



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Orchidopexy for Undescended Testis (Child)

Information for patients, relatives and carers

Department of Urology

① For more information, please contact:

Paediatric Nurses

Telephone: 01904 726010

Ward 17

Telephone: 01904 726017

The York Hospital, Wigginton Road, York, YO31 8HE

Contents	Page
What does the procedure involve?	3
What happens before the operation?.....	4
What happens on the day of the operation?	5
What happens after the operation?.....	7
What are the alternatives to this operation?.....	7
Are there any side-effects?.....	8
What else should I look out for?	9
Are there any other important points?.....	10
Tell us what you think of this leaflet	11
Teaching, training and research.....	11
Patient Advice and Liaison Service (PALS).....	11

What does the procedure involve?

This involves incisions in the groin and in the scrotum to bring the testis down into the correct position within the scrotum.

An undescended testicle has an increased risk of developing cancer. Bringing the testicle into the scrotum does not decrease the risk of cancer, but it does allow the testicle to be monitored more easily. If a testicle is brought down in the first years of life, its sperm-producing capacity may be preserved. The longer an undescended testicle remains out of position, the more its sperm-producing capacity diminishes.

If, on the initial examination, the testicle is not palpable in the groin, it may lie inside the abdomen (tummy). In such case, keyhole surgery (laparoscopy) could be required and such would be referred to a tertiary hospital.

What happens before the operation?

You will have an appointment in a pre-assessment clinic. You will meet a nurse and a member of the play team. The nurse will ask medical questions and check the child's height and weight. The play team will discuss the anaesthetic to help you and the child understand it more. You will have the opportunity to ask any questions and be given some information to take home.

Please ensure you have some simple painkillers at home for after the operation, for example Calpol. If you are not sure what to buy, check with any pharmacy.

At some stage before or during the admission process, you will be asked to sign the second part of the consent form (FYO3CON66-2 Orchidopexy) giving permission for the operation to take place, showing you understand what is to be done and confirming that you wish to proceed. The child can also sign the form if they wish. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens on the day of the operation?

You will have a letter that tells you either to go to Day Ward or Ward 17. These are both paediatric areas. The nurse will meet you and settle you into the ward. They will do some checks and give the child a name band. The doctor will explain the operation in more detail, discuss any worries you may have and ask you to sign a consent form. An anaesthetist will also see you to explain the child's anaesthetic in more detail. If the child has any medical problems or allergies, please tell the doctors.

The child can wear their own clothes to aid comfort. We recommend bringing loose comfortable clothing with no metalwork or zips. The ward can be quite warm.

A small incision is made in the groin to locate the testis and free its attachments so that it can be brought down into the scrotum. There is usually a small hernia in the groin associated with the testis which needs to be tied off. A second incision is then made in the scrotum to receive the testis where it is anchored to prevent twisting and further retraction.

If the testis is poorly-developed, the under-developed remnant is normally removed to prevent problems in later life.

After the operation the child will recover on the Day Ward or Ward 17. They need to stay a **minimum** of two hours on the ward but quite often they may need to stay longer. They can have a drink and then something to eat. We will ensure they have enough painkillers. We also like them to go to the toilet and pass urine before they go home.

If the child takes any regular medication, please bring this with you on the day of the operation.

What happens after the operation?

The child will benefit from extra rest for a couple of days. It is best to keep the child off school or nursery for two to three days. Please give painkillers according to the instructions on the packet to help ease pain. Sitting on toys