C. Hendrickse........

Date...14/10/2011......................
### Meta Data

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<thead>
<tr>
<th>Guideline Title:</th>
<th>Guidelines for the Management of Acute Scrotal Pain in Children.</th>
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<tbody>
<tr>
<td>Guideline Author:</td>
<td>Julien Al Shakarchi, Doug Bowley, Charles Hendrickse</td>
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<td>Guideline Sponsor:</td>
<td>Surgical Directorate</td>
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<td>Date of Approval:</td>
<td>01/03/2011</td>
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<td>Approved by:</td>
<td>Charles Hendrickse</td>
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<td>Date of Ratification (CSC):</td>
<td>October 2011</td>
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<tr>
<td>Review Date:</td>
<td>01/03/2013</td>
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### Revision History

<table>
<thead>
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<th>Version No.</th>
<th>Date of Issue</th>
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<tr>
<td>V1.0</td>
<td>Oct-11</td>
<td>J. Al Shakarchi, D. Bowley, C. Hendrickse</td>
<td>New guideline</td>
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</table>
1. **Overview**
Testicular torsion is a true surgical emergency. The likelihood of testicular salvage decreases with delay to surgical exploration. Approximately one third of boys presenting with acute scrotal pain will have torsion. In this Trust, assessment of scrotal pain in children aged <16 years is by the on-call general surgeons. Assessment of scrotal pain in individuals aged 16 years or older is by the on-call urological surgeons.

2. **Flow Chart**

**HISTORY AND PHYSICAL EXAMINATION**

- If there is testicular pain, swelling, tenderness or erythema
  - **Irrespective of**
    - the duration of symptoms
    - or age of child

**Surgical exploration**
The aim of surgery is to make a diagnosis and, if torsion of testis is found, to untwist & save the testis [when possible]
- Fix affected & contra-lateral side

- If pain and signs are on upper pole, with palpable tender nodule ± visible blue dot and the boy is pre-pubertal, diagnosis may be torsion of the appendix of the testis [TAT]
  - Testicular torsion is still possible and differentiating between upper pole tenderness versus generalized testicular tenderness may be very difficult.
  - Conservative treatment of TAT is possible but considered ‘high risk’ and must be sanctioned by consultant surgeon

- If operative diagnosis is epididymo-orchitis.
  - [Possible, but uncommon],
    - Treat with antibiotics
    - Refer for renal tract ultrasound to exclude underlying abnormality

- If operative diagnosis is TAT
  - excise the testicular appendage.
  - There is no requirement to operate on the contralateral testis
3. **Objectives of the Guideline**

The guideline provides information to all clinicians on the management of cases of acute scrotal pain in children aged <16 years in a systematic manner.

4. **Body of Guideline**

Children referred with acute scrotal pain should receive urgent review by a senior member of the surgical team (Registrar /consultant). Suitable analgesia should be prescribed for the patient.

If there are symptoms and signs of possible torsion (acute pain, swelling tenderness or erythema) the attending doctor should prepare the patient for emergency surgery.

*Testicular torsion is a true surgical emergency surgery.*

- Arrange suitable blood tests [not always necessary],
- consent patient for scrotal exploration, bilateral fixation and possible orchidectomy
- book theatre [complete theatre booking and take to theatre]
- The on-call anesthetist and surgeon (Registrar/consultant) should be informed *immediately*

A target of less than 6 hours from the beginning of symptoms to surgery should be implemented.

There is no role for testicular ultrasound [+/- Doppler] in the acute management of testicular pain in children.

5. **Reason for Development of the Guideline**

The Guideline has been developed to prevent undue delays in decision making regarding surgery for children with acute scrotal pain and thereby reducing the risk of complications from testicular torsion.

6. **Methodology**

The published literature was presented by the author’s in clinical governance meeting and approved by the attending staff. Subsequently the guidelines were emailed to all the general surgeons involved for their comments.

7. **Implementation**

Once approved the guidelines will be disseminated to all general surgeons involved with acute surgical admissions.

8. **Monitoring**

Adherence to the guideline will be monitored through regular clinical audit.

9. **Application of the Guideline**

The key individuals who will benefit from this guideline are junior and consultant general surgeons who are involved with managing acute surgical admissions, children with acute scrotal pain and the Trust.
10. References

