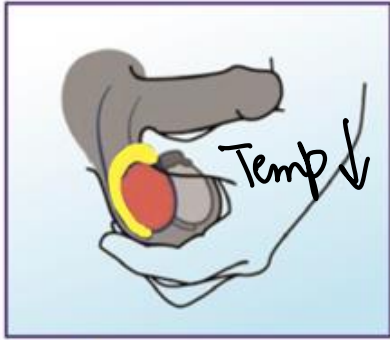


Testicular cancer



TSE: Testis self examination
To be performed on: once/mth → Each month same day

Chimney sweeper cancer → SCROTAL CANCER
Age of presentation of testicular cancer → Young adult

Types

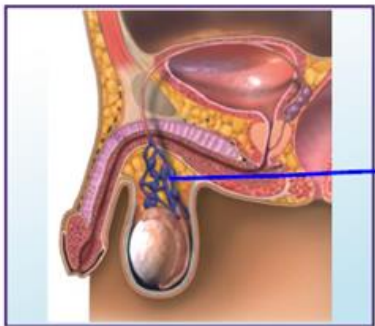
1 SEMINOMA

2 NON SEMINOMATOUS GERM CELL TUMOR

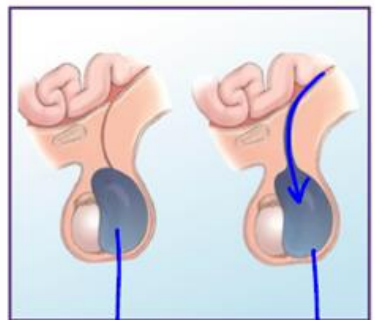


- Risk factors *
- 1. Crypto orchidism
 - 2. family H/O
 - 3. Klinefelter syn 47XXY

Trauma, Hot baths, Nylon undergarments : Not a cause



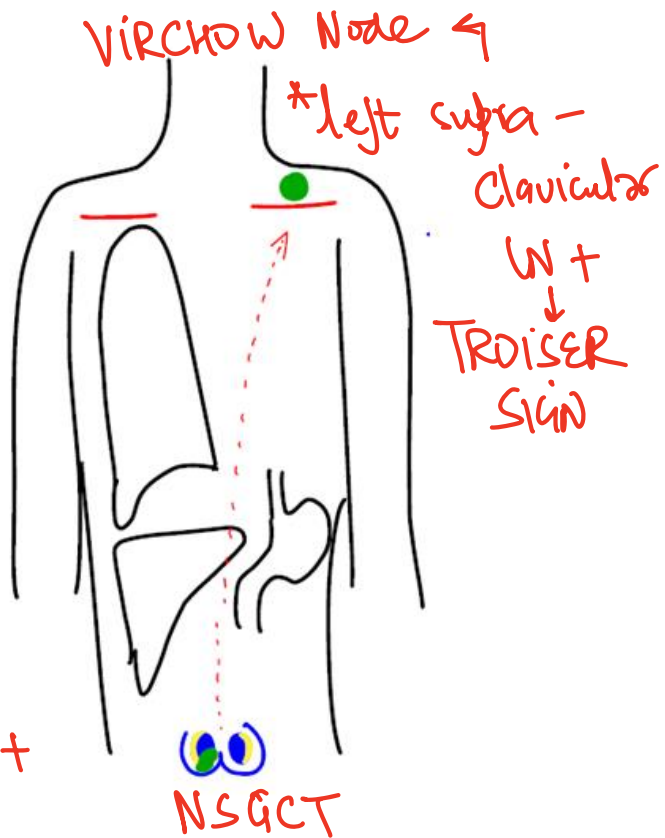
VARICOCELE
"Bag of WORMS"



HYDROCELE

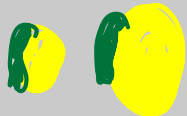


Transillumination +



30-60 yr

15-30 yr

Features	Seminoma <i>radiosensitive</i>	Non seminomatous
Presentation	Localized to testis 	Extension to epididymis spermatic cord or scrotal sac
Metastasis	PARA-ADRTIC LN +	Hematogenous ↑ α FP, β hcg, LDH ↑
Treatment	Radiotherapy	CHEMOTHERAPY Bleomycin etoposide
Prognosis	Good ↑	Dependent to type seen ↑ platinum

Sx Testis Ca = Radical inguinal orchiectomy

Nursing assessment

solid

1. Painless mass in scrotum with dragging sensation

2. Palpable lymph nodes ⊕ Para aortic group ++, Troiser sign

3. Gynecomastia ±

4. Back pain

5. Bone pain

6. Left supraclavicular lymph node enlargement

- Hernia ⇒ Reducible, cough impulse

- Hydrocele ⇒ Transillumination +

- Varicocele ⇒ dilated veins

β-hcg acts like LH: + Leydig cells

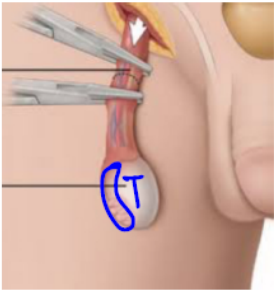
NSGCT

: produce estrogen

Nursing interventions

PREPARE for

1. Chemotherapy
2. Radiotherapy → TOC: SEMINOMA
3. Unilateral orchidectomy: Only testis removed
4. Radical orchidectomy Testis + Spermatic Cord removed
5. Explain about ART Like sperm banking



Assisted Reproductive Technique

6. Follow up

LANCCE

ARM STRONG

Post-op orchidectomy

1. Watch for bleeding and wound infection
2. Input output monitoring
3. Pain relief with ice pack
4. Suture removal : 7-10 days post procedure
5. Avoid lifting weights for 6 weeks
6. TSE on opposite side monthly : Risk of CL Testis malignancy
7. IMPLANT (TESTIS)