Northern Devon Healthcare NHS Trust

Your son's orchidopexy

Other formats

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Introduction

An orchidopexy is where your son's testicle will be placed in the scrotum.

We expect your child to make a rapid recovery after their operation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation and also about more serios problems which can occur occasionally. The section "**What problems can occur after this operation?**" describes these and we would particularly ask you to read this.

Why should the testicle not reach the scrotum?

When a baby boy is growing in the womb the testes appear high up in the back of the abdomen and gradually move downwards. Shortly before birth each testicle comes out into the groin through a small hole deep in the muscles and moves down to the scrotum.

The testicle can be held up anywhere on its route to the scrotum. By far the most common place for it to stop is in the groin, where it can often be felt when examining a small boy. It may be possible to coax the testicle into the scrotum during an examination and if it comes down far enough the specialist may advise that nothing needs to be done at the time. However, it is advisable to check again at a later date particularly in very young children. If it cannot be brought down into the scrotum during examination, it will almost certainly need an operation to move it down at some stage. Testes that have not reached the scrotum are said to be incompletely descended, undescended or maldescended: the word cryptorchidism (hidden testicle) is also used.

Some boys have very active muscles which pull the testes into the groin. This should be obvious on examination by the specialist and does not need any treatment. These testes spend more time in the scrotum as the child grows older and will eventually end up in the right place.

What are the dangers of an incompletely descended testicle?

A testicle which is not in the scrotum will produce sperm less well and if both testes are in the groin, then fertility will be reduced. A testicle which has not reached the scrotum until later life will be more prone to cancer in later life, although it is uncommon.

A testicle lying in the groin is more prone to injury and also has a high risk of twisting which can lead to loss of the testicle if an emergency operation is not done. Neither injury nor twisting is common.

How can an incompletely descended testicle be treated?

An incompletely descended testicle can be brought into the scrotum by an operation called an orchidopexy. This involves an incision 2-3cm long in the groin and a smaller incision in the scrotum. The testicle is freed up and brought down into a pouch beneath the skin of the scrotum where it can grow and develop. Although this is not exactly the same layer of tissue as that in which the testicle usually lies, it is impossible to tell the difference in the long term.

Occasionally, under general anaesthetic, the testicle may not come down into the scrotum and in these cases the surgeon will discuss with you the pros and benefits of the operation.

Occasionally it may prove difficult to bring the testicle right down into the lower part of the scrotum because its blood vessels and the tubes for sperm are too short. It is sufficient to get the testicle into the upper part of the scrotum and it may then always lie a little higher than usual.

Rarely the testicle may not be found in the groin. In these cases it may mean that the testicle has never developed at all, or that it is somewhere in the abdomen. Special investigations, including a camera examination of the abdomen, may be required, however this is very rare.

What age is the operation best done?

If an undescended testicle is noticed at an early age, then an operation may be advised at 18 months of age or shortly thereafter. Most often the incomplete descent of the testicle is not suspected until a pre-school medical examination and a specialist opinion is then requested. If the diagnosis is confirmed by the specialist, then an operation is advised at a convenient time soon thereafter.

Incompletely descended testicles noted in later childhood can be placed in the scrotum by an operation, but it is not certain that they will work quite as well as those brought down earlier. By teenage years, it may be better to remove a testicle which is incompletely descended because it is unlikely to work well and therey may be an increased risk of cancer even if it brought down into the scrotum.

What preparations are needed for the operation?

You will receive an appointment for a pre-assessment prior to your child’s admission. This is usually done over the phone. They will check your child’s health and give you advice about eating and drinking before the operation and about what to bring with you to the hospital. If your child is very young (under one year old) you should receive special advice regarding breast feeding and formula milk. If you have any questions, please contact the Day Surgery Unit.

How will he feel afterwards?

After the operation your son may have some discomfort. Pain relief will be prescribed and given as necessary. When your son is at home he should only need paracetamol and ibuprofen, and you should give this to him regularly, at the recommended dose, for the first 48 hours.

Common problems are outlined in the "**What problems can occur after this operation?**" section below.

What happens after the procedure?

Your son should be able to leave the hospital two to four hours after his surgery as long as there have been no complications. It is important that your son has eaten, drunk and ideally passed urine before leaving. You will be given a discharge letter to take home.

What problems can occur after this operation

If any of the following problems occur, please contact your GP, or the nurse in charge on the Day Surgery Unit:

- Swelling, redness, oozing or odour around the wound site
- Fever (a temperature 38°C or above) and your son is not behaving as he usually does
- Increasing pain – even with regular pain relief.

If there is a lot of bleeding, or your child stops passing urine, it is advisable to take him to your nearest Emergency Department (A&E) to be looked at by a medical team. If possible, take all your son's medicines and discharge letter with you to the Emergency Department.

Aftercare

After the operation it is normal to see slight bleeding or oozing from the wounds. There are two incisions which have been stitched (one in the scrotum and one in the groin). The stiches are dissolvable and so do not need to be removed. There is no dressing but there is some skin glue which protects the wounds. Any swelling around the cut should go down within a few days. Your son can have a quick bath or shower the day after surgery.

Your son can do as he feels able but should avoid long baths and swimming for three weeks. He should take care riding a bike or similar sit-on toys for six weeks. He can go back to school one week after surgery, however, he should avoid taking part in PE lessons for two weeks.

Follow up

We will send you a follow-up appointment in the post. The follow-up appointment will be three to twelve months after the operation. If you do not receive one, please contact the consultant's secretary.

Further information

Day Surgery Unit

7.30am to 9pm, Monday – Friday
Tel: 01271 322455

Caroline Thorpe Ward

Open 24 hours, 365 days a year
Tel: 01271 322704

Little Journey App

There is also an app you can download on your iphone or android devices that has a virtual tour of the Day Surgery Unit and gives further information on what to expect on the day. This is available at https://littlejourney.health/

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

‘Care Opinion’ comments forms are on all wards or online at www.careopinion.org.uk.

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This leaflet was designed by the Communications Department.
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