

Testicular torsion study: Clinician questionnaire

A. Introduction

What is this study about?

The aim of this study is to review the pathway and quality of care in patients (children and young people) admitted to hospital with testicular torsion or pain leading to testicular torsion.

Inclusions

Patients aged between 2 - 24 years (inclusive) admitted to hospital with a diagnosis of testicular torsion, who underwent one of the included procedures, between the 1st April 2021 - 31st March 2022.

Sampling

Eligible cases were identified from the hospital central record system (using ICD10 codes). Up to 10 cases per hospital have been selected for review

Who should complete this questionnaire?

This questionnaire should be completed by the surgeon who was responsible for the care of the patient at the time of the operation.

Please do not include any patient identifiers in the free text boxes

Questions or help

If you have any queries about this study or this questionnaire, please contact: testicular torsion@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:
Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) - 'An Acute Problem' (2005).
Appointment of a National Clinical Director for Trauma Care - 'Trauma: Who Cares?' (2007).
Development of NICE Clinical Guidelines for Acute Kidney Injury, published 2013 - 'Adding Insult to Injury' (2009).
Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' (2014).
Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' (2015).
Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' (2017).

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.

1a. Grade of clinician completing the questionnaire

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1& ST2 or CT equivalent)
- Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- Senior staff nurse, enrolled nurse
- Unknown

1b. Speciality of clinician completing the questionnaire

- General surgery
- Urology
- Emergency medicine
- Paediatrics
- Paediatric surgery
- Unknown

If not listed above, please specify here...

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel is relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

C. Patient details

1a. Did the patient have an operation for testicular torsion during this admission?

- Yes No Unknown

If this patient did not have an operation for testicular torsion during this admission, please return this questionnaire to your Local Reporter (hand your assignment back) who will notify NCEPOD

1b. Age at admission

years Unknown

Value should be between 2 and 24

2. How does this patient self identify?

- Male Female Unknown

If not listed above, please specify here...

3. Ethnicity

- White British/White - other
 Black/African/Caribbean/Black British
 Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)
 Mixed/Multiple ethnic groups
 Unknown

If not listed above, please specify here...

4. Diagnosis

- Left testicular torsion Right testicular torsion Bilateral testicular torsion
 Unknown

If not listed above, please specify here...

5. Did the patient have any communication difficulties? (Please tick all that apply)

- Language Hearing difficulties Learning disability
 None Unknown

Please specify any additional options here...

6. Did the patient have any learning difficulties?

- Yes No Unknown

7. Did the patient have the capacity to consent to treatment?

- Yes No Unknown

1a. Approximately what date did the symptoms start?

Unknown

1b. Approximately what time did the symptoms start?

Unknown

2. From whom did they seek advice (prior to hospital admission)? (Please tick all that apply)

- NHS 111
- GP
- Urgent treatment centre
- NA - presented directly to the emergency department
- Unknown

Please specify any additional options here...

3a. Had the patient attended the GP, Emergency Department or hospital in the week prior to admission, with symptoms which could have indicated testicular torsion (eg testicular or abdominal pain)? (Please tick all that apply)

- Yes - GP
- Yes - Surgical assessment unit
- No
- Yes - Emergency department
- Yes - Paediatric assessment unit
- Unknown

Please specify any additional options here...

**3b. If answered "Yes - GP", "Yes - Emergency department", "Yes - Surgical assessment unit" or "Yes - Paediatric assessment unit" to [3a] then:
If YES, were the testicles examined at the time?**

- Yes
- No
- Unknown

**3c. If answered "Yes - GP", "Yes - Emergency department", "Yes - Surgical assessment unit" or "Yes - Paediatric assessment unit" to [3a] then:
If YES, was there a delay in referral by the previous clinician?**

- Yes
- No
- Unknown

**3d. If answered "Yes - GP", "Yes - Emergency department", "Yes - Surgical assessment unit" or "Yes - Paediatric assessment unit" to [3a] and "Yes" to [3c] then:
If YES, where did this delay occur? (Please tick all that apply)**

- GP
- Paediatric assessment unit
- Emergency department
- Unknown
- Surgical assessment unit

Please specify any additional options here...

**3e. If answered "Yes - GP", "Yes - Emergency department", "Yes - Surgical assessment unit" or "Yes - Paediatric assessment unit" to [3a] and "Yes" to [3c] then:
Please give any further details**

4. Prior to arrival in hospital, was a clinical risk score calculated?

Please see definitions

Yes

No

Unknown

E. Arrival at hospital

1a. What was the date of arrival at hospital?

Unknown

1b. What was the time of arrival at hospital?

Unknown

2. Where was the patient first seen on arrival?

- Paediatric Emergency Department
- Surgical Admissions Unit (SAU)
- Surgical ward
- Unknown

- Adult Emergency Department
- Paediatric Admissions Unit (PAU)
- Paediatric ward

If not listed above, please specify here...

3a. Mode of referral:

- Self-referral
- 111 referral
- Unknown

- GP referral
- Transfer from another hospital

If not listed above, please specify here...

3b. If answered "GP referral" to [3a] then:

If GP referral, please provide the name of the young person's GP practice. Please do not provide any clinician names.

If transferred from another hospital

**4. If answered "Transfer from another hospital" to [3a] then:
What was the mode of transfer to this hospital?**

- Ambulance
- Own/parent carer transport
- Unknown

If not listed above, please specify here...

**5. If answered "Transfer from another hospital" to [3a] then:
What was the reason for the transfer to this hospital? (Please tick all that apply)**

- No surgeon competent in torsion management
- No anaesthetist competent to anaesthetise patient
- No emergency surgical services on this site
- Unknown

Please specify any additional options here...

**6a. If answered "Transfer from another hospital" to [3a] then:
What was the date of referral to this hospital?**

Unknown

**6b. If answered "Transfer from another hospital" to [3a] then:
What was the time of referral to this hospital?**

Unknown

F. Initial assessment on arrival

Please save the questionnaire as you work through this section

1a. What was the date of the first assessment on arrival?

Unknown

1b. What was the time of the first assessment on arrival?

Unknown

1c. What grade of clinician was responsible for undertaking the first assessment on arrival?

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1& ST2 or CT equivalent)
- Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- Senior staff nurse, enrolled nurse
- Unknown

If not listed above, please specify here...

1d. What specialty of clinician was responsible for undertaking the first assessment on arrival?

- Emergency medicine
- General surgery
- Urology
- Paediatrics
- Paediatric surgery
- Unknown

If not listed above, please specify here...

2. Where was the location of the initial assessment on arrival?

- Paediatric Emergency Department
- Adult Emergency Department
- Surgical Admissions Unit (SAU)
- Paediatric Admissions Unit (PAU)
- Surgical Ward
- Paediatric ward
- Unknown

If not listed above, please specify here...

3a. Please describe the clinical presentation of the patient at initial assessment: (Please tick all that apply)

- Testicular pain
- Abdominal pain
- Nausea
- Vomiting
- Unknown

Please specify any additional options here...

3b. If answered "Testicular pain" to [3a] then:
What was the approximate duration of testicular pain?

 hours

Unknown

3c. If answered "Abdominal pain", "Nausea" or "Vomiting" to [3a] then:
What was the approximate duration of these symptoms?

 hours

Unknown

4. Were the testes examined as part of the initial assessment?

- Yes No Unknown

5a. Was a clinical risk score calculated as part of the initial assessment?

Please see definitions

- Yes No Unknown

**5b. If answered "Yes" to [5a] then:
If YES, what score was used?**

- TWIST score Unknown

If not listed above, please specify here...

**5c. If answered "Yes" to [5a] then:
If YES, what was the score?**

- Unknown

6a. Was a urine dip performed as part of the initial assessment?

- Yes No Unknown

**6b. If answered "Yes" to [6a] then:
Was it positive for infection markers?**

- Yes No Unknown

**6c. If answered "Yes" to [6a] and "Yes" to [6b] then:
What action did you take as a result of this?**

7a. Which of the following investigations were undertaken as a result of the initial assessment? (Please tick all that apply)

- FBC U&E CRP Urinalysis
 MSU Ultrasound Unknown

Please specify any additional options here...

**7b. If answered "Ultrasound" to [7a] then:
If ULTRASOUND, where was this undertaken?**

- Emergency department Radiology department Unknown

If not listed above, please specify here...

**7c. If answered "Ultrasound" to [7a] then:
If ULTRASOUND, who undertook this?**

- Radiologist Sonographer Unknown

If not listed above, please specify here...

**7d. If answered "Ultrasound" to [7a] then:
If ULTRASOUND, what did this show?**

- Torsion of testis Torsion of appendage of testicle
 Epididymitis Equivocal
 Unknown

If not listed above, please specify here...

