TEST

Testicular self-exam

A testicular self-exam is a check for new lumps or other changes in your testicles.

WHAT IT MEASURES
Changes in testicle size, shape, firmness, or lumps

SAMPLE
None; inspection and gentle touch

FASTING NEEDED?
No

HOW LONG IT TAKES
About two to five minutes

RESULTS IN
Immediately during the self-check

USED FOR
Screening for changes needing clinical assessment

MAIN LIMITATION
Cannot reliably distinguish cancer from common non-cancerous changes

Overview

A testicular self-exam is a visual and hands-on check of your testicles and the skin sac around them, called the scrotum. You look and gently feel for a new lump, swelling, or change in size, shape, or firmness.

The exam does not confirm or rule out testicular cancer. Most testicular lumps and swellings have causes other than cancer. However, any new or persistent change should be assessed by a healthcare professional.

Routine scheduled self-exams are not recommended for everyone. The US Preventive Services Task Force recommends against routine testicular cancer screening in adolescents and adults without symptoms. Other organizations encourage people with testicles to know what is usual for them, particularly if they have risk factors.

Why the test is ordered

A self-exam is not usually "ordered" like a blood test or scan. A healthcare professional may

suggest becoming familiar with your testicles so that you are more likely to notice a change.

The exam may be discussed if you have a higher risk of testicular cancer. It may also help you describe a lump, swelling, or other change before an appointment.

A self-exam is not a substitute for a clinical examination or an ultrasound. If you already have pain, swelling, or a lump, arrange an assessment rather than repeatedly checking it yourself.

Who should have the test

There is no universal recommendation that everyone should perform a scheduled monthly self-exam. Research has not shown that routine population screening reduces deaths from testicular cancer, which is usually treatable even when found after symptoms develop.

It may be useful to discuss self-examination with a healthcare professional if you have:

Anyone with testicles can report a new change, regardless of age or gender identity. If checking causes ongoing anxiety or repeated reassurance-seeking, tell a healthcare professional. A different follow-up plan may be more helpful.

- A testicle that did not descend normally before birth
- A previous testicular cancer
- A close family history of testicular cancer
- Testicular changes that need monitoring after a clinical assessment

How to prepare

No fasting or special diet is needed. Medicines, coffee, and the time of day do not meaningfully affect the exam.

The testicles are usually easier to feel during or after a warm shower or bath. Warmth relaxes the scrotal skin and reduces temporary tightening caused by cold.

Choose a private place with good lighting. If possible, learn the location of the epididymis before interpreting what you feel. The epididymis is a soft, coiled tube behind and above each testicle that stores and carries sperm. It can feel like a ridge or cord and is often mistaken for a lump.

What happens during the test

Stand in front of a mirror. Look for new swelling or a visible change in the scrotum.

Check one testicle at a time. Support it between your fingers and thumbs, then gently roll it. Feel the front and sides without squeezing hard. Repeat on the other side.

A testicle usually feels smooth and firm but not rock-hard. One may hang lower or be slightly larger than the other. This is commonly normal if it has always been that way.

Also notice the epididymis behind each testicle. The cord running upward from the testicle is another normal structure.

The exam should take only a few minutes. Stop if touching causes significant pain.

Understanding your results

There is no numerical result or universal "normal range." Interpretation is based on what you feel, whether it is new, and your symptoms. Age, previous surgery or injury, and your clinical history can also affect what is normal for you.

Changes that should be assessed include:

These findings do not mean that you have cancer. Cysts, enlarged veins, fluid around a testicle, inflammation, and other non-cancerous conditions can cause similar changes.

Arrange a routine but prompt appointment for a painless lump or persistent change. Do not wait for the next planned self-check.

Sudden severe testicular pain is different. Seek urgent or emergency medical care, especially if pain comes with swelling, nausea, vomiting, or a testicle sitting higher than usual. These can occur when a testicle twists and loses blood flow, called testicular torsion. Rapid treatment may be needed.

- A new lump or hard area in a testicle
- A testicle becoming larger, smaller, heavier, or firmer
- Persistent swelling of the testicle or scrotum
- A dull ache or feeling of heaviness
- A change that does not settle or has no clear explanation

What affects the results

A self-exam has few outside influences compared with a blood test, but several things can make the findings misleading.

