

JUSTIN HOUMAN, MD, FACS

Center of Excellence for Testicular Pain

The Testicular Pain Guide

What causes it. How to get relief.
What to ask your doctor.



TowerUrology



SECTION 01

What Is Chronic Testicular Pain?

Chronic testicular pain (orchialgia) is persistent or intermittent pain in one or both testicles lasting three months or longer. It affects 100,000 men per year in the United States, ranging from a dull ache to debilitating pain affecting work, exercise, and quality of life. If you have been told to just live with it, you have not seen the right specialist.

100K
men per year
in the US

3+
months to qualify
as chronic

80-90%
denervation
success rate

SECTION 02

Common Causes

Testicular pain has many causes. Identifying the right one is key to effective treatment:

- Varicocele: enlarged scrotal veins causing aching and heaviness, often worse after standing
- Epididymitis: inflammation of the epididymis, usually from infection or irritation
- Post-vasectomy pain syndrome: nerve sensitization following vasectomy
- Spermatic cord nerve entrapment or injury; inguinal hernia repair complications
- Referred pain from the spine, hip, or abdomen
- Idiopathic orchialgia: no identifiable cause found despite thorough workup

SECTION 03

When to Seek Immediate Evaluation

Go to the ER Immediately For:

Sudden severe testicular pain is a medical emergency. Testicular torsion requires surgery within 6 hours to save the testicle. Red flags: sudden onset pain, nausea or vomiting, testicle appearing higher or horizontal.

SECTION 04

How Is It Diagnosed?

A subspecialist in male reproductive medicine is best equipped to evaluate complex cases:

- Detailed history of onset, character, location, and triggers of pain
- Physical examination of the epididymis, vas deferens, and spermatic cord
- Scrotal Doppler ultrasound to rule out varicocele and other structural causes
- Urine analysis and STI testing to evaluate infectious causes
- Spermatic cord block: a diagnostic injection confirming pain originates in the cord

Schedule a Consultation: www.houmanmd.com/contact

SECTION 05

Conservative Treatment Options

Most men should try conservative treatments before considering surgery:

Treatment	What It Involves	Best For
Scrotal support	Supportive underwear to reduce traction on the spermatic cord	Most causes of chronic ache
Anti-inflammatory medication	NSAIDs to reduce inflammation and discomfort	Epididymitis, mild varicocele pain
Antibiotics	When infection or chronic epididymitis is suspected	Infectious or inflammatory cases
Physical therapy	Pelvic floor therapy for referred pain and muscle tension	Referred pain, pelvic floor dysfunction
Spermatic cord nerve block	Local anesthetic injection for diagnostic and therapeutic relief	Nerve-mediated pain, diagnostic evaluation
Varicocele repair	Microsurgical varicocelectomy when varicocele is the identified source	Varicocele-related pain

SECTION 06

Surgical Treatment: Microsurgical Spermatic Cord Denervation

When conservative treatments fail, microsurgical spermatic cord denervation is the most effective surgical option. Pain-carrying nerve fibers within the spermatic cord are identified and divided under a high-powered surgical microscope, while critical structures including the testicular artery, veins, vas deferens, and lymphatics are carefully preserved. Published success rates are 80 to 90% for meaningful pain reduction.

Published Outcomes

Microsurgical spermatic cord denervation is performed as an outpatient procedure. Recovery is typically complete within 2 to 3 weeks. It carries the highest success rate of any surgical option for chronic testicular pain.

SECTION 07

Robotic-Assisted Denervation

Robotic microsurgical spermatic cord denervation uses robotic assistance to enhance surgical precision through tremor filtration, three-dimensional magnification, and improved instrument control. It is particularly suited for complex or revision cases.

- Tremor-free robotic instrumentation for enhanced nerve fiber identification
- Three-dimensional high-magnification visualization
- Particularly useful in anatomically complex or previously operated cases

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SECTION 08

Why Dr. Houman's Approach Is Different

Microsurgical spermatic cord denervation is one of the most technically demanding procedures in male reproductive medicine. Outcomes are directly tied to surgeon training, volume, and operative precision. Dr. Houman is one of a small number of fellowship-trained microsurgeons in the United States who subspecializes in this procedure and performs it at high volume.

Metric	National Average	Dr. Houman
Pain relief success rate	75-80%	80-90%+
Procedure setting	Varies	Outpatient only
Surgical technique	Standard or loupe magnification	High-powered microscope + robotic option
Subspecialty training	General urology or andrology	Fellowship-trained microsurgeon

SECTION 09

The Trifecta Complex Approach

What Sets This Technique Apart

Dr. Houman performs targeted microsurgical denervation of the spermatic cord using the Trifecta Complex approach, designed to optimize pain relief while minimizing three critical risks: testicular atrophy, impairment of testosterone production, and impact on testicular sperm production. By preserving the testicular artery, lymphatics, and vas deferens with precision under high-powered magnification, Dr. Houman delivers comprehensive pain relief without compromising the long-term health and function of the testicle.

SECTION 10

Why Dr. Houman's Approach Is Different

Testicular Pain / Orchialgia Center of Excellence

Dr. Houman's practice is a designated Center of Excellence for testicular pain and orchialgia, drawing patients from across the country and internationally for advanced microsurgical treatment when other providers have been unable to provide relief.

Fellowship-trained microsurgeon

Dr. Houman completed subspecialty fellowship training in male reproductive medicine and microsurgery. This training is held by fewer than 2% of practicing urologists in the United States.

High surgical volume

Outcomes in microsurgery are directly linked to case volume. Dr. Houman performs microsurgical denervation at a volume that places him among the highest in the country.

Robotic microsurgery capability

One of a select few surgeons offering robotic-assisted spermatic cord denervation, providing an additional layer of precision for complex and revision cases.

Comprehensive pre-surgical evaluation

Every patient undergoes a full workup including cord block before surgery is considered, ensuring only the right candidates proceed and directly improving outcomes.

SECTION 11

Questions to Ask Your Doctor

Chronic testicular pain requires a specialist who takes it seriously. Use these questions to ensure you are getting the right evaluation and care:

Q: Have you identified the cause of my pain?

A thorough workup should include physical exam, scrotal ultrasound, and in some cases a cord block. "Idiopathic" should only come after all other causes are excluded.

Q: Is a spermatic cord nerve block appropriate for me?

A cord block confirms the pain originates in the cord and predicts surgical success if denervation is later considered.

Q: Have I exhausted conservative treatments?

Surgery should not be first line. Ensure supportive measures, anti-inflammatories, physical therapy, and cord blocks have been adequately tried.

Q: Are you trained in microsurgical spermatic cord denervation?

Ask specifically about training, technique, and annual volume. Volume and subspecialty training matter significantly.

Q: Do you offer robotic-assisted denervation?

Robotic microsurgery offers enhanced precision and may benefit complex cases.

Q: What are the risks of surgery?

Incomplete relief, recurrence, hydrocele formation, and rare risk of testicular atrophy are the main considerations.

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Ready to take the next step?

Chronic testicular pain is real and it is treatable. You do not have to keep living with it. The right specialist can find the cause and build a plan that works.

Book a Consultation
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This guide is intended for educational purposes only and does not constitute medical advice.