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## **Education**

### **Bilateral Orchiectomy**

#### **What is a bilateral orchiectomy?**

A bilateral orchiectomy is a procedure done to remove a man's testes. The testes are the male sex glands that produce sperm and the male hormone testosterone. Another name for the testes is testicles. The testes are inside the pouch of skin called the scrotum.

#### **When is it used?**

This procedure is usually done when you have cancer in your prostate gland and it has spread to other parts of your body, usually the bones. Removal of the testes, which make most of the male hormone testosterone, can reduce the amount of this hormone in the body. Testosterone "feeds" the prostate cancer cells. If there is less male hormone in the body, prostate cancers and cancers that have spread from the prostate (metastases) usually get smaller for a period of months to a few years.

In some cases the testes may be removed because of a cancer in the testes.

Examples of alternatives to this procedure are:

- radiation therapy or surgical removal of the prostate gland if the cancer is limited to the gland
- taking female hormones, such as estrogen
- having shots of medicine (Lupron or Zoladex) that blocks the production of male hormones
- taking oral medicine that blocks the production or effects of male hormones (antiandrogen pills)
- having chemotherapy
- having radiation therapy to the bones if the cancer has spread to the bones and is causing uncontrolled pain
- choosing not to have treatment, recognizing the risks of your condition.

You should ask your health care provider about these choices.

#### **How do I prepare for a bilateral orchiectomy?**

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow the instructions your health care provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water.

#### **What happens during the procedure?**

You will probably be given a local or regional (spinal or epidural) anesthetic. Local and regional anesthetics numb the lower part of your body while you remain awake. If you are given a general anesthetic instead, it will relax your

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muscles and put you to sleep. All types of anesthesia will keep you from feeling pain during the operation.

The surgeon will make a cut in your groin and pull up and remove the testes. The surgeon will then close the cut.

You can ask your surgeon to insert a prosthesis or artificial replacement for the testes in your scrotum to give the look and feel of a normal scrotum.

### **What happens after the procedure?**

Usually you will be able to leave the hospital the same day. Ask your health care provider how long you should wear an athletic supporter and avoid strenuous work or lifting.

You will be sterile after this procedure. Other effects of the removal of the testes may be:

- weight gain
- a loss of sex drive
- trouble having erections.

Because of the far-ranging effects of this operation, you will want to talk to your health care provider about your concerns. Your provider may refer you to a therapist for counseling.

You should ask your provider what other steps you should take and when you should come back for a checkup.

### **What are the benefits of this procedure?**

The cancer may grow more slowly, stop growing, or, more likely, shrink for a period of time. You should have less pain in areas where the cancer has spread to the bones.

After this procedure, you do not need to take female hormones, injections, or anti-androgen pills. These alternative treatments are expensive and must be taken continuously.

### **What are the risks associated with this procedure?**

- There are some risks when you have general anesthesia. Discuss these risks with your provider.
- A regional or local anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Regional and local anesthetics are safer than general anesthesia.
- The cancer may not get better, and further treatment may be needed.
- You may have infection or bleeding at the site of the cut.

You should ask your provider how these risks apply to you.

### **When should I call my health care provider?**

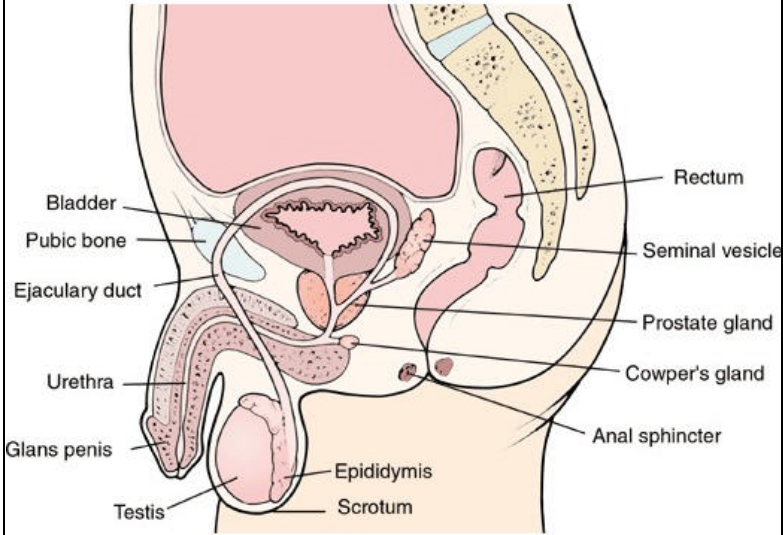
Call your provider right away if:

- You develop a fever.
- You develop a lot of swelling in your scrotum or groin shortly after the operation.
- You have trouble urinating.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

## Male Pelvis: Side View



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