Cold temperatures, stress, and exercise can temporarily pull the testicles closer to the body. Warmth relaxes the scrotum and usually makes examination easier.

Normal structures are a common source of confusion. The epididymis can feel like a soft lump or ridge behind the testicle. Blood vessels and the spermatic cord can also feel uneven.

One testicle often hangs lower or is slightly larger. This matters less than a new change from what is usual for you.

Previous surgery, injury, infection, inflammation, cysts, enlarged veins, or fluid around the testicle can change how the scrotum feels. These changes may make self-examination harder without indicating a laboratory or testing error.

Food, coffee, medicines, and recent transfusions do not usually alter what you feel. Recent exercise may cause temporary groin discomfort, but it should not be assumed to explain a new lump or persistent swelling.

Accuracy and limitations

A self-exam can identify a noticeable change, but it is not reliable enough to diagnose testicular cancer. Small or deep abnormalities may be missed, particularly if you are unfamiliar with the normal anatomy.

It can also suggest a problem when none is present. The epididymis, cysts, enlarged veins, and differences between the testicles can all be mistaken for suspicious lumps. This may lead to worry and unnecessary appointments or imaging.

There is no good evidence that routine self-examination of people without symptoms lowers the risk of dying from testicular cancer. This is a main reason some authorities advise against formal population screening.

When a lump or swelling is present, a healthcare professional's examination and a scrotal ultrasound are more informative. Ultrasound uses sound waves to show whether a change is within the testicle and whether it is solid or filled with fluid. Blood tests called tumour markers may help in some cases, but they are not suitable as a stand-alone screening test and can be normal even when cancer is present.

Risks and complications

A gentle self-exam has no significant physical risk. Squeezing too firmly may cause brief pain or tenderness.

The main possible harms are anxiety, repeatedly checking normal structures, or feeling falsely reassured after missing a change. A persistent symptom should be assessed even if your self-exam seems normal.

What happens next

If you find a new lump, swelling, or change, arrange an appointment with a primary care professional or sexual health clinician. They will ask when it began, whether it is painful, and whether you have had an injury, infection, surgery, or previous testicular condition.

They may examine your abdomen, groin, testicles, and scrotum. An ultrasound is often used to investigate a lump or swelling. Depending on the findings, urine tests, blood tests, or referral to a urologist-a specialist in the urinary system and male reproductive organs-may be appropriate.

A non-cancerous finding may need no treatment, treatment for its cause, or routine follow-up. If the findings need urgent specialist assessment, the clinician will explain the next steps.

Seek emergency care rather than waiting for a routine appointment if pain is sudden or severe, particularly with nausea, vomiting, marked swelling, or a high-positioned testicle.

Common questions

Can I drink coffee before checking?

Yes. Coffee does not affect the anatomy being checked, and fasting is not needed.

Does the time of day matter?

No. The testicles may be easiest to feel after a warm shower or bath because the scrotum is more relaxed.

Can I exercise beforehand?

Yes, but exercise may temporarily tighten the scrotum or cause groin discomfort. If that makes checking difficult, wait until you have cooled down and are comfortable.

How often should I do a self-exam?

There is no universally recommended schedule for people without symptoms. Some people choose occasional checks to learn what is usual for them. Follow an individual plan if a healthcare professional has recommended one because of your history.

Is it normal for one testicle to be bigger or lower?

Often, yes. One testicle commonly hangs lower or is slightly larger. A new or increasing difference should be assessed.

What if I feel a lump behind the testicle?

It may be the epididymis, a normal soft tube behind the testicle. Because self-examination cannot reliably identify a lump's cause, arrange an assessment if it feels new, hard, persistent, or different from the other side.

Sources

- US Preventive Services Task Force. Testicular Cancer: Screening
- National Cancer Institute. Testicular Cancer Screening (PDQ)-Patient Version
- American Cancer Society. Can Testicular Cancer Be Found Early?
- European Association of Urology. EAU Guidelines on Testicular Cancer: Diagnostic Evaluation
- American Urological Association. Diagnosis and Treatment of Early-Stage Testicular Cancer Guideline
- NHS. Testicular lumps and swellings