STPN Acute Scrotum Management

Revision of June 2024

Please read in conjunction with the GIRFT Testicular Torsion Pathway document and the original STPN Acute Scrotum Management Policy

Key Recommendations of the Pathway

These are unchanged from the original document.

- Local surgical centres should see and operate on suspected torsions in boys of 5 years and older.
- The following children should be transferred after local surgical review to the nearest tertiary paediatric surgery centre:
    - Boys under 5 years old
    - Suspected neonatal torsion
    - Boys with a complicated medical history and comorbidities, over 5 years old.
- Although not usually systemically unwell, using the SToPP tool (Safe Transfer of the Paediatric Patient) supports a safe transfer of these patients.
- A boy with suspected torsion should be seen urgently in ED and reviewed by a surgical decision maker with in 60 mins of arrival at the ED.

Areas where a change or a renewed focus is required within individual trusts

Assessment and Treatment

- Children should be reviewed by a surgical decision maker within 60 minutes of arrival at the ED.
- Children with suspected torsion should be operated on within 1 hour of decision for surgery if they have had pain for less than 48 hours.
- There should be an increased awareness of neurodiverse children and young people and cryptorchidism. There can be a difficulty around the identification and diagnosis of the cause of testicular pain, and a higher index of suspicion is required.
- Use of the Twist score is recommended for assessment. This supports a structured assessment. A TWIST score of 5 or over in a child with less than 48 hours of pain mandates a scrotal exploration in the absence of an alternative diagnosis. A score 0 – 4 does not exclude torsion.
- Radiology (ultrasound) is reasonable and warranted if:
    - Another diagnosis (non-torsion) is suspected
    - A new-born that has suspected antenatal torsion
    - The pain has been present for greater than 48 hours

  The GIRFT guidance states *'An ultrasound is indicated if there is a strong suspicion of an alternative diagnosis which significantly changes the management.'* Ultrasound should not significantly delay surgery, when the pain is < 48 hours.

- Surgeons working in departments responsible for undertaking paediatric scrotal explorations should demonstrate evidence of annual CPD activity to refresh and maintain skills.

Follow Up

- After orchidopexy: follow up to assess for delayed testicular atrophy. After orchidectomy: PIFU appointment or GP referral to discuss a prosthesis in their later teenage years.

References

1. STPN, Acute Scrotum Management, Testicular Torsion is a Challenging Issue in Children, 2020, **Add website/ PDF link**
2. GIRFT Children and Young People: Testicular Torsion Pathway Paediatric-testicular-torsion-pathway-guide-FINAL-V1-February-2024.pdf (gettingitrightfirsttime.co.uk) 2024
3. STPN, Safe Transfer of the Paediatric Patient or STOPP Tool, Version 4, December 2023, STOPP-Tool-v4.pdf (stpn.uk)
4. NCEPOD, Twist and Shout- A review of the pathway and quality of care provided to children and young people aged 2-24 years who presented to hospital with testicular torsion, 2024, Twist and Shout_full report.pdf (ncepod.org.uk)