

Surgery to bring down your child's undescended testicle (orchidopexy)

Children's Hospital Ward 10

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Information for Patients, Parents & Carers

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What is an undescended testicle?

Testicles form at the back of the tummy area (abdomen). As your baby grows the testicles slowly move down into the pouch of skin that holds the testicles (scrotum). If the testicle does not move all the way down into the scrotum, it can stop anywhere along the normal path. Or very rarely it can go to a different place outside the scrotum.

In some older boys the testicle may be found in the normal position but then goes up again (ascending testicle).

We often find undescended testicles on routine baby or medical checks.

Testicles need to be in the scrotum where it is at a slightly lower temperature than the rest of the body. This helps them in growth, hormone formation and sperm production.

The testicle is more likely to twist and get damaged by trauma if left in the groin. It is also important as the child gets older that they can check their testicles for lumps. These lumps could be cancerous. They cannot check for lumps if the testicles are not in the scrotum. There is evidence of changes in the testicle happening early so we try to bring the testicles down between 9 to 12 months of age.

How is it treated?

We will need to do an operation called orchidopexy. The operation is done under general anesthetic. This means your child will be asleep during the operation. We will make 2 small cuts, 1 in the groin and 1 in the scrotum. We will find the testicle. We will free up the cord to the testicle so there is enough length to fix the testicle in a pouch just under the skin of the scrotum.

The surgery is usually done as a day surgery and your child will go home on the same day. The stitches used are dissolving ones and do not need to be taken out later.

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Are there risks of any complications?

- **Injury to the testicular vessels.** This means the testicle does not grow to full size and may shrink away. This is because the sac is near to these blood vessels they may get damaged during surgery. This happens in 1 in 10,000 cases.
- **Injury to the sperm tube (vas deferens).** This is because of how near the sac is to the tube. If this is damaged there is a chance this could affect fertility. This means they can have problems when trying to have a baby in the future. This happens in 1 in 10,000 cases.
- **Need the operation again.** There is a chance that the undescended testicle may come back which means the operation will need to be done again. Look at the testicle in the scrotum, if concerned please contact your consultant's secretary. This happens in 1 in 10,000 cases.
- **High testicle.** Sometimes the testicle can get caught in the scar tissue from the operation and pulled back in the groin. We will review this in clinic. You may notice the testicle is not in the sac. This happens in 1 in 10,000 cases.
- The above complications are rare. We will review you child in 3 to 6 months time so the doctor will talk about any problems at that time.
- **Wound infection.** The wound may look red and have pus. Your child will also probably get a temperature and feel unwell. We will give your child antibiotics if this happens. This may happen in 1 in 1000 cases.
- **Bruising and swelling.** Most of this will settle on its own.

There is a risk in any procedure. The risks of the operation should be less than the risk of complications if the undescended testicle was left untreated.

Aftercare advice after discharge

- Babies, infants and young children tend to recover rapidly.
- Feeds/ food and drink are usually allowed as soon as your child has woken up.
- A certain amount of discomfort after the operation is normal. We would advise regular pain relief for at least the first 48 hours (2 days) after operation. We will talk about this with you. We will tell you what pain relief you can give and what dose to give, before you go home.
- Keep the wound dry for 48 hours (2 days) after the operation.
- We often use dissolvable stitches on any cuts to the skin. The stitches should dissolve after a few weeks.
- If your child is at school they should be well enough to return after a few days. They will need to be careful and avoid PE/ sport for 2 to 4 weeks. Children will find their own boundaries and general play is fine if they feel able to.
- We will tell you if a follow-up appointment is needed. We will send you an appointment letter through the post to attend the outpatient clinic.



What to expect with the wound:

- It should heal by itself.
- It will have a certain amount of swelling.
- A small amount of oozing can be expected.
- It will look bright pink.

Contact ward 10 for advice or go to the Children's Emergency Department if the wound:

- Starts to bleed.
- Becomes red and more painful to touch.
- Starts to discharge pus.

Contact details

- Your GP, if well you do not need to see GP.
- Ward 10: **0116 258 5362**.
- If you have any concerns about your child's operation please contact your consultant's secretary.

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