

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

Children's Hospital Ward 10

Information for Patients, Parents & Carers

Produced: March 2021

Review: March 2024

Leaflet number: 1152 Version: 1

What is an undescended testicle?

Testicles form at the back of the abdomen and as your baby grows the testicles gradually move down into the pouch of skin that holds the testicles (scrotum). If the testicles do not drop completely into the scrotum they may end up anywhere on the normal path to the scrotum or rarely into an abnormal position outside the scrotum.

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

Undescended testicles are found 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 in order for them to work properly in terms of growth, hormone formation and sperm production.

The testicle is more likely to twist and get damaged by trauma if left in the groin. There is evidence of changes in the testicle occurring early so we try to bring the testicles down between 9 to 12 months of age.

How is an undescended testicle treated?

If the testicle does not drop by itself then an operation called an orchidopexy is needed. The operation is done under general anaesthetic (fully asleep). The testicle is found and the cord to the testicle is freed up so there is enough length to fix the testicle in a pouch just under the skin of the scrotum. The operation is done with 2 small cuts, one in the groin and one in the scrotum.

The surgery is usually done as a day surgery and your child will be going home on the same day.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

The stitches used are dissolving ones and do not need to be taken out later.

Are there risks of any complications?

- Injury to the testicular vessels (in boys) means the testicle does not grow to full size and may shrink away - because the sac is near to these blood vessels they may get damaged during surgery.
- Injury to the sperm tube (vas deferens) on the side of the hernia may occur because of how near the sac is to the tube.
- There is a chance that the hernia may come back which means the operation will need to be done again, observe for signs of a swelling as previously .
- High testicle - sometimes the testicle can get caught in the scar tissue from the operation and pulled back in the groin. This will be reviewed in clinic and you will notice the testicle is not in the sac.
- The above complications are rare your child will be reviewed in 3 to 6 months time so the doctor will discuss any problems at that time.
- Wound infection - this usually responds well to oral antibiotics. The wound may look red and have pus, also your child will probably develop a temperature and feel unwell.
- Bruising and swelling - most of this will settle on its own.

Despite the above, the risks of the operation should be less than the risk of complications if the hernia was left untreated.

Aftercare advice following discharge

The advice below will help you care for your child at home after the operation:

- 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. We will discuss with you the pain relief that can be given and what dose to give, before you go home.
- Keep the wound dry for 48 hours after the operation.
- Dissolvable stitches are usually used on any cuts to the skin and should dissolve after a few weeks
- If your child is at school they should be well enough to return after a few days but 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 and you will be sent an appointment letter through the post to attend the outpatient clinic.

What to expect with the wound:

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

But if there are any of the below problems contact ward 10 for advice or go to the Emergency Department:

- If the wound starts to bleed
- If the wound becomes red and more painful to touch
- If the wound 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 regarding the operation please contact your child's consultants secretary

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S
RESEARCH ★

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement