

EXCLUSION CRITERIA

Infants less than 1 year of age

GUIDELINE INCLUSION CRITERIA

Males presenting with scrotal swelling and/or scrotal pain.

Testicular Torsion Management Pathway

Evidence Based Outcome Center



Patient with painless scrotal swelling

Acute onset of scrotal pain, intermittent scrotal pain, testicular trauma (blunt or penetrating), non-verbal with testicular swelling

Suspect Testicular Torsion?

Triage as ESI Level 2 Protocol:
• NPO
• UA and urine culture
• STAT Testicular doppler US – may repeat if a transfer patient
Complete H&P
Review pertinent risk factors
Complete **TWIST Scoring** in Compass²

Review Ultrasound Results

Negative

Positive

Torsion should be considered in males presenting with abdominal pain including triage questions
(may also require a prompt testicular exam)

Testicular salvage rates are the highest when surgical intervention occurs within 6 hours of onset of symptoms.

! ALERT
Patients aged 15 and above with acute emergencies and no comorbidities should be treated at the presenting site unless care capabilities are exceeded.

Manual Detorsion

- US before and after manipulation to document restoration of blood flow
- Patient will still require orchiopexy of both testicles
- Consider manual detorsion in cases with anticipated transport delay

1

Consider Alternative Diagnosis

- POC STI Testing
- Torsion of Appendix of Testis
- Orchitis/Epididymitis
- Tumor/Trauma
- Incarcerated Inguinal Hernia
- Varicocele
- Vasculitis
- Orchialgia
- Hydrocele (typically causes non tender swelling)

Consult Urologist Immediately

- Urology Consult complete within 1 hr of call
- IV,NS Bolus as indicated
- Pain Management
- Prep for transport to OR

Urologist notifies OR

- Taken to OR within 30 min

Outside Hospital Transfer (patient < 15 years)

- Communicate with OSH:
 - NPO
 - Bring Disk
 - Urgency of transport
- Upload disk STAT, no radiology read needed if there is a definitive diagnosis
- Patient has a confirmed torsion → ED notifies Urologist by phone (not Voalte)
- No imaging or US equivocal → repeat US → follow algorithm at "Review Ultrasound Results"

Testicular Torsion Review: **TWIST SCORE** (5 variables: Score 0-7 Points)

Presence of Testicular Swelling = 2 points Presence of Hard Testicle = 2 points Absence of Cremasteric Reflex = 1 point Presence of High Riding Testicle = 1 point Presence of Nausea/Vomiting = 1 point	TWIST 3-4 Intermediate Risk <ul style="list-style-type: none">• Non-verbal or difficult to assess child with concern for TT – continue NPO and pain management
TWIST 0-2 Low Risk <ul style="list-style-type: none">• Cremasteric Reflex Present• Prehn's Sign positive• Patient denies pain• Consider alternate diagnosis	TWIST ≥ 5 High Risk <ul style="list-style-type: none">• Abnormal lie of testicles• Absent cremasteric reflex• Severe pain w/nausea and vomiting• Consider manual detorsing when appropriate 1• Consult Urology

2



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Revision History

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