



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



2013

Commissioning guide:

Asymptomatic Scrotal Swelling



Sponsoring Organisation: British Association of Urological Surgeons

Date of evidence search: March 2013

Date of publication: October 2013

Date of Review: November 2016



NICE has accredited the process used by Surgical Speciality Associations and Royal College of Surgeons to produce its Commissioning guidance. Accreditation is valid for 5 years from September 2012. More information on accreditation can be viewed at www.nice.org.uk/accreditation



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

CONTENTS

Introduction	2
1 High Value Care Pathway for asymptomatic scrotal swelling	3
1.1 Primary Care.....	3
1.2 Secondary Care.....	3
2 Procedures explorer for asymptomatic scrotal swelling	4
3 Quality dashboard for asymptomatic scrotal swelling	4
4 Levers for implementation	5
4.1 Audit and peer review measures.....	5
4.2 Quality Specification/CQUIN (Commissioning for Quality and Innovation)	6
5 Directory	6
5.1 Patient Information for asymptomatic scrotal swelling	6
5.2 Clinician information for asymptomatic scrotal swelling	7
6 Benefits and risks of implementing this guide	7
7 Further information	8
7.1 Research recommendations	8
7.2 Other recommendations.....	8
7.3 Evidence base.....	8
7.4 Guide development group for asymptomatic scrotal swelling	9
7.5 Funding statement.....	10
7.6 Conflict of Interest Statement	10



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

Introduction

This guide is intended for adult patients (16 and over) with an asymptomatic scrotal swelling.

Asymptomatic scrotal swelling is the incidental finding of a swelling or lump that may be associated with minor discomfort.

This guide excludes all acute and painful scrotal swelling and inguino-scrotal herniae.

The differential diagnoses of asymptomatic scrotal swelling include:

- malignancy
- epididymal cyst
- hydrocoele
- varicocele

Testicular torsion is a surgical emergency and is not included in this guide.

Malignancy cannot be excluded by clinical examination.

Ultrasound scan (USS) is the gold standard investigation for scrotal swelling of uncertain cause.

Do *not* arrange an ultrasound scan of the scrotum if a testicular tumour is clinically evident — refer directly for an urgent (2 week wait) outpatient appointment with an urologist.

Ultrasound scans should take place within four weeks.

Following USS diagnosis, epididymal cysts, hydrocoeles and varicoceles may be safely observed.

Surgery for benign conditions should only be considered for functional problems and not for cosmetic reasons.

Aspiration of hydroceles and epididymal cysts is often ineffective in the long-term and should only be considered in patients with mechanical problems who are unfit for surgery.¹



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

Commissioning guide 2013

Asymptomatic Scrotal Swelling

1 High Value Care Pathway for asymptomatic scrotal swelling

1.1 Primary Care

Refer:

- testicular torsion as an emergency^{2,3}
- children <16 years to a paediatric surgical service⁴
- if a testicular tumour is clinically evident — refer directly for an urgent outpatient appointment (within 2 weeks) with a urologist^{5,6} Consider measuring Alpha-fetoprotein (α FP) levels and Beta human chorionic gonadotrophin (β HCG) levels at the time of referral
- all uncertain scrotal swellings for routine USS

Following USS:

- if a suspected malignancy is found, refer on 2 week wait to urology
- reassure patients with Hydrocoele/ Varicocoele/ Epididymal Cyst⁶
- only consider repeat USS if there is significant clinical change
- refer to urology if there are functional problems
- patients should be directed to appropriate supporting information e.g. NHS Choices, patient.co.uk

1.2 Secondary Care

Malignancy:

- once diagnosed, radical orchidectomy and tumour markers should be performed
- depending on the protocol of the local cancer network, the patient will then be referred on for specialist follow up once diagnosis is confirmed⁷

Hydrocoele with functional problems:⁶

- consider hydrocoelelectomy
- aspiration and sclerotherapy - associated with fewer complications but a lower success rate and patient satisfaction - should only be considered if the patient is unfit for surgery²

Epididymal cyst:

- consider epididymal cyst excision
- aspiration - associated with fewer complications but a lower success rate and patient satisfaction - should only be considered if the patient is unfit for surgery⁷



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

Varicocele with functional problems:

- consider embolisation if appropriate interventional radiology service is available or alternatively surgery
- procedures on varicoceles are not recommended as a treatment for infertility as they do not improve pregnancy rates ¹⁰

Varicocele in adolescents:

- Varicoceles become more frequent in at the beginning of puberty. Fertility problems will arise in about 20% of affected adolescents. Varicocelectomy is indicated for those patients with a small testis (growth arrest) as testicular catch up growth and improvement in sperm parameters has been reported. ¹¹

2 Procedures explorer for asymptomatic scrotal swelling

Users can access further procedure information based on the data available in the quality dashboard to see how individual providers are performing against the indicators. This will enable CCGs to start a conversation with providers who appear to be 'outliers' from the indicators of quality that have been selected.

