



# LimeHealth

Health information one slice at a time

## **Testicular Self-Exam**

**By Peter Jaret**

### **Is it important to examine my testicles?**

Routine self-exams have not been shown to improve your chances of detecting and surviving testicular cancer. However, if you have symptoms of testicular cancer such as pain or swelling of the testicles or the scrotum, a testicular exam could save your life. Most cases of testicular cancer are first detected by men themselves, when they notice something unusual. The doctor will typically examine your testicles during a standard physical, but doing a check yourself may help you spot signs of trouble earlier -- and the earlier cancer is treated, the better the odds of surviving it are. Well over 99 percent of all cases of testicular cancer are treated successfully.

### **How common is testicular cancer?**

Although this disease accounts for only 1 percent of all cancer cases in men, it's the most commonly occurring cancer among males 15 to 34 years old. Researchers have charted a slow rise in the number of cases over the last 15 years. Fortunately, there has been a dramatic decrease in deaths caused by this form of cancer -- the result of early detection and more effective treatment. The National Cancer Institute estimates there were about 8,480 new cases of testicular cancer in 2010, and about 350 men died of the disease.

### **Who is most at risk?**

Any man can get the disease. White men are five to 10 times more likely to develop cancer of the testicles than are black men. A man with an undescended testicle (one that has never moved down into the scrotum) has a slightly higher than normal risk of testicular cancer, even if he's had surgery to correct the problem. If the disease runs in your family, your chances of getting it may also be slightly higher. And men who are born with abnormalities of the testicles, penis, or kidneys may also have a higher risk.

### **What are the signs of trouble?**

The most common danger signs are a lump or an unusual enlargement of one or both testicles. That's why doing a periodic exam is so important. Other symptoms

include pain or discomfort in either the testicles or the scrotum that lasts for more than two weeks. You should also see your physician if you notice a sudden swelling caused by a buildup of fluid in the scrotum. These symptoms may simply be signs of an injury or infection, but they're important enough to report to the doctor immediately.

### **How do I examine my testicles?**

It's easy. Do your self-exam after a warm bath or shower (warmth helps relax the scrotum, making it easier to detect anything unusual). First, do a visual exam. Standing in front of a mirror, look for any signs of swelling in the skin of your scrotum. Second, feel each testicle for any unusual lumps or swellings. To do this, place your index and middle fingers on the bottom of one testicle, with your thumb on the top; then gently roll the testicle between your fingers. Examine your other testicle in the same way. Don't be surprised to discover that one testicle is slightly larger than the other. That's normal. Healthy testicles are smooth, oval-shaped, and rather firm. Most lumps are found on the side of a testicle, but they can also show up on the front, so check the whole testicle carefully.

### **What if I find something suspicious?**

See your physician right away if you notice anything unusual. If the doctor confirms that something doesn't feel quite right, he or she may do an ultrasound examination, which uses sound waves to create an image of the testicles' interior. If the ultrasound shows an abnormality, your doctor may order blood tests that are helpful in diagnosing testicular cancer. This generally provides enough information to make a diagnosis. In rare cases, a biopsy may be needed. The testicle is removed from the scrotum and examined while the cord that connects it to the urethra remains intact. If the surgeon finds a suspicious growth, he or she may remove a portion and have it examined under a microscope. If cancer cells are present, the testicle is removed. If no cancer is detected, the testicle is placed back in the scrotum.

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