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pain reduction. In response to NS, 88% had no significant pain reduction, but 4/32 (12%) had >4 point reduction in pain (duration of relief 1–48 hours). Of the latter 4 patients, three also had a significant response to LA. All vasectomy and chronic epididymitis patients had a positive response to LA and a negative response to NS. All patients with a negative response to LA and positive response to NS belonged to the group with no identifiable risk factors for orchalgia.
Conclusions: While SCB with local anesthetic is valuable, the addition of patient blinding using saline injections may select out those patient with a psychological overlay to their orchalgia. This maneuver may, in turn, aid in the selection of those patients most likely to respond to SCD surgery.

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RESPONSE PROFILES TO MEN UNDERGOING BLINDED SPERMATIC CORD BLOCKS FOR CHRONIC ORCHALGIA

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Objective: Chronic orchalgia is a crippling disorder for some men. Spermatic cord denervation (SCD) surgery is effective in carefully selected patients. It is recognized that some men with this condition do not have scrotal pathology and have a large psychological overlay. It is our practice to conduct blinded sperm cord blocks (SCB) to define the etiology of the condition and the potential for success with SCD surgery.
Materials: The study population included men who (i) had unilateral orchalgia of ≥6 months (ii) had no scrotal content structural abnormalities on examination or scrotal ultrasound (iii) had no varicocele and (iv) had pain confined solely to the scrotum. Demographic, comorbidity data and physical characteristics were recorded. Two SCB were administered within 1 month of each other. One was local anesthetic (LA, 0.5% bupivacaine) and the other normal saline (NS, 10 mls each). The patient was blinded as to which agent was being administered. Pain was graded on a 0–10 point pain scale. Duration of relief after SCB was measured in minutes.
Results: 32 men with mean age = 42 ± 21 years were analyzed. Mean duration of pain = 14 ± 64 (6–120) months. 6 men were post-vasectomy, 4 had a history of chronic epididymitis, 4 had scrotal trauma preceding pain onset and 18 had not risk factor identified. Mean baseline pain = 6 ± 3 (3–10); after LA 2.5 ± 3.5 (0–8); after NS 4 ± 5 (2–9) ($p < 0.01$). In response to LA, 94% had at least a 4 point decrease in pain (mean duration 2.5 hours), but 2/32 (6%) had no significant