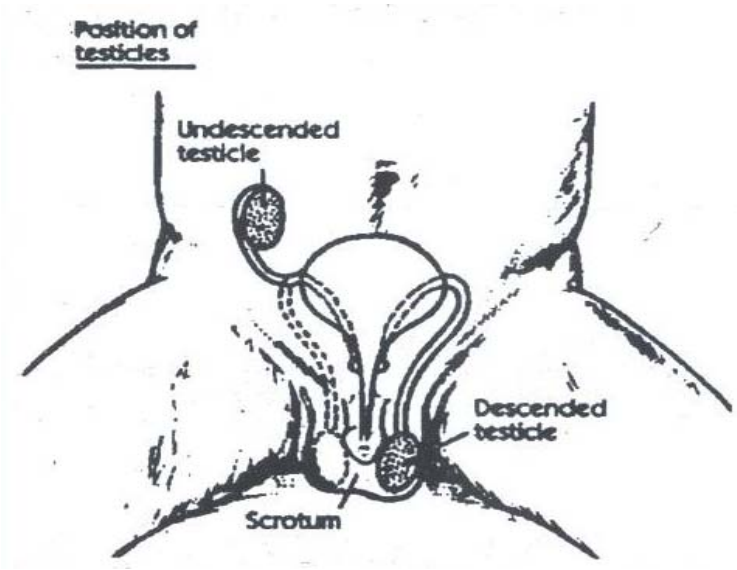
Children's Services

Undescended Testes and Surgery

What are undescended testes?

The testes start developing inside the abdomen ('tummy'). Usually about two months before birth the testes move down ('descend') into the scrotum. However in some boys this does not happen, often because the blood vessels attached to the testis are too short to allow them to reach the scrotum. This leads to undescended testes being detected in the baby. In many cases the testes will descend during the first six months after birth. An operation may be required to place and fix the testes in the scrotum if they are still undescended by the time the baby is approximately one year of age. Occasionally testes which have been descended at birth ascend as the boy grows and undescended testes are diagnosed at an older age.

Boys can have one testis that is undescended or sometimes both.



Why is an operation needed?

To develop and work properly testes should lie within the scrotum where they are kept at a slightly lower temperature than the body. When the testes lie outside the scrotum they do not develop properly and so will not function properly.

Also, it is important for all men to carry out regular self testicular examination to detect any changes. If a testis is outside of the scrotum it cannot be felt and assessed for changes and so the man is unaware that problems are developing.

What are retractile testes and do they need to be operated on?

Many boys have testes that go up and down ('retractile testes') due to muscular activity and so the testes are not seen in the scrotum all the time. Retractile testes do not need surgery as they will stay down in the scrotum after puberty. Your doctor may review your son annually to observe him but many parents can see their son's testis in the scrotum clearly after baths when the body is warmer.

Admission to hospital

Depending on which operation your surgeon thinks will be needed, you will be asked to bring your child to either the day surgery unit or one of the children's wards. You will be seen by nursing staff, your doctors and an anaesthetist (who puts your child to sleep for the operation). You will be able to be present while your son goes to sleep and may also be present in the recovery area when your child wakes up. If your child needs to stay in hospital overnight a bed will be provided for a parent to also stay.

The operation

The operation that your son will undergo depends on the location of the testis.

Laparoscopy:
If the surgeon cannot identify the location of the testis while examining your son in the clinic/on the ward it may be necessary to carry out a 'laparoscopy' at the beginning of the operation. This means that a special camera ('scope') is passed through the abdominal wall (skin and muscle layers) to help locate the testis.

Orchidopexy:
If the testis can be felt in the groin area (or can be seen there with laparoscopy) your son will have an operation called an 'orchidopexy.' The surgeon will need to make two wounds, one in the groin and one in the scrotum to bring the testis down and fix it in the scrotum. The groin wound will be stitched on the inside of the skin so you will not be able to see any of the stitches. The stitches used on the scrotum will be visible. All these stitches will dissolve over time and so do not need to be removed.

