

Document Conception	
Document type	Principles
Document name	STPN Acute Scrotum Management- Revision of June 2024
Document Audience	All tertiary and secondary centre staff involved in the pathways for children (under 18 years) presenting with testicular pain, and undergoing scrotal explorations, with or without orchidopexy or orchidectomy: adult urology and general surgeons in DGHs operating on children, paediatric surgeons, paediatric urology surgeons, anaesthetists, ED clinicians and nurses, paediatric nurses.
Summary	<p>Testicular torsion occurs when a testicle twists on its axis, cutting off the blood supply and causing scrotal pain. Torsion can happen at any age but is most common in teenagers and young adults. If the testicle is twisted, it can die within around six hours where there is a complete obstruction, unless the blood flow can be restored by emergency surgery.</p> <p>This document provides a reference for what is considered best practice across the South Thames region.</p>
Reason for development	Despite being a time-critical surgical emergency, the GIRFT national report on paediatric general surgery and urology found that too many children and young people underwent surgery too late for many testes to be saved, with contributing factors including; delays in contacting a healthcare provider and transfers between healthcare providers for surgery, leading to unacceptable delays and increasing the risk of testicular loss.
	Recent publication of the following documents: GIRFT Children and Young People: Testicular Torsion Pathway and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)- Twist and Shout, Testicular torsion pathway review- both provide recommendations on the challenges described above.
	The STPN published a discussion paper on the approach to management on Children and Young People with Testicular Torsion in 2020, concluding an evidence-based approach for the network. The messages need refreshing and re-emphasising. This revision provides a concise summary of the key recommendations.
Document Benefits	
Key Improvements / Benefits	Timely assessment of testicular pain or tenderness by a surgical decision maker
	Timely admission to theatre for scrotal exploration
	Improved clinical outcomes for children and young people presenting with testicular torsion
	Children and young people under 5 are assessed in a paediatric surgical specialist centre, where identification and diagnosis are more difficult
	Improved patient experience when testicular pain is managed quickly and appropriately
	Ensuring patients have a route for follow-up for a testicular prosthesis at a time that is right for them
Pathway Evaluation	
Evaluation	STPN Torsion Audit data
	>95% of children presenting with acute testicular pain should be seen by a surgical decision maker within 60 minutes of arriving in ED
	Clinical outcomes: Orchidectomy rates
	? the number of healthcare settings a child is seen in to being in a centre which can undertake definitive surgical management- should be 1 or fewer- how would we measure this?
	Number of testicular explorations and orchidopexies performed by provider
	Audit: >80% of children who have had an orchidectomy should have a follow-up outpatient appointment
Implementation / Recommendations: Next Steps	
<p>Overview: In order for the Testicular Torsion Management- Revision document principles to be reemphasised successfully across the network, we need to ensure they are circulated widely across the whole network, to ensure all clinical staff assessing children and young people and those performing procedures are familiar with the agreed standards to be following. The Network would provide support through education and training to centres who aren't meeting expected</p>	

standards. Reviewing the current data and repeating the process each year will allow us to ensure the principles are having the intended outcomes.

Step 1	Each Trust should align local guidelines and policies with the principles set in this document.	
Step 2	STPN collects data regularly from our own audit and from Model Hospital, and discusses with the STPN General Surgery and Urology Working Group.	
Step 3	STPN identifies training and workforce needs.	
Document Contributors		
Created & reviewed by	Developed by the South Thames Surgery in Children ODN, with agreement and sign off by the Surgery in Children General Surgery and Urology Specialty group.	
Authors	Feilim Murphy, Laura Snow	
Consultation provided by	STPN General Surgery and Urology specialty group.	Written: June 2024. Date of document approval: