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Laparoscopic retroperitoneal lymph node dissection for testicular cancer

Understanding NICE guidance –
information for people considering
the procedure, and for the public

Ordering information

You can download the following documents from www.nice.org.uk/IPG158

- this booklet
- the full guidance on this procedure.

For printed copies of the full guidance or information for the public, phone the NHS Response Line on 0870 1555 455 and quote:

- N0992 (full guidance)
- N0993 (information for the public).

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About this information

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. One of NICE's roles is to produce guidance (recommendations) on whether interventional procedures are safe enough and work well enough to be used routinely in the NHS in England, Wales and Scotland.

This information describes the guidance that NICE has issued on a procedure called laparoscopic retroperitoneal lymph node dissection. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether laparoscopic retroperitoneal lymph node dissection is safe enough and works well enough for it to be used routinely for men with testicular cancer (see below).

To produce this guidance, NICE has:

- looked at the results of studies on the safety of laparoscopic retroperitoneal lymph node dissection and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About the procedure

Men who have had a testicle removed because of cancer sometimes need to have the nearby lymph nodes (sometimes called the lymph glands or just the 'glands') removed too if it looks like the cancer may have spread that far. The standard way of doing this is through another opening made over the area of the lymph nodes (operations carried out through a relatively large opening like this are called 'open' procedures).

The new procedure NICE has looked at uses keyhole surgery to remove the lymph nodes, with the aim of causing fewer problems and allowing the man to recover from the surgery more quickly. (Keyhole surgery is carried out through smaller openings made in the skin.)

How well the procedure works

What the studies said

In a study that followed what happened in 20 men who had the new procedure, none of the men had a recurrence of cancer in the 10 months after surgery. In another study, 1 man out of 65 with cancer in the testicle only (known as stage I cancer) had a recurrence of cancer during the 45 months after surgery. But there was no recurrence in 47 men who had cancer that had spread to nearby lymph nodes (stage II cancer), although they were followed for a slightly shorter length of time (35 months). In another study, nearly all the men who had the new procedure (179 out of 185 men) had no signs of recurrence during the 54–58 months after surgery.

One study compared the length of time men stayed in hospital after the new procedure compared with the open procedure. Men were in hospital for an average of 4 days after the keyhole surgery, and 10½ days after the open procedure.

Two studies looked at how long the new procedure took. It found that the procedure took less time as the surgeon became more experienced at carrying it out. The length of time it took also depended on the position of the cancer and whether the cancer had spread from the testicle to the nearby lymph nodes.

Some studies looked at how many men needed to be switched from the new procedure to an open procedure because of problems during surgery. The numbers of men this happened to went from 5 out of 185 men (3%) in one study to 2 out of 20 men (10%) in another study.

What the experts said

The experts said that opinion differed over whether the new procedure should be used to remove lymph nodes so they could be checked as part of the diagnostic tests for early testicular cancer.

Risks and possible problems with the procedure

What the studies said

In one study, 1 out of 29 men (3%) who had the new keyhole procedure had major bleeding during surgery. As a comparison, 4 out of 30 men (13%) who had the open procedure had major bleeding. In another study that followed what happened in men who had the new procedure, bleeding during surgery happened in 1 out of 20 men (5%) who had cancer in their testicle only (stage I cancer) and in 9 out of 49 men (18%) who had cancer that had spread to the nearby lymph nodes (stage II cancer).

Loss of normal ejaculation because the semen goes backwards into the body is a relatively common side effect of the standard open procedure. The medical term is 'retrograde ejaculation'. In studies, this happened in up to 2% of men (3 out of 185 men) who had the new procedure, although in several studies none of the men had this side effect.

From 4% to 9% of men developed a lymphocoele after the procedure – this is a hard, longish swelling that occurs on the penis because of an accumulation of fluid. In most cases it was minor and didn't cause any problems to the men.

Other problems that affected men in the studies were:

- pressure sores, which happened in 2 out of 14 men in one study
- injury to the blood supply in the area, which happened in 2 out of 20 men in one study
- swelling under the skin, which happened in 1 out of 15 men in one study
- accumulation of fluid called chylous ascites, which happened in 9 out of 185 men in one study (when changes were made to the food the men were having, there were no new cases of this)

- injury to an artery in the abdomen, which happened in 1 out of 20 men in one study
- injury to the lower bowel or the blood supply to the kidneys, which happened in 2 out of 185 men in one study
- short-lived irritation of the nerve that supplies the area, which affected 1 man out of 76 in one study.

What the experts said

The experts said that, in theory, the following problems could happen: blood vessel injury, damage to the bowel, incomplete removal of the cancer, bleeding, and the cancer could return. They also said that the procedure may be more risky if it involved removing enlarged lymph nodes near the aorta or vena cava (which are major blood vessels).

What has NICE decided?

NICE has decided that, if a doctor wants to carry out laparoscopic retroperitoneal lymph node dissection, he or she should make sure that the man understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. In particular, the risk of serious problems during or following the procedure should be explained. There should be special arrangements in place so that the man only agrees (consents) to the procedure after this discussion has taken place.

Laparoscopic retroperitoneal lymph node dissection is a complicated procedure that needs particular skills and experience. It should be carried out in units where the staff have experience of doing open and keyhole surgery.

NICE may look at this procedure again if more information becomes available.

What the decision means for you

Your doctor may have offered you laparoscopic retroperitoneal lymph node dissection. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of laparoscopic retroperitoneal lymph node dissection which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you, and should explain that there's a possibility of serious complications. Some of these may be described above.

If you decide to have the procedure, it should be carried out in a unit where the staff routinely carry out open and keyhole surgery.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

The NICE website (www.nice.org.uk) has further information about NICE, the Interventional Procedures Programme and the full guidance on laparoscopic retroperitoneal lymph node dissection that has been issued to the NHS. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you have access to the internet, you can find more information on testicular cancer on the NHS Direct website (www.nhsdirect.nhs.uk).

You can also phone NHS Direct on 0845 46 47.





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