The Procedures Explorer Tool is available via the [Royal College of Surgeons](#) website.

3 Quality dashboard for asymptomatic scrotal swelling

The quality dashboard provides an overview of activity commissioned by CCGs from the relevant pathways, and indicators of the quality of care provided by surgical units.

The quality dashboard is available via the [Royal College of Surgeons](#) website.



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

4 Levers for implementation

4.1 Audit and peer review measures

The following measures and standards are those expected at primary and secondary care. Evidence should be able to be made available to commissioners if requested.

	Measure	Standard
Primary Care	Referral	Do not refer patients with USS proven asymptomatic or mildly symptomatic hydrocoele/ varicocele/ epididymal cysts
	Patient Information	Patients should be directed to appropriate information
	Referral	Do not refer for repeat USS unless there is significant clinical change
	Referral	Patients with a suspected malignancy should be referred to urology on a 2 week wait with Alpha-fetoprotein (AFP) and Beta Human chorionic gonadotrophin (BhCG)
Secondary Care	Referral	Refer adolescents in whom there is the presence of a varicocele and testicular growth arrest on the ipsilateral side
	Intervention	Do not aspirate hydrocele/epididymal cyst with functional problems unless patient unfit for surgery
	Intervention	Do not operate on hydrocoele/ varicocele unless there are functional problems
	Intervention	Do not treat varicoceles for infertility
	Referral	Following radical orchidectomy and tumour markers, patients should be referred to the local testicular cancer network as per the local protocol
	Intervention:	Do not operate on hydrocoele unless there are functional problems
Intervention:	Do not treat varicocele unless there are functional problems or signs of ipsilateral testicular growth arrest in adolescents	



Commissioning guide 2013

Asymptomatic Scrotal Swelling

4.2 Quality Specification/CQUIN (Commissioning for Quality and Innovation)

Measure	Description	Data specification (if required)
Rapid access to USS	Access to scrotal/ testicular USS <4/52	
Day case rate	Day case rate for any procedure	
Emergency readmission rates within 7 days	Emergency readmission rates within 7 days for any procedure	
Emergency reoperation rate within 30 days	Emergency reoperation rate within 30 days	

5 Directory

5.1 Patient Information for asymptomatic scrotal swelling

Name	Publisher	Link
Testicular Lumps	NHS Choices	http://www.nhs.uk/conditions/testicular-lumps-benign/pages/introduction.aspx
Ultrasound scan	NHS Choices	http://www.nhs.uk/conditions/Ultrasound-scan/Pages/Introduction.aspx
Ultrasound scan	Patient.co.uk	http://www.patient.co.uk/health/ultrasound-scan
Testicular Cancer	MacMillan	http://www.macmillan.org.uk/Cancerinformation/Cancertypes/Testes/Testicularcancer.aspx
Testicular Cancer	Orchid	http://www.orchid-cancer.org.uk/Testicular-Cancer
Checkmelads	Checkmelads Charity	www.checkmelads.com
Your privates	Orchid	www.yourprivates.org.uk
Get to know your testes	Patient.co.uk	http://www.patient.co.uk/health/get-to-know-your-testes-testicles



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

Commissioning guide 2013

Asymptomatic Scrotal Swelling

5.2 Clinician information for asymptomatic scrotal swelling

Name	Publisher	Link
Referral for suspected cancer ⁵	NICE CG 27	http://www.nice.org.uk/cg27
Scrotal Swelling ⁶	NHS Clinical Knowledge Summaries	www.cks.nhs.uk
Map of medicine for testicular cancer	NHS Choices	http://healthguides.mapofmedicine.com/choices/map/testicularcancer1.html
Imaging referral guidelines	Royal College of Radiologists	http://www.rcr.ac.uk/content.aspx?PageID=995

