

Testicular Health Guidance for Teachers



A lesson prepared by Dr Vicky Stubbs at Highgate School,
with NHS Barts Health Urology Network (see PowerPoint for full credits)

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Why teach this lesson?

- Damage caused by testicular torsion is the leading cause of orchidectomy – the medical procedure to remove a testicle (ball) – among school aged boys.
- Medical research indicates that prompt action in the event of potential torsion symptoms would **save almost every testis from torsion damage**, thus protecting the future fertility of hundreds of men.
- This lesson combines teaching on torsion with learning about testicular health more generally, including testicular cancer and the importance of regular self-checking for lumps.
- This lesson helps to meet new statutory [DfE guidance on RSHE](#) with regard to teaching about "the benefits of regular self-examination and screening" and "key facts about puberty, the changing adolescent body and menstrual wellbeing".



Safeguarding pupils and creating a safe learning environment

Potential pastoral issues

If pupils in the class are known to have (or have family members with) cancer, they should ideally be prepared for the lesson content beforehand.

Mixed classes or not?

While it may be preferable for this lesson to be taught to mixed groups aged 13+, our consultations with young people suggested that that younger boys of 11-12 are likely to be more comfortable where this material is taught to them in the absence of girls. Although RSE classes are usually mixed in coeducational schools for good reason, in this case teaching y7-8 girls the emotional and personal-hygiene aspects of menstruation while teaching testicular health to boys may work well, as both topics make young people feel especially uncomfortable when discussed in the presence of the opposite sex at this age.

Ground rules

Establishing ground rules at the start of the lesson helps to create an atmosphere in which pupils will hopefully feel they can ask questions about this potentially awkward topic.

More detail on this can be found within the lesson plan.

Signposting sources of support

The main aim of this lesson is to **raise awareness without alarming pupils**. The key message is that boys must not be shy about seeking urgent medical help for any testicular health concerns but it is important to emphasise that, while these conditions can be serious, both of them cause **very little lasting damage if caught early**.

While there is quite a lot of information around about testicular cancer, testicular torsion is far less well supported. The collaboration that led to this lesson has also made a website, specifically for young people, with more information on torsion: <http://www.testicularhealth.info/>. There is also information for parents on this site.

Teachers should also signpost where pupils can go within their school to safely discuss the lesson content if they have any concerns afterwards. (Ensure relevant staff have these teacher guidance notes, **especially p4**, before the lesson is taught.)

Vital preparation before the Lesson

1. Read through the lesson, PowerPoint and Worksheets and watch the video on the website to make sure you're comfortable with how it all works together.
2. **Watch the video clip about how to make a testis model** and decide whether you will use the video clip to show the class or, if you can, demonstrate it yourself.
3. Make sure you've **ordered the modelling clay/plasticine, string, beads** and bags in good time. If budgets are tight, you *can* make do without the bags, but the clay 'testis' may feel even less like a real one does within the scrotum. It's probably better to go for a demonstration with all the kit rather than individual modelling without the bags.
4. If you are going to allow pupils to model the testes, it's best to **divide the clay into egg-sized balls and cut the string** into 15-20 cm lengths *before* the lesson as this takes too much time within the lesson itself.
5. Ensure a question box is available and accessible for pupils to place anonymous questions into and remember to refer to this during the lesson (see lesson plan). Plan when to answer these questions (during the lesson or in a follow-up session).
6. There are key words in the final Ppt slide; this slide could be copied and inserted periodically within the presentation to reinforce learning where pupils need support eg. for students with SEN or EAL.

Guidance about teaching the lesson

Modelling a testis:

Teachers may choose to make a testis model using the resource following the lesson plan, then make one before the lesson and circulate the *pre-prepared model* in the lesson

OR

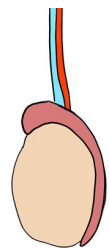
individual *pupils can each model* a testis while the teacher demonstrates how this is done and makes one alongside pupils.

The advantage of pupils at least getting to handle a model is that it helps them to better understand the feel of a lump vs healthy testicular tissue.

(We found that the idea of making a model didn't appeal to boys aged 13+ as a concept, but y7 boys who actually did this exercise found it memorable and useful .)

For **each model testis**, you will need:

- An egg-sized lump of modelling clay or plasticine
- A 15-20 cm length of string
- One hard bead or seed (5-9 mm across)
- 2 small plastic bags, big enough for the 'testis' to sit in loosely but not get lost in!



