

Patient information from BMJ

Last published: Feb 09, 2021

Testicular cancer

It can be frightening to hear your doctor talk about cancer. But most men with testicular cancer make a full recovery, even when the cancer is advanced. And most men can still have sex and father children afterwards.

You can use our information to talk to your doctor about which treatments are right for you.

What is testicular cancer?

Testicular cancer causes the cells in a testicle to grow out of control. These cells form a lump called a tumour. If it's not treated, cancer cells could break off from the tumour and spread to other parts of your body.

It might be worrying to hear your doctor talking about cancer cells spreading in your body. But testicular cancer is much easier to treat than most types of cancer. Even men whose cancer is at a late stage stand a good chance of being cured.

What are the symptoms?

The most common symptom of testicular cancer is a lump or swelling in your testicle. It's rare to get cancer in both testicles, so the lump is usually just on one side. Some men don't notice a lump but find that one testicle has got bigger or smaller. This lump is not usually painful.

Your doctor may use letters and numbers to describe your cancer. This is called staging. It's a kind of shorthand to describe how far the cancer has spread in your body - what stage it's at.

Remember, even testicular cancer that's spread outside your testicle can very often be completely cured.

What treatments work?

The first treatment you'll probably need is an operation to remove the testicle that has cancer. Men who have very small tumours might just be able to have the tumour removed, rather than the whole testicle. But this is rare.

Testicular cancer

You may not like the idea of having a testicle removed, but it's a simpler operation than you might expect. Your other testicle can make all the hormones and sperm that you need for having sex and fathering children.

After surgery you may need radiotherapy or chemotherapy (treatment with anti-cancer drugs). But some men with early-stage cancer will be cured after surgery alone.

Surgery

Most men need an operation to remove the testicle that has cancer.

Before surgery you'll be given a general anaesthetic. The surgeon will make a cut low down on your abdomen, near your groin. He or she will be able to reach your testicle through this cut.

You may be worried that your testicles will look different after surgery. But you're unlikely to need a cut in your scrotum. And you can have an artificial testicle to replace the one that's been removed.

You'll probably spend a couple of days recovering in hospital. You should also allow three or four weeks of recovery time at home. You'll be given painkillers to help with any pain you get.

Like all operations, surgery to remove a testicle carries some risks. These don't happen often, but your doctor should discuss them with you. Some possible problems after your operation are:

- bleeding
- an infection
- severe bruising (called a haematoma), or
- nerve damage (this could cause a numb feeling in your groin).

Some men need another operation to remove any cancer that has spread to their lymph nodes. Lymph nodes help your body to fight disease. The ones that may need to be removed are in the area between your belly button (navel) and your back.

Your doctor might recommend lymph node surgery for one of several reasons, including the type of tumour you have.

For men who do need their lymph nodes removed, it used to be quite common to get some nerve damage during the operation. Nerve damage can cause a problem called dry climax. It means that no fluid comes out of your penis when you have an orgasm.

Newer ways of removing lymph nodes help to prevent side effects.

Watchful waiting after surgery

For some men with early cancer an operation will be the only treatment they need. If your doctor thinks you're likely to have been totally cured by your operation, he or she may suggest what's called 'watchful waiting'. This is when you have regular check-ups rather than more treatment.

Testicular cancer

Watchful waiting means you avoid the side effects of radiotherapy and chemotherapy. But there is a greater chance that your cancer will come back. If your cancer does come back you'll still be able to have radiotherapy or chemotherapy to get rid of it.

If watchful waiting is an option, you and your doctor can talk about what's important to you. You may want to avoid the risk of side effects. Or you may not like the idea that your cancer could come back. The decision will be yours.

Chemotherapy

Chemotherapy uses anti-cancer drugs to kill cancer cells. It's used to get rid of any cancer that might be left in your body after surgery.

Chemotherapy drugs are usually given as a drip. Each dose of chemotherapy is called a cycle. It's given over a few days. The number of cycles you need depends on how far your cancer has spread.

Unlike with some other types of cancer, testicular cancer that isn't cured with the first treatment can often be cured with what doctors call 'second-line' chemotherapy.

Chemotherapy drugs have side effects. Common problems include nausea and diarrhoea.

Higher doses can cause:

- inflammation (swelling) in your mouth
- hair loss, and
- anaemia, which can make you feel tired.

Radiotherapy

Radiotherapy uses high-energy x-rays to kill any cancer cells that could be left behind after surgery. You'll need to go to hospital for treatment. A large machine generates the x-rays. Having radiotherapy isn't painful during treatment.

You'll have short bursts of treatment several days a week for a few weeks. You may be given a lower dose of radiation if you have earlier-stage testicular cancer. This reduces the chance of side effects.

One of the most common side effects of radiotherapy is feeling very tired. It can also cause nausea. If you are having radiotherapy your doctor may suggest that you take drugs that control the nausea.

What will happen to me?

There's a very good chance that your testicular cancer can be completely cured. The percentage of men who recover from early-stage testicular cancer is getting close to 100 percent. And even men whose cancer has spread are likely to make a full recovery.

Will I be able to have sex?

Yes. Treatment for testicular cancer will not affect your ability to have sex.

Testicular cancer

But you might not get back to normal straight away. Testicular cancer is a serious illness and treatment can be tiring. All these things can affect your attitude to life, including how you feel about sex.

Will I be able to have children?

Whatever treatment you have, before it starts, you should be able to have your sperm frozen if you choose to. If your doctor doesn't mention this, be sure to ask about it.

If your partner has problems becoming pregnant after you've had treatment for testicular cancer, talk to your doctor about fertility treatments.

Many men go on to father children after having testicular cancer.

But the treatments can reduce your chances of fathering children. Both chemotherapy and radiotherapy can damage your sperm. But this damage is often temporary.

If you intend to have children your doctor will probably advise you not to get your partner pregnant for some time after your treatment finishes.

You may be asked to wait six months or a year. That's because there could be a chance of birth defects in the baby if your sperm have been damaged. Waiting for a while gives your sperm time to get back to normal.

If you're one of the few men who need both testicles removed you won't be able to father children after your operation. But you can still have your sperm frozen before surgery.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