**7e. If answered "Ultrasound" to [7a] then:
If ULTRASOUND, did this help diagnosis and management?**

- Yes No Unknown

8a. Were you able to access all necessary investigations during the initial assessment?

- Yes No Unknown

**8b. If answered "No" to [8a] then:
If NO, please specify which investigations could not be accessed: (Please tick all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> FBC | <input type="checkbox"/> U&E |
| <input type="checkbox"/> CRP | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> MSU | <input type="checkbox"/> Emergency Department ultrasound |
| <input type="checkbox"/> Radiology department ultrasound | <input type="checkbox"/> Other department ultrasound |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

9a. Was a management plan written following the initial assessment?

- Yes No Unknown

**9b. If answered "Yes" to [9a] then:
If YES, did this include: (Please tick all that apply)**

- Fasting Monitoring vital signs Urgent referral to surgeon
 Unknown

Please specify any additional options here...

10. Following the initial assessment on arrival, was the patient commenced on a dedicated pathway for testicular torsion?

- Yes No Unknown

11a. What was the date of the first ST3+ or equivalent review following arrival?

This may be the same date as question 1a. If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

- Not Applicable Unknown

11b. What was the time of the first ST3+ or equivalent review following arrival?

This may be the same time as question 1b. If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

Not Applicable Unknown

11c. What was the specialty of the first ST3+ or equivalent review following arrival?

This may be the same specialty as question 1d. If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

- General surgery Urology Emergency medicine Paediatrics
 Paediatric surgery Unknown Not applicable

If not listed above, please specify here...

12a. If answered "Emergency medicine", "Paediatrics", "Unknown" or "Not applicable" to [11c] then:

What was the date of the first ST3+ or equivalent SURGICAL review following arrival?

If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

Not Applicable Unknown

12b. If answered "Emergency medicine", "Paediatrics", "Unknown" or "Not applicable" to [11c] then:

What was the time of the first ST3+ or equivalent SURGICAL review following arrival?

If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

Not Applicable Unknown

12c. If answered "Emergency medicine", "Paediatrics", "Unknown" or "Not applicable" to [11c] then:

What was the specialty of the first ST3+ or equivalent SURGICAL review following arrival?

If not reviewed by a clinician ST3+ or equivalent following arrival, please mark as not applicable

- General surgery Urology Paediatric surgery Unknown
 Not applicable

If not listed above, please specify here...

13a. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)", "Junior specialist trainee (ST1& ST2 or CT equivalent)", "Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)", "Senior staff nurse, enrolled nurse" or "Unknown" to [1c] then:

What was the date of the first CONSULTANT review following arrival?

Unknown

13b. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)", "Junior specialist trainee (ST1& ST2 or CT equivalent)", "Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)", "Senior staff nurse, enrolled nurse" or "Unknown" to [1c] then:

What was the time of the first CONSULTANT review following arrival?

Unknown

13c. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)", "Junior specialist trainee (ST1& ST2 or CT equivalent)", "Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)", "Senior staff nurse, enrolled nurse" or "Unknown" to [1c] then:

What was the specialty of the first CONSULTANT review following arrival?

- General surgery Urology Emergency medicine Paediatrics
 Paediatric surgery Unknown

If not listed above, please specify here...

14a. Was the patient taken directly from ED to theatre?

- Yes No Unknown

14b. If answered "Yes" to [14a] then:

If YES, what was the grade of clinician who made this decision?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1& ST2 or CT equivalent)
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
 Senior staff nurse, enrolled nurse
 Unknown

If not listed above, please specify here...

14c. If answered "Yes" to [14a] then:

If YES, what was the specialty of the clinician who made this decision?

- General surgery Urology Emergency medicine Paediatrics
 Paediatric surgery Unknown

If not listed above, please specify here...

G. Admission to the ward

1. Was the patient admitted to a ward prior to going to theatre?

- Yes No (taken directly to theatre)
 Unknown

If NO, please go to Section H

2a. If answered "Yes" to [1] then:

What was the date of the first review following admission?

Unknown

2b. If answered "Yes" to [1] then:

What was the time of the first review following admission?

Unknown

2c. If answered "Yes" to [1] then:

What was the grade of the clinician responsible for undertaking the first review following admission?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1& ST2 or CT equivalent)
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
 Senior staff nurse, enrolled nurse
 Unknown

If not listed above, please specify here...

2d. If answered "Yes" to [1] then:

What was the specialty of the clinician responsible for undertaking the first review following admission?

