

Patient presenting with scrotal swelling or testicular pain

Please note the Scottish Cancer Referral Guidelines for Suspected Cancer 2025:

- non-painful enlargement or change in shape or texture of the body of the testis
- epididymo-orchitis or orchitis not responding to treatment after two weeks of antibiotics
- Consider testicular examination for any male presenting with abdominal or groin pain, testicular pain or swelling
- Consider a testicular USS for men with unexplained or persistent symptoms despite a normal examination

If testicular cancer is suspected please request a USC ultrasound. If the report is suspicious for cancer then send a USC referral to Urology – see full guidance under Referral Guidelines tab below

Assessment

Consider

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

Examination

- Side and size
- Can you feel the testicle separately?
- Is the testicle hard and/or abnormally shaped?
- Is there a hernia?
- Does it transilluminate?

Suspected Testicular Torsion

Refer as an Emergency to On-call Urology Team

Suspected Epididymo-orchitis

Investigations

- Send MSU
- Take cultures for Chlamydia and Gonorrhoea if appropriate NAATS test – see below

Treat with antibiotics

If low risk of Gonorrhoea (i.e. no discharge)

1st choice **Ofloxacin 200mg BD** for 14 days

2nd choice **Doxycycline 100mg BD** for 14 days

If Gonorrhoeal acute epididymitis suspected refer to Chalmers or Howden for treatment

If not settling within 2 weeks request USS to exclude other pathology

Consider need for ultrasound

See Referral Guidelines tab below for further guidance on when Ultrasound is indicated, and when it is not routinely indicated

If testicular cancer is suspected please arrange an Urgent Suspicion of Cancer Ultrasound.

If the report is suspicious for cancer then send a USOC referral to Urology.

When to refer Varicocele

- Palpable while standing and pain
- Palpable while standing and concerns about fertility status (check semen analysis and include with referral)
- Signs of testicular atrophy (size discrepancy, small soft testicle)

Refer to Urology as Routine

When to refer Hydrocele

- If symptomatic and patient wishes to consider surgery
- **Do not refer** if patient is asymptomatic

Refer to Urology as Routine

When to refer Epididymal Cyst

- If symptomatic and patient wishes to consider surgery
- **Do not refer** if patient is asymptomatic (regardless of size)

Refer to Urology as Routine

When to refer Testicular Pain with Normal USS

Treat as suspected epididymitis

- Ofloxacin 200mg BD 14 days
- NSAIDS for 2-4 weeks

If persistent **Refer to Urology as Routine**