



Twist and Shout

A review of the pathway and quality of care provided to children and young people aged 2-24 years who presented to hospital with testicular torsion.

NCEPOD Stakeholder meeting

BACKGROUND

The NCEPOD 2024 report, Twist and Shout identified 4 key areas, informed by 8 recommendations that needed addressing to improve the quality of care provided to children and young people with testicular torsion. Just over one year on from the release of the report a stakeholder group met to discuss progress since the report, changes that have been made locally based on the recommendations, and to highlight those key areas that need further work to implement improvements.

KEY AREAS

1. INCREASE PUBLIC AWARENESS

Increased awareness and education may reduce embarrassment and get people talking.

2. ENSURE PATHWAYS MINIMISE THE NEED FOR TRANSFERS

Directing patients to hospitals where surgery for testicular torsion can be undertaken will minimise the need for transfer and reduce the risk of delay to theatre.

3. URGENT SENIOR REVIEW, DECISION-MAKING AND OPERATION

Urgent review by senior decision-makers and access to senior specialists in urology, paediatric surgery, or general surgery for urgent surgery is essential for prompt treatment.

4. EXTENDED FOLLOW-UP

Patient-initiated follow-up after surgery may encourage patients to seek psychological support and/or the use of prosthetic implants.

IMPACT TO DATE

Guidelines and articles

- GIRFT Children and Young People. 2024. [Testicular torsion pathway](#)
- Tagg A. 2024. Testicular Torsion. [Don't Forget the Bubbles](#)
- The Urology Foundation. 2024. [NCEPOD's new report into the pathway and quality of care for testicular torsion](#)
- Surgeons' News. 2024. [Quality of Care](#)
- BMJ Best Practice. Updated 2025. [Testicular Torsion](#)

- Stuart-Delavaine C & Willis K. 2025. Management of suspected testicular torsion – audit of current practice. *British Journal of Surgery*, 112(Suppl. 1)

Conference presentations

- Royal College of Paediatrics and Child Health annual conference
- South West Surgery in Children ODN meeting
- British Society of Urological Surgeons annual scientific meeting
- Royal College of Emergency Medicine annual scientific conference
- British Association of Paediatric Urologists annual congress
- Royal Society of Medicine Section of Urology meeting

PROGRESS

Recommendation

Raise awareness about testicular torsion, including the need to urgently attend an emergency department if someone experiences testicular pain. This should include a continued public awareness campaign for all who may be affected, including parents/carers, and raised at all stages of development.

Primary audiences - national: NHS England, Office for Health Inequalities and Disparities, Welsh Government, Public Health Wales, Department of Health Northern Ireland, Public Health Agency, Departments of Education.

Primary audiences - local: Midwives, health visitors, special educational needs staff, school nurses.

Supported by: Royal College of Midwives, Royal College of Paediatrics and Child Health, British Association of Paediatric Urologists, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of GB and Ireland, British Association of Urological Surgeons, Royal College of Surgeons, Association of Surgeons of GB and Ireland, Getting It Right First Time, Commissioners, Integrated Care Boards.

Local examples of practice

- To raise awareness of torsion, links have been added to the 'your baby' page of the Trusts website.
- There has been engagement with school networks and headteachers via CYP Transformation boards to collaborate and share information.

Challenges

- Getting information into schools to share.

Actions

- Send a joint letter from NCEPOD and GIRFT to the Department of Education.
- Contact RCN/SAPHNA regarding sharing information with nurses
- NCEPOD to contact the BBC/ITV/Channel 4 regarding sharing information on BBC Breakfast, Eastenders, Operation Ouch, Coronation Street and Hollyoaks.

Recommendations

Update training modules for primary care, and emergency department staff, to emphasise the importance of early recognition of testicular torsion, including atypical or warning presentations, urgent referral pathways and timely surgery.

Target audiences: *All members of the multidisciplinary team caring for the young person in child health services and the adult health services that the young person will move to, supported by the trust/health board transition team*

Supported by: *British Association of Paediatric Urologists, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of GB and Ireland, British Association of Urological Surgeons, Royal College of Surgeons, Association of Surgeons of GB and Ireland, Royal College of Paediatrics and Child Health, NHS England, Welsh Government, Department of Health Northern Ireland.*

Reduce delays for patients with testicular pain/suspected testicular torsion by minimising transfers; ensuring essential transfers are as urgent as possible; having a clear, documented clinical pathway of care; and auditing the pathway at least annually.

Primary audiences - national: *Royal College of General Practitioners, NHS 111, Ambulance Trusts*

Primary audiences - local: *Medical Directors, Directors of Nursing, Integrated Care Boards, Operational Delivery Networks Commissioners*

Supported by: *British Association of Paediatric Urologists, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of GB and Ireland, British Association of Urological Surgeons, Royal College of Surgeons, Association of Surgeons of GB and Ireland, Royal College of Paediatrics and Child Health, Royal College of Emergency Medicine, Royal College of Anaesthetists, Association of Anaesthetists, Royal College of Radiologists, NHS England, Welsh Government, Department of Health Northern Ireland.*

Patients with suspected testicular torsion should have an urgent* referral and clinical review by a senior surgical decision-maker (minimum ST3 or equivalent) specialising in urology, paediatric surgery, or general surgery.