- General surgery Urology Paediatrics Paediatric surgery
 Unknown

If not listed above, please specify here...

3. If answered "Yes" to [1] then:

Following admission to the ward, was the patient commenced on a dedicated pathway for testicular torsion?

- Yes No
 Unknown
 NA - already commenced on pathway at arrival

4a. If answered "Yes" to [1] then:

Was a clinical risk score calculated on admission to the ward?

Please see definitions

- Yes No Unknown

**4b. If answered "Yes" to [1] and "Yes" to [4a] then:
If YES, what score was used?**

- TWIST score Unknown

If not listed above, please specify here...

**4c. If answered "Yes" to [1] and "Yes" to [4a] then:
If YES, what was the score?**

Unknown

Please save the questionnaire as you work through this section

1a. What was the date the decision was made to operate?

Unknown

1b. What was the time the decision was made to operate?

Unknown

1c. What was the grade of clinician who made the decision to operate?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1& ST2 or CT equivalent)
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
 Senior staff nurse, enrolled nurse
 Unknown

If not listed above, please specify here...

1d. What was the specialty of the clinician who made the decision to operate?

- General surgery Urology Emergency medicine Paediatrics
 Paediatric surgery Unknown

If not listed above, please specify here...

2a. Was a consent form completed?

- Yes No Unknown

2b. If answered "Yes" to [2a] then:

If YES, what was the grade of the clinician taking consent?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1& ST2 or CT equivalent)
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
 Senior staff nurse, enrolled nurse
 Unknown

If not listed above, please specify here...

2c. If answered "Yes" to [2a] then:

If YES, what was the specialty of the clinician taking consent?

- General surgery Urology Paediatrics Paediatric surgery
 Unknown

If not listed above, please specify here...

2d. If answered "Yes" to [2a] then:

If YES, were the benefits and risks of the procedure stated on the consent form?

- Yes No Unknown

2e. If answered "Yes" to [2a] and "Yes" to [2d] then:

If YES, did this include risk of? (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Swelling and bruising of scrotum | <input type="checkbox"/> Testicular loss |
| <input type="checkbox"/> Palpable stitches | <input type="checkbox"/> Haematoma |
| <input type="checkbox"/> Wound infection | <input type="checkbox"/> Late atrophy of the testicle |
| <input type="checkbox"/> Reduced fertility | <input type="checkbox"/> Anaesthetic or cardiovascular problems |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

2f. If answered "Yes" to [2a] then:

What type of consent form was used?

- Consent form 1 Consent form 2 Consent form 4 Unknown

If not listed above, please specify here...

2g. If answered "Yes" to [2a] then:

Was this standardised for testicular torsion?

- Yes No Unknown

3. What was the category of urgency of surgery?

- Immediate Urgent Expedited Elective
 Unknown

4a. What operation was undertaken?

- Orchidectomy Orchidectomy and contralateral orchidopexy
 Unilateral orchidopexy Bilateral orchidopexy
 Unknown

If not listed above, please specify here...

4b. If answered "Orchidectomy" or "Unilateral orchidopexy" to [4a] then:

If ORCHIDECTOMY OR UNILATERAL ORCHIDOPEXY was undertaken, what was the reason for not fixing the other testis?

**4c. If answered to [4a] then:
If OTHER OPERATION, what was the reason for this?**

5a. What was the date of the operation?

Unknown

5b. What was the time of the operation?

Unknown

5c. What was the grade of clinician who operated?

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1 & ST2 or CT equivalent)
- Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- Senior staff nurse, enrolled nurse
- Unknown

If not listed above, please specify here...

6a. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)", "Junior specialist trainee (ST1 & ST2 or CT equivalent)", "Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)" or "Senior staff nurse, enrolled nurse" to [5c] then:

If not performing the operation, was a consultant surgeon supervising?

- Yes No Unknown

6b. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)", "Junior specialist trainee (ST1 & ST2 or CT equivalent)", "Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)" or "Senior staff nurse, enrolled nurse" to [5c] and "Yes" to [6a] then:

Where was this supervision based?

- Home Hospital Unknown

If not listed above, please specify here...

7. What was the grade of the anaesthetist?

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1& ST2 or CT equivalent)
- Unknown

If not listed above, please specify here...

8a. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)" or "Junior specialist trainee (ST1& ST2 or CT equivalent)" to [7] then:

If not performing the operation, was a consultant ANAESTHETIST supervising?

- Yes
- No
- Unknown

8b. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)" or "Junior specialist trainee (ST1& ST2 or CT equivalent)" to [7] and "Yes" to [8a] then:

Where was this supervision based?

- Home
- Hospital
- Unknown

If not listed above, please specify here...

9. Was a prosthesis inserted at the time of surgery?

- Yes
- No
- Unknown

10a. Were there any delays in undertaking the surgery?

- Yes
- No
- Unknown

10b. If answered "Yes" to [10a] then:

If YES, how long was the delay?

 hours Unknown

10c. If answered "Yes" to [10a] then:

If YES, what was the reason for the delay? (Please tick all that apply)

- Unavailability of surgeon
- Unavailability of anaesthetist
- Unavailability of theatre
- Unavailability of theatre staff
- Unavailability of surgeon with patient experience of managing torsion
- Unavailability of anaesthetist with paediatric experience
- Unknown

Please specify any additional options here...

10d. If answered "Yes" to [10a] then:

If YES, what was the impact of the delay? (Please tick all that apply)

- Testicular loss
- Pain
- Unknown

Please specify any additional options here...

11a. In hindsight, was the most appropriate operation undertaken?

- Yes No Unknown

**11b. If answered "No" to [11a] then:
If NO, why not? (Please specify)**

12. Following recovery, where was the patient admitted immediately post-operatively?

- Surgical admissions unit (SAU) Paediatric admissions unit (PAU)
 Surgical Ward Paediatric ward
 Unknown

If not listed above, please specify here...

I. Coordination of care during the whole admission

1a. Were there any delays in the care of this patient during this admission that were outside your control?

- Yes No Unknown

1b. If answered "Yes" to [1a] then:

What was the cause of the delay? (Please tick all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Multiple handovers of care | <input type="checkbox"/> Lack of clinical review | <input type="checkbox"/> Review by inexperienced staff |
| <input type="checkbox"/> Infrequent consultant review | <input type="checkbox"/> Too many clinical reviews | <input type="checkbox"/> Hospital transfer discussions |
| <input type="checkbox"/> Awaiting hospital transfer | <input type="checkbox"/> Delays in imaging | <input type="checkbox"/> Unknown |

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:

What was the impact of the delay? (Please tick all that apply)

- Orchidectomy Pain Sepsis Unknown

Please specify any additional options here...

1d. If answered "Yes" to [1a] then:

Could any of these delays have been avoided?

- Yes No Unknown

1e. If answered "Yes" to [1a] and "Yes" to [1d] then:

If YES, please specify: (Please tick all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Multiple handovers of care | <input type="checkbox"/> Lack of clinical review | <input type="checkbox"/> Review by inexperienced staff |
| <input type="checkbox"/> Infrequent consultant review | <input type="checkbox"/> Too many clinical reviews | <input type="checkbox"/> Hospital transfer discussions |
| <input type="checkbox"/> Awaiting hospital transfer | <input type="checkbox"/> Unknown | |

Please specify any additional options here...

1f. If answered "Yes" to [1a] then:

Please give any further details:

2a. Were there adequate handover arrangements of this patient's care?

- Yes No Unknown

2b. If answered "No" to [2a] then:

If NO, how could this have been improved? (Please specify)

3. Was post-operative/post treatment pain well managed?

- Yes No Unknown

4. If the patient had orchidectomy were any of the following offered? (Please tick all that apply)

- Psychological support (eg. specify a psychologist)
- Patient information
- Fertility discussion with patient/family
- Prosthesis information discussed
- Unknown
- Not applicable - orchidectomy not undertaken
- None offered

Please specify any additional options here...

5. If the patient had orchidopexy were any of the following offered? (Please tick all that apply)

- Psychological support (specify eg psychologist)
- Patient information
- Unknown
- None offered
- Fertility discussion with patient/family
- Not applicable - orchidopexy not undertaken

Please specify any additional options here...

6a. Did the patient suffer any complications during this admission?

- Yes No Unknown

6b. If answered "Yes" to [6a] then:

If YES, which complications? (Please tick all that apply)

- Orchidectomy Postoperative haemorrhage Haematoma
- Cellulitis Sepsis Death
- Unknown

Please specify any additional options here...

6c. If answered "Yes" to [6a] then:

Were the complications managed appropriately?

- Yes No Unknown

**6d. If answered "Yes" to [6a] and "No" to [6c] then:
If NO please provide details:**

**6e. If answered "Yes" to [6a] then:
Were any of the complications avoidable**

Yes No Unknown

**6f. If answered "Yes" to [6a] and "Yes" to [6e] then:
If YES please provide details:**

**6g. If answered "Yes" to [6a] then:
Did any of the complications occur as a result of a delay?**

Yes No Unknown

**6h. If answered "Yes" to [6a] and "Yes" to [6g] then:
If YES, please give details?**

**6i. If answered "Yes" to [6a] then:
Did any of the complications result in a return to theatre?**

Yes No Unknown

**6j. If answered "Yes" to [6a] and "Yes" to [6i] then:
If YES, please give details?**

1. What was the outcome of this admission?

- Patient discharged alive Patient died Unknown

2. What was the date of discharge/death?

- Unknown

If discharged alive

3a. If answered "Patient discharged alive" to [1] then:

Was a discharge summary provided on discharge from this hospital?

- Yes No Unknown

3b. If answered "Yes" to [3a] and "Patient discharged alive" to [1] then:

If YES, did this include information on: (please tick all that apply)

- Psychological support Patient information Fertility
 The use of prosthesis Unknown No information given

Please specify any additional options here...

4a. If answered "Patient discharged alive" to [1] then:

Was psychological support offered?

- Yes No Unknown

4b. If answered "Yes" to [4a] and "Patient discharged alive" to [1] then:

If YES, where was the patient signposted for access to psychological support?

5a. If answered "Patient discharged alive" to [1] then:

Was the patient readmitted to this Trust/Health Board within 30 days of discharge?

- Yes No Unknown

5b. If answered "Yes" to [5a] and "Patient discharged alive" to [1] then:

If YES, was this related to the original admission under review?

- Yes No Unknown

5c. If answered "Yes" to [5a] and "Patient discharged alive" to [1] and "Yes" to [5b] then:

If YES, what was the reason for the readmission? (Please tick all that apply)

- Recurrent torsion Contralateral torsion Wound infection
 Haematoma Bleeding Unknown

Please specify any additional options here...

5d. If answered "Yes" to [5a] and "Recurrent torsion" to [5c] and "Patient discharged alive" to [1] then:

If RECURRENT TORSION, please give details:

5e. If answered "Yes" to [5a] and "Contralateral torsion" to [5c] and "Patient discharged alive" to [1] then:

If CONTRALATERAL TORSION, please give details:

**5f. If answered "Patient discharged alive" to [1] and "Yes" to [5a] and "Yes" to [5b] then:
In your opinion, were these complications avoidable?**

- Yes No Unknown

6a. If answered "Patient discharged alive" to [1] then:

Was the patient offered a follow-up appointment within 6 months of surgery?

- Yes No Unknown

6b. If answered "No" to [6a] and "Patient discharged alive" to [1] then:

If NO, why not?

7a. If answered "Patient discharged alive" to [1] then:

Was the outcome of this patient discussed at a multidisciplinary review/audit/mortality meeting?

- Yes No Unknown

7b. If answered "Yes" to [7a] and "Patient discharged alive" to [1] then:

If YES, were remediable factors in the care of this patient identified?

- Yes No Unknown

**7c. If answered "Yes" to [7a] and "Yes" to [7b] and "Patient discharged alive" to [1] then:
If YES, what action was taken?**

**8a. If answered "Patient discharged alive" to [1] then:
Was a serious incident declared in this case?**

Yes No Unknown

**8b. If answered "Yes" to [8a] and "Patient discharged alive" to [1] then:
If YES, was this investigated?**

Yes No Unknown

**8c. If answered "Yes" to [8a] and "Yes" to [8b] and "Patient discharged alive" to [1] then:
What was the learning?**

**8d. If answered "No" to [8a] and "Patient discharged alive" to [1] then:
If NO, in your opinion should it have been?**

Yes No Unknown

**9a. If answered "Patient discharged alive" to [1] then:
Was a duty of candour completed in this case?**

Yes No Unknown

**9b. If answered "No" to [9a] and "Patient discharged alive" to [1] then:
If NO, in your opinion should it have been?**

Yes No Unknown

**9c. If answered "Yes" to [9a] and "Patient discharged alive" to [1] then:
If YES, how was this performed?**

K. Additional information

1. Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)

2. Please use this space to provide any details of how the COVID-19 pandemic has affected the current service provision for patients admitted with testicular torsion.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in early 2024