

Tel: 0117 342 8840
Fax: 0117 342 8845

DEPARTMENT OF PAEDIATRIC UROLOGY
Bristol Royal Hospital for Children
Paul O'Gorman Building
Upper Maudlin Street
Bristol BS2 8BJ

SURGERY FOR PALPABLE UNDESCENDED TESTICLE

Family information leaflet

Rebecca Roberts
& Mark Woodward

February 2018



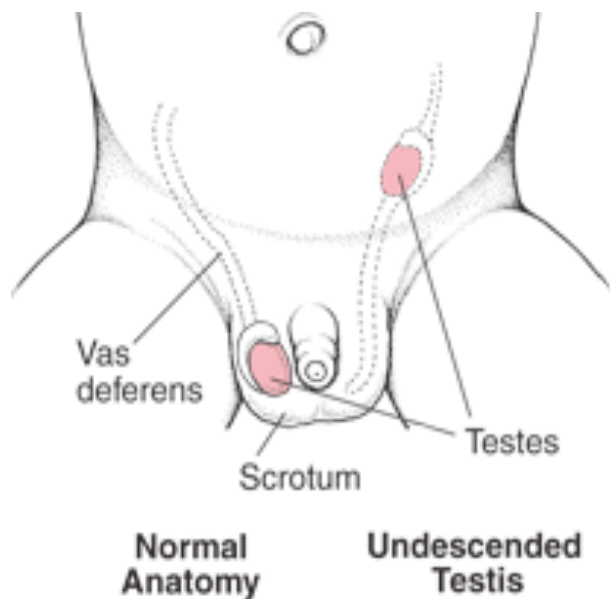
Orchidopexy

This leaflet explains about orchidopexy surgery for a palpable (can be felt) undescended testicle, and what to expect when your child comes to Bristol Children's Hospital for treatment.

What is an undescended testicle?

An undescended testicle or testis is one that has not reached the normal position in the scrotum (sac). One (unilateral) or both (bilateral) testicles can be affected. For some boys, although a testicle is in a high position at birth, it comes down naturally by a few months of age. When this does not happen, we consider the testicle to be undescended. Some undescended testicles are palpable and can be felt, usually in the groin. Others are impalpable and cannot be felt (please see the separate information leaflet).

Testicles that sometimes sit in a high position but can be brought down into the bottom of the scrotum during examination are considered retractile. Retractable testes do not need surgery but are sometimes observed to ensure they do not move up into the high position permanently.

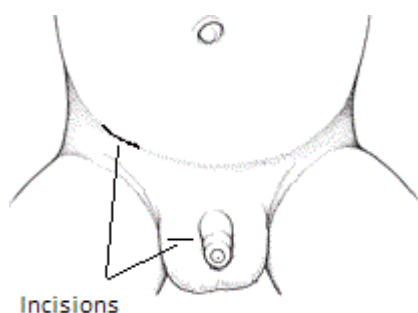


Why does this happen?

When a boy is developing in his mother's womb, his testicles are formed in his tummy (abdomen) near his kidneys. They travel down through the tummy and the groin to the correct position in the scrotum. Some testicles stop along the way and some travel down to the wrong position. If this happens, it can be due to hormone issues (eg lack of certain hormones), mechanical problems (eg low pressure in the tummy), genetic factors (some genetic conditions are associated with undescended testicles) or prematurity (undescended testicles are more common in babies that are born early). However, in most cases we don't know the exact cause.

Why is surgery necessary?

If a testicle remains undescended by six months of age, it is very unlikely to come down to the correct position by itself. Testicles work best at the cooler temperature found in the scrotum and their function can be affected if they remain in the groin or abdomen after the first few years of life. All men need to be able to examine their testicles on a regular basis, and this is most easily done if the testicles are in the scrotum. Any lumps in the testicle in later life are likely to be identified more quickly. Testicles are also more prone to injury or twisting if they are left in the groin. Some boys prefer the appearance of their scrotum with two testicles inside it.



What does the surgery involve?

Surgery takes place at Bristol Children's Hospital. It is usually done as a day case so that most children will come in, have their operation and go home the same day, although they will be at the hospital for most of the day. The operation involves a general anaesthetic and two small cuts (incisions), one in the groin and one in the scrotum. The testicle will be separated from the tissue holding it back, passed through a channel that is created to the scrotum and fixed in place. Dissolving stitches will be used which do not need to be removed. Skin glue may also be used as an extra protective layer. The glue looks white and scabby but will fall off when ready.

Orchidopexy

What happens before the operation?

On the day of admission to hospital, the surgeon will visit you to explain about the operation in more detail, discuss any worries and ask you to sign a consent form giving your permission for the operation. They will draw a mark on your child to indicate the side to be operated on. Another doctor will also visit you to explain about the anaesthetic and options for pain relief after the operation. A member of the nursing team will talk to you about the after care.

If your child has any medical problems, particularly allergies and constipation, please tell the doctors about these. Please also bring in any medicines your child is currently taking.

Are there any risks?

All surgeries carry certain risks. Although this is quite a routine procedure potential problems are those of bleeding or wound infection following the surgery (rare), failure of the procedure and re-ascent of the testicle (rare) or indeed, in the worst case scenario, loss or removal of a testicle (also rare). Re-ascent and/or loss of the testicle can happen in roughly 1 boy in 50.

It can happen that in time as your boy grows, the testicle will ride up from its position in the scrotum into an abnormal position again, and this may require a repeat procedure to be done.

There are also certain small risks associated with a general anaesthetic, which the anaesthetist will discuss with you on the day. In general these surgeries and anaesthetics are very routine and safe.

What happens afterwards?

Once your son's operation is completed, he will return to the ward when awake. He will be able to drink straight away and eat shortly after although children can often feel groggy, sick or be upset after a general anaesthetic. He will be monitored for a short time after by nursing staff on the ward, usually around 2-3h. Most procedures are done as a day case. When the nursing staff are happy that your son has recovered, and you are happy with the after care, you will be allowed home. If you are to stay overnight, one parent will be allowed to stay.

Before discharge, arrangements will also be made for you to return to Outpatient Clinic in six months to see your surgeon.

Your son can have a bath or shower from the evening after surgery. This should be a quick in and out wash and use plain water rather than bubble bath or soap on the area for a week. Boys should avoid sitting astride things such as bicycles or ride on toys for four weeks and heavy contact sports such as rugby should be avoided for six weeks. Swimming should be avoided for four weeks.

Trouble shooting

What if ...

Action

There is a small amount of blood

Press firmly on the wound for 5 minutes (it is useful to time this).
If the oozing continues, telephone for advice.

The wound opens up

If either wound opens a little, keep the area clean and dry. Make an appointment with your GP to review the wound or contact the consultant's secretary to arrange a review at the hospital. In the unlikely event that a wound opens fully, contact the ward or on call registrar for a surgical review.

You are concerned that the testicle brought down has moved up again

It may be possible to bring forward your outpatient appointment.
Contact your Consultant's secretary to arrange this.

Orchidopexy

Contact information:

For advice 8am – 6pm: Ward 36 Nursing staff 0117-342-8336

For advice 6pm – 8am: Ward 31 Nursing staff 0117-342-8331
 or: On call surgical registrar 0117-342-7756

For follow up queries Consultant Urologists' sec 0117-342-8840