Primary audiences - national (to agree a timeframe): *NHS England, Welsh Government, Department of Health Northern Ireland, British Association of Paediatric Urologists, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of GB and Ireland, British Association of Urological Surgeons, Royal College of Surgeons, Association of Surgeons of GB and Ireland, Royal College of Emergency Medicine.*

Primary audiences - local: *Emergency Medicine Physicians, Paediatric Surgeons, Urologists, General Surgeons, Anaesthetists, Radiologists*

Supported by: *Medical Directors, Directors of Nursing*

Local examples of practice

- Locally, a clinician is developing educational videos aimed at trainees
- Report picked up by the local Operational Delivery Network and this has led to the development of a regional best practice document for testicular torsion
- A local and regional pathway for the care of children and young people with a painful acute scrotum has been developed
- Made sure all centres across the region had a local policy for managing testicular torsion that aligned to national guidance and best practice

- Local practice has identified that mapping needs to be individualised to the organisation. It's important to go to the hospital to see what works best for them, and try to support them in this way
- Locally the report has been used to implement a local guideline for testicular torsion
- The NCEPOD report contributed to the case for Urology to take suspected torsion cases directly, rather than the General surgery take team
- Looking at the initiation of a regional trainee-led audit of the pathway of care to identify delays
- Report discussed at the local urology audit meeting

Challenges

- Variation in the mapping of Operational Delivery Networks
- Knowing which hospital to refer patients to from primary care – a pathway would help with this
- Referring to the emergency department and triage can cause delays as well – direct referrals to the SAU could reduce this

Resources

- Postgraduate Virtual Learning Environment: <https://pgvle.co.uk/login/index.php>
- Association of Surgeons of Great Britain and Ireland: <https://www.asgbi.org.uk/education>
- The Urology Foundation: <https://www.theurologyfoundation.org/research-and-training/education-and-training/>
- Royal College of Emergency Medicine: <https://www.rcemlearning.co.uk/>
- 'Save the Ball' working group and testicularhealth.info endorsed by The Urology Foundation, BAPU, NHS and Highgate School: <https://testicularhealth.info/educational.html>

Recommendation

A consensus is needed on the role of Doppler ultrasound in the care pathway for suspected testicular torsion to aid surgical decision-making whilst not adding delay to surgery.

Primary audiences: *British Association of Urological Surgeons, British Association of Paediatric Urologists, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of GB and Ireland, Royal College of Paediatrics and Child Health, Royal College of Radiologists, Royal College of Surgeons, Association of Surgeons, National Institute for Health and Care Excellence*

Supported by: *NHS England, Welsh Government, Department of Health Northern Ireland, medical directors, National Institute for Health and Care Research Health Technology Assessment*

Resources

- Point-of-Care Ultrasound: [POCUS for testicular torsion - PEM POCUS UK June 2025](#)

Recommendation

Discharge information for patients, and parent/carers should include any follow-up arrangements; information on delayed side effects; details of patient-initiated follow-up; and information on how to access psychological support.

Primary audiences: *The medical team or specialist nurses caring for patients following surgery for testicular torsion.*

Supported by: *Clinical Directors and Medical Directors*

Local examples of practice

- A nurse specialist has been recruited to a service, and they do the follow-up appointments and ask if everything is alright with the testis. This is really quick and has streamlined the discharge pathway.

Challenges

- Access to psychology is a particular challenge. Which patients should be followed up, what should they be offered and how. It is a national challenge for all conditions.

Recommendation

Review the care of all patients who underwent an orchidectomy in a multidisciplinary morbidity and mortality meeting. This should include primary care and, ideally a regional approach to shared learning and quality improvement.

Primary audiences: *The medical team or specialist nurses caring for patients following surgery for testicular torsion.*

Supported by: *Clinical Directors and Medical Directors*

Local examples of practice

- Additional actions undertaken following the publication of the report include discussing patients having orchidectomy as part of the department's mortality and morbidity meeting

Challenges

- There have been examples of resistance to change at M&M meetings

Additional resources

South Yorkshire Integrated Care Board: <https://sybhealthiertogether.nhs.uk/professionals/education-and-training/torsion>

'Save the Ball' working group and testicularhealth.info endorsed by The Urology Foundation, BAPU, NHS and Highgate School: <https://testicularhealth.info/>

The Urology Foundation: <https://www.theurologyfoundation.org/urology-health/male-reproductive-organs-conditions/testicular-torsion/>

The Urology Foundation: <https://www.theurologyfoundation.org/impact-achievements/campaigns/testicular-torsion/>

GIRFT: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2024/03/GIRFT-testicular-torsion-awareness-posters.pdf>

Health Education Journal: <https://journals.sagepub.com/doi/10.1177/00178969221079587>



For the full report and supporting documentation please visit [**NCEPOD Twist and Shout**](#)