Fowler-Stevens Orchidopexy:
If the testis is found to be higher up in the body than in the groin (called an 'intra abdominal testis') an operation called a 'Fowler Stevens Orchidopexy' will be needed. During a

Fowler Stevens Orchidopexy the first stage is freeing up the testis by dividing its attachments (blood vessels). Then the second stage is when the testis is moved down into the scrotum. Sometimes, if there is enough length to the blood vessels to allow the testis to reach the scrotum it is possible to perform both the first and second stages of the operation as one operation under the same anaesthetic. However, if the connecting blood vessels to the testis do not have sufficient length, the operation will be performed as a two part operation with each stage six months apart. Waiting for six months allows time for the connecting blood supply to hopefully be sufficient to then allow the testis to reach the scrotum during the second operation. Occasionally the testis does not gain sufficient blood supply and therefore the testis needs to be removed at stage two of the operation to prevent complications in later life.

During a Fowler Stevens operation the wounds are closed with dissolvable stitches and so these do not need to be removed.

Removal of testicular remnant:
Sometimes a testis cannot be found at all or, if a testis is found, it can be in poor condition or not developed properly. In these circumstances any remnant of testis is removed to prevent your son developing problems from it later on in life. Wounds from surgery which has involved removal of testicular remnant will be closed with dissolvable stitches under the skin which you will not be able to see (you will only see a small scratch on the skin). These stitches do not need to be removed.

Complications

Complications related to any type of surgery for undescended testes are rare but include:

- Infection in the wound
- Bleeding
- Occasionally the testis can ascend up out of the scrotum again and so further surgery may be required.
- Testicular loss:
  Despite an operation taking place which has appeared successful at the time, loss of the testis after surgery can occur. This is most commonly because there is not a sufficient blood supply to the testis. In these cases the testis will start to feel hard and shrivel up. This is rare after a straightforward orchidopexy but where a Fowler Stevens orchidopexy has been required for an intra abdominal testis, there is an increased risk. When there is loss of a testis there is usually no need for further surgery.

After the operation

- Most boys will be able to go home on the same day as their operation after they have had a drink, something to eat and have passed urine.

- We advise that your son wears loose fitting clothes for the journey home and for a few days after the operation to prevent discomfort.
- Pain killing medicines will be given by the nurses caring for your son. The nurses will discuss this with you and provide some for you to take home.
- It is common for some swelling and/or bruising to develop within 24 hrs of the operation and this may take a few weeks to settle down.

Looking after your son at home

- The wounds should be kept clean and dry but not submersed in bath water for five days to help prevent infection. If the wound gets soiled (for example covered with faeces/'poo') you should shower your son or allow a quick dip into clean bath water to clean the area.
- Where applicable, nappies should be changed regularly to keep urine away from the wound area.
- Check the wounds for signs of infection. If the wound starts to appear red, seek advice from your GP.
- As the stitches used are dissolvable these will not need to be removed.
- Your son should be given the pain killing medicine provided for any discomfort. Do read the instructions on the bottles carefully.
- Your son should rest for a few days at home before retuning to nursery/school.
- Your son should avoid physical activities such as sports, cycling, climbing for approximately 10-12 weeks after the operation. (Please note this point does not apply if no testis was found during the operation).
- All boys who have had surgery for undescended testes should carry out regular (monthly) self testicular examination when they become of an appropriate age (advice which applies to all men).

Looking after your son when he has only one testis

Boys can continue through life normally with only one testis and will proceed through puberty normally. The difference in fertility between having one versus two testicles is only minimal.

However it is essential to have one testis and therefore it is important for your son to take extra care in looking after his remaining testis by:

- Carrying out regular (monthly) self testicular examination from puberty onwards (advice which applies to all men).
- To either avoid contact sports or ensure that appropriate protective clothing is **always** worn during such sports to prevent damage to the remaining testis. (Such protective clothing can be purchased from good sports shops).

- Should your son ever complain of pain at his testis he should seek urgent medical attention to ensure that testicular torsion (twisting of the testis) has not occurred.

When older, some boys do not mind the cosmetic appearance of having only one testis. However, for others, this is embarrassing for them. If your son is unhappy with the appearance of having only one testis it is possible, after puberty, for a testicular implant to be inserted, usually as a day case procedure. You should seek advice from your GP for a referral to the hospital for this as appropriate.

Follow up

You will receive an outpatient appointment so that your son can be monitored. Usually boys have more than one outpatient appointment as they are monitored over the course of at least a year.

If you have any questions or need any further information please contact:

The ward you were on:
Your nurse specialist:

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassette.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઇતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایە پرسیار بکە ئەگەر ئەو زانیاریەت دەوێ بە زمانێکی تر ، بە پیتی گەورە یانیش بە شێوەی دەنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu

Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
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Document history

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