



## CHRONIC SCROTAL PAIN (CSP)

Information about your condition from  
The British Association of Urological Surgeons (BAUS)

You have been given this leaflet because you have been diagnosed with **chronic scrotal pain (CSP)**. The aim of the leaflet is to provide you with detailed information about the condition.

We have consulted specialist surgeons during its preparation, so it represents best practice in UK urology. You should use it in addition to any advice already given to you.



<http://rb.gy/0zr4w>

To view this leaflet online, scan the QR code (above right) or type the short URL below it into your web browser:

### What is chronic scrotal pain?

This is defined as:

- intermittent or constant pain, localised to scrotal structures, including the testicle, epididymis (a tubular structure behind the testicle) and spermatic cord; and
- pain that lasts at least 3 months, causing significant interference with the activities of daily living.

One or both sides may be affected.

A wide range of conditions can cause CSP symptoms. These include chronic infections or inflammation of the scrotal structures, fluid accumulating around the testis (hydrocele), large veins above the testicle (varicocele), post-vasectomy pain syndrome (PVPS) and, rarely, testicular tumours. Other conditions can cause pain which is “referred” to the scrotum. These include nerve entrapment (e.g. following inguinal hernia repair), pelvic floor muscle disorders, kidney stones, vertebral disc disease and hip pathology.

### Is it the same as acute scrotal pain due to epididymitis?

No. Acute epididymitis is a different condition, which can affect your testis as well (epididymo-orchitis). It is usually due to an infection with bacteria

and can cause a lot of pain and swelling. It may even result in emergency admission to hospital, and often needs to be treated with prolonged courses of antibiotics.

## **What are the symptoms of chronic scrotal pain?**

The commonest symptom is a low-grade ache in one testicle. The pain may also spread to other areas, such as your groin or into your penis. Many men report that it can be worse during exercise or when you ejaculate. There may also be associated changes in your urinary symptoms.

## **What tests will be done?**

Your GP or urologist will listen to your symptoms and examine you. Sometimes pain felt in the testicle can be from other causes, most commonly problems with ligaments in your groin.

As a general rule, tests are not necessary, but an ultrasound scan of the scrotum may be arranged, and your doctor may wish to assess your urinary tract with a simple urine test or flow rate measurement. The tests performed depend on your underlying symptoms.

You may be asked to attend a Sexual Health Centre for further investigations and we may send a urine specimen for bacterial culture.

## **What can be done about chronic scrotal pain?**

### **1. Medical treatment**

Non-surgical treatments can be divided into:

- medicines to tackle any infection & inflammation;
- long-term pain medication to try & help you manage your symptoms; and
- injections to block the nerves from your scrotum (spermatic cord block).

### **2. Surgical treatment**

The type of surgery recommended will depend on the cause of your pain. Surgical options include:

- [vasectomy reversal](#) (if appropriate);
- [varicocele repair](#);
- [removal of your epididymis](#);
- micro-surgical denervation of your spermatic cord; and

- occasionally, men may choose to have surgical removal of the affected testicle ([simple orchidectomy](#)).

### **Will these treatments cure my chronic epididymitis?**

Unfortunately, not always. However, there is good evidence that around 7 out of 10 men (70%) improve with some form of treatment.

If treatment offered by your urologist does not work, you may then be referred to a specialist **Pain Management Clinic**.

### **What sources were used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

NHS hospitals have local arrangements with their Clinical Commissioning Groups (CCGs) about which medicines can be prescribed. As a result, some drugs recommended cannot be prescribed by local hospitals.

Your treatment will be planned with the doctors responsible for your care, considering not only which drugs are, or are not, available at your local hospital but also what is necessary to give you the best quality of care.

Healthcare professionals are advised to check prescribing arrangements with their local hospital or CCG.

This leaflet also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.