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# Moving the needle toward improved chronic orchialgia management

If you practice urology in Canada in a group, you might be lucky enough to have the gal or the guy in the group who sees all of the “ball pain.” Maybe it’s the most junior member of the group, and you all played that role when it was your time, so you’re happy to perpetuate the savage, unpleasant tradition. It would be less likely that you have a guy or a gal with a genuine interest in chronic orchialgia, or any sort of urologic chronic pain for that matter. Like, really, give your head a shake. More likely, you navigate this space as a solo practitioner; maybe you’ve even developed your own curt and carefully worded, I-don’t-see-testicular-pain consults, here-are-some-things-you-should-try letter that you reply with (mind sharing?).

But we’re not here to complain about chronic orchialgia broadly. I’m here to celebrate Patel et al’s contribution to the chronic orchialgia literature and congratulate them on their retrospective, descriptive case series of men undergoing elective vasectomy.<sup>1</sup> This is not a chronic orchialgia paper per se — rather, the authors report detailed pain outcomes among a young (median age of 38 [interquartile range] 34–42) and presumably healthy cohort of 350 men. Their interest was in exploring a very specific type of chronic orchialgia: post-vasectomy pain syndrome (PVPS).

Is the current study practice-changing? No. Novel insights? The most interesting finding might be that the amount of patients with postoperative pain is relatively high — 11% at three months of followup. The limited mean length of followup (six months)

may be considered a limitation — and many of these may settle with more time — but three months buys them the PVPS diagnosis, and I would be willing to bet most of us would be surprised to see it >10%. Limitations notwithstanding, this is important intel, and patient expectations are paramount among this cohort.

The more exciting thing to me about this study is that it is a legitimate attempt to understand a disease process that most of us despise. I’ve heard a lot of complaining about chronic orchialgia and far less actually done about it. This is the sort of work that won’t get widely celebrated and probably won’t end up on a podium anywhere, but it moves the needle. I would love to see more of it, that is, science in the space of chronic orchialgia. I look forward to some prospective studies, from these authors — emerging leaders in men’s health — maybe even an intervention trial.

Let’s make the management of chronic orchialgia great, finally. Let’s be honest; it will never be great. But no doubt, it could be much better and more evidence-based, and this is a step in that direction.

COMPETING INTERESTS: The author does not report any competing personal or financial interests related to this work.

## REFERENCE

1. Morra M, Sidhom K, Dhillon H, et al. Retrospective evaluation of post-surgical orchialgia in men undergoing no-scalpel vasectomy. *Can Urol Assoc J* 2025;19:123-6. <http://dx.doi.org/10.5489/cuaj.8937>

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