

Chief Medical Officer notification of a new protocol for patients with an impalpable testicular lesion undergoing orchidectomy.

As a result of a recent sentinel event whereby the incorrect testis was removed from a young man, the following action will be implemented across all Epworth Hospitals immediately:

- Any ***non-palpable testicular mass*** admitted for orchidectomy will require a **mandatory pre-operative day of surgery** confirmatory ultrasound to be performed with marking of the involved testis confirmed by sonographer, patient and surgeon.
- This protocol will be met by any of the following arrangements:
 - A scrotal ultrasound carried out by an ultra-sonographer with the surgeon present to mark the side. This may occur in either:
 - The radiology department
 - The admission area or operating suite.
 - An ultrasound carried out by the urologist to mark the side. This may occur in:
 - The admission area
 - The anaesthetic bay
 - The operating theatre with the patient awake.
- In all cases the marking of the side must be carried out by the surgeon carrying out the orchidectomy
- Note: This protocol only applies to non-palpable testicular lesions, and does not apply to palpable lesions where the ultrasound and physical examination are in concordance.

Circumstances of the event resulting in this action:

- A young man presented to his GP with a history of a recent increase in the size of his left testis.
- He had a history of having had an orchidopexy as a child and a family history of testicular cancer (father).
- He underwent an ultrasound of the scrotum at an external provider that identified a lesion in the left testis that was suspicious for cancer
- There was no palpable lesion in either testis when examined by the treating urologist and confirmed by a second urologist.
- As a result of the clinical history as well as the documented ultrasound finding, he was booked for a left orchidectomy as per the ultrasound scan and labelling.
- The ultrasound was reviewed as part of the time-out process by the treating urologist and the left testis was marked for surgery with the agreement and consent of the patient. The orchidectomy was undertaken with no complications.
- The histology identified a benign testis with no lesion present. This result was obtained two days after the surgery.
- A repeat ultrasound of the remaining right testis showed the suspicious lesion.
- The patient then underwent a partial orchidectomy of the right testis with the pathology showing a classic seminoma.
- The root cause analysis (RCA) process identified that the external radiology service had mislabelled the scan, with the right testis labelled as the left. It was felt that this was likely due to bias as a result of the patient complaining about the left testicle swelling with an expectation that the left testis would be site of a lesion. Images of both hemiscrota in

transverse, sagittal and/or coronal planes were not obtained which may have allowed identification of the error. No explanation was provided to account for this.

- No fault was found with the management of the case by the treating urologists.