Other activities and lesson timing:

The lesson has been designed to fit within a 60 minute period if all the activities are used, although there are additional ideas for further extension at the end of the lesson plan. If PSHE lessons are not this long, it is possible to divide the lesson into shorter sessions, for example teaching the torsion and testicular cancer separately, or to leave out some of the activities. **Worksheets 1 & 2** and **either the ball game or quiz** should definitely be included to consolidate learning, even if the latter are used at a later stage to enable pupils to check their knowledge and understanding of the topics covered.

Building this lesson into the PSHE programme

This lesson should be taught as part of a wider programme including other aspects of health education. The material fits well within a series of lessons on puberty or the benefits of regular self-examination/screening, eg. where girls are being separately taught about menstrual hygiene (see 'Mixed classes or not?' above), or in a series that includes breast examination for mixed classes.

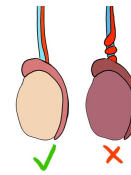
As you can see from the **Testicular Health PowerPoint** slide 1, the chance of experiencing testicular torsion increases in boys from the age of 11. This lesson has therefore been **designed for KS3**. However, it could easily be adapted for KS4.

General information on Testicular Torsion and Testicular Cancer

Testicular Torsion

NB: the terminology: testicle = testis = ball

twist = tort (verb) torsion (noun)



Damage caused by testicular torsion is the most common reason for a boy of school age to need to have a testicle (ball) removed. It is therefore important for parents, children and teachers to know about testicular torsion, how to recognise it and what to do about it.

What is testicular torsion and why does it happen?

A testis hangs off a cord containing blood vessels which supply the testis with oxygen and nutrients and remove waste. The cord also contains the sperm duct, which transports sperm from the testis to the penis.

The testis can twist or tort, causing the blood vessels and sperm duct to wrap around each other and become compressed. If this happens, it is a surgical emergency, because the twist blocks blood flow which can lead to rapid death of the testis.

What should be done about it?

NB: Testicular pain or swelling in any boy, teenager or young adult should be regarded as torsion until proven otherwise. Children should be encouraged to tell a parent or teacher as soon as possible if they experience testicular pain or swelling, or lower abdominal (tummy) pain, with or without nausea and/or vomiting.

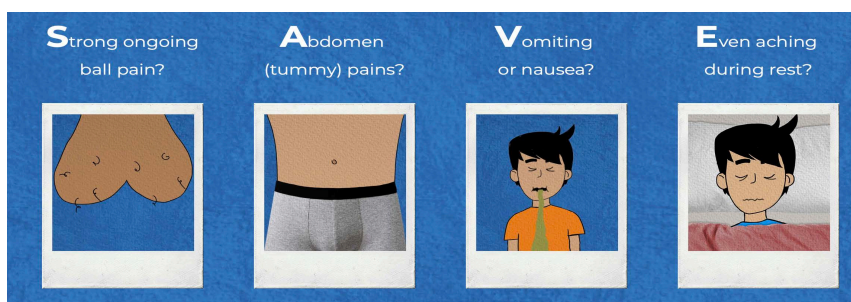
If pain is severe or if pain does not reduce significantly after an hour, it is important to visit A & E as soon as possible, so the testis can be untwisted if necessary. Delayed treatment decreases the chance of saving the testis.

A bit more detail about how a boy may feel with testicular torsion

- Testicular torsion usually presents with testicular pain that starts suddenly but some boys experience a slower onset of pain.
- Torsion can cause lower abdominal pain **with or without** testis pain.
- Feeling sick (nausea) or vomiting is present in over 2/3 of patients with testicular torsion.
- There is usually no other obvious reason for the pain: injury and recent exercise are only sometimes involved and quite often torsion pain will wake a boy from sleep.

In older males, testicular torsion should always be considered with these symptoms, although other potential causes will also be taken into account, such as infection.

Act fast to
SAVE the ball!



Scan here for more information on testicular health, including information sheets for parents and carers

Testicular Cancer

Testicular cancer is not very common: around 1 in 12000 UK males are diagnosed with testicular cancer each year. This translates to about 1 in 250 men developing testicular cancer over their lifetime, with a peak age for diagnosis at around 30.

- Usually, the first thing people notice is a small, hard lump on the testis.
(How to check? See <https://www.youtube.com/watch?v=CEFsKSOJdhY> from <http://www.testicularhealth.info/educational.html>)
- Some people notice that one testis changes in size or shape rather than/as well as finding a lump.
- Many lumps *aren't* cancer, but it's wise to get a lump checked out by a doctor, as early diagnosis and rapid treatment almost always results in a complete cure