

Testis twists

A plain-English guide for you and your family

WHAT IS HAPPENING

Normally, each testicle hangs inside the scrotum on a spermatic cord (a bundle of blood vessels, nerves, and the tube that carries sperm). The cord is anchored to the back wall of the scrotum, so the testicle cannot spin around. In testicular torsion, the cord is not anchored properly (called bell-clapper deformity because the testicle hangs like the clapper inside a bell). This lets the cord twist like a telephone cord. When it twists, it squeezes shut the artery and vein inside, so blood cannot reach the testicle anymore. Without blood, the testicle starts to die. That is why the pain is sudden and terrible, and why the body reacts so strongly — vomiting, sweating, and pulling the testicle up toward the belly. You have about 6 hours from the start of pain to untwist the cord in surgery. After that, the testicle will be dead and cannot be saved. This is a race against the clock, and ultrasound wastes time. If a boy or man has sudden, severe pain in one testicle with no injury, doctors must treat it as torsion and take him to the operating room right away.

What you might feel

- Sudden, severe pain in one testicle that starts quickly and doesn't go away
- The painful testicle sits higher than the other one or is turned at an odd angle
- Swelling and redness of the scrotum (the skin sac holding the testicles)
- Nausea and vomiting
- Belly pain or lower stomach pain on the same side
- The cremasteric reflex is missing (when you stroke the inner thigh, the testicle on that side normally pulls up slightly but it doesn't in torsion)
- Pain does NOT get better when you lift the testicle gently (negative Prehn sign)
- Most common in teenagers (ages twelve to eighteen) but can happen at any age, including newborns

Call the doctor right away if...

- Sudden testicle pain lasting more than one hour — this is a race-against-time emergency because the testicle starts dying after four to six hours without blood

- Testicle pain with vomiting or severe belly pain — means the pain is bad enough to upset the whole nervous system and raises the chance of true torsion
- A testicle that looks higher, swollen, very red, or positioned oddly compared to the other side — these are visible clues the cord has twisted
- No improvement or worsening pain even after rest or pain medicine — torsion pain doesn't ease until the twist is fixed

What the care team will do

- Call the urology surgeon and operating room team immediately upon suspicion of testis twist
- Keep the patient from eating or drinking anything (NPO, nothing by mouth)
- Start an IV line with normal saline running to keep the vein open
- Give strong pain medicine through the IV as ordered by the doctor, usually an opioid like morphine or fentanyl
- Give anti-vomit medicine through the IV as ordered, such as ondansetron (Zofran)
- Position the patient comfortably with the scrotum supported, but do not apply ice or try to manually untwist the testicle
- Monitor vital signs every 15 minutes and watch for signs of shock like fast heart rate, low blood pressure, or pale sweaty skin
- Document the exact time the pain started and reassure the patient and family while preparing for immediate transport to the operating room

Medicines you may be given — and why

First do this: no food, IV line, pain medicine, stop-vomit medicine

Second call urology doctor now. Third try gentle untwist from inside out, like opening a book. Fourth go to surgery — fix both sides by untwisting, checking if dead, fixing both. Fifth remove if dead tissue. Sixth save the testis over 90 percent of the time in first 6 hours, drops fast after. Each medicine on this list does a body job. Name the job before naming the drug. The medicine is the tool, the broken step is the target. Avoid the reflex of one-symptom-one-drug. Match each agent to bell-clapper deformity lets twisting happen, often both sides can do it and the patients individual physiology.

Where this information comes from

- AUA Testicular Torsion Guideline 2019
- AAP Clinical Report on Acute Scrotal Pain 2016

- UpToDate Clinical Overview (Wolters Kluwer)
- AAFP American Family Physician Review 2020

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