6 Benefits and risks of implementing this guide

Consideration	Benefit	Risk
Patient outcome	Ensure rapid access to USS	
Patient safety	Reduce chance of missing testicular malignancy	
Patient experience	Improve access to patient information and support groups	
Equity of Access	Improve access to effective procedures	
Resource impact	Reduce unnecessary referral and intervention	Resource required to establish routine 4 week referral to USS



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

Commissioning guide 2013

Asymptomatic Scrotal Swelling

7 Further information

7.1 Research recommendations

Models of care: patient experience, patient safety, cost effectiveness

- direct referral to USS – 2 week wait vs. routine
- referral to one stop Urology and USS clinic – 2 week wait^{8,9}
- development of PROMs for benign scrotal conditions treated by surgery
- reasons for variation in referrals from primary care for asymptomatic scrotal swelling

7.2 Other recommendations

- Improved patient Information: to include information about relevant physical, emotional, psychological, sexual and social issues

7.3 Evidence base

¹ Freedman D; 'A lovely bunch of coconuts'. Scand J Urol Nephrol Suppl. 1991;138:227-9.

² Ringdahl E, Teague L. Testicular torsion. American Family Physician. 2006 Nov 15;74(10):1739-43

³ Yin S, Trainor JL. Diagnosis and Management of Testicular Torsion, Torsion of the Appendix Testis, and Epididymitis. Clinical Pediatric Emergency Medicine 2009 Mar;10(1):38-44

⁴ Tegul S, Riedmiller H, Gerharz E et al. Guidelines on Paediatric Urology. European Association of Paediatric Urology. (2009) www.uroweb.org

⁵ NICE. CG27 Referral for suspected cancer (2005). www.nice.org.uk

⁶ Scrotal Swelling. Clinical Knowledge Summaries (2010). www.cks.nhs.uk

⁷ Alison Walker, The cancer pathway and the role of primary care - in association with the Department of Health, BMJ Learning - http://learning.bmj.com/learning/module-intro/cancer-pathway-primary-care-.html?locale=en_GB&moduleId=10043291

⁸ Khaniya S, Agrawal CS, Koirala R, Regmi R, Adhikary S. Comparison of aspiration-sclerotherapy with hydrocelectomy in the management of hydrocele: a prospective randomized study.

⁹ Moore JA, O'Neil C, Fawcett D. A one-stop clinic for men with testicular anxiety. Annals of the Royal College of Surgeons of England. 2009 Jan ;91(1):23-24

¹⁰ NICE Guidance 2013: CG156 Fertility: Assessment and treatment for people with fertility problems

¹¹ EAU Guidelines 2013 Male Infertility



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

7.4 Guide development group for asymptomatic scrotal swelling

A commissioning guide development group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

Name	Job Title/Role	Affiliation
Miss Rebecca Hamm	Consultant Urologist	Royal Liverpool and Broadgreen University Hospitals NHS Trust
Ann Crump	Consultant Urologist	Royal Bolton Hospital
Jane Belfield	Consultant Radiologist	Royal Liverpool and Broadgreen University Hospitals NHS Trust
Dennis O'Brien	GP	Liverpool CCG
Sharon Elliott	Service Implementation Manager Liverpool CCG	Liverpool CCG
Nicola Wilson	Testis Cancer Specialist Nurse	Royal Liverpool and Broadgreen University Hospitals NHS Trust
Dr Paula Parvulescu	Consultant in Public Health Medicine	Public Health Directorate, Liverpool City Council
Gerard Peter Ashley	Patient Representative	Royal Liverpool and Broadgreen University Hospitals NHS Trust Patient Council
Anthony Doherty	Patient Representative	Royal Liverpool and Broadgreen University Hospitals NHS Trust Patient Council



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS



Commissioning guide 2013

Asymptomatic Scrotal Swelling

7.5 Funding statement

The development of this commissioning guidance has been funded by the following sources:

- DH Right Care funded the costs of the guide development group, literature searches and contributed towards administrative costs.
- The Royal College of Surgeons of England and the British Association of Urological Surgeons provided staff to support the guideline development.

7.6 Conflict of Interest Statement

Individuals involved in the development and formal peer review of commissioning guides are asked to complete a conflict of interest declaration. It is noted that declaring a conflict of interest does not imply that the individual has been influenced by his or her secondary interest. It is intended to make interests (financial or otherwise) more transparent and to allow others to have knowledge of the interest.

- No interests were declared by the group.