

# Testicular Torsion: The Scrotal Emergency

BAUS Guidelines (2021) | NICE CKS Scrotal Pain

## ■ ACTION: Emergency Department Now

- Any sudden onset scrotal or testicular pain: arrange emergency department assessment immediately
- Call 999 if severe pain, vomiting, collapse, transport difficulties, or any concern about delay
- Peak age 12-18 years but torsion can occur at any age; do not exclude on age alone
- High-riding or horizontal testis on the affected side
- History of similar episodes that resolved spontaneously (intermittent torsion)
- Nausea or vomiting accompanying sudden scrotal pain

Do not advise monitoring at home or a routine GP appointment. The viability window is 6 hours from onset; do not delay.

Feature	Epididymo-orchitis (Infection)	Testicular Torsion (Emergency)
Age	Usually sexually active adults	Peak 12-18 years; can occur at any age
Onset	Gradual over hours to days	Sudden, often within minutes
Pain severity	Moderate, may be dull	Severe and rapidly worsening
Fever	Common	Usually absent, especially early
Discharge	May be present	Usually absent
Nausea	Less common	Common
Testis position	Normal; tenderness may be localised	May be high-riding or horizontal

## ■ ACTION: Urgent Referral (Only If Torsion Excluded Clinically)

- Gradual onset over days with fever, discharge, and compatible history: may suggest epididymo-orchitis
- Refer urgently to GP or 111, but if any doubt remains, emergency department is the safer option
- Ultrasound may be used in selected cases but must not delay urgent specialist assessment

If there is any diagnostic uncertainty, treat as torsion and arrange emergency assessment.

**Key reminders:** No assessment in a pharmacy can exclude testicular torsion. Salvage rates fall sharply after 6 hours and outcomes worsen rapidly with delay. OTC analgesia may be given en route to hospital but must never delay emergency referral. If in doubt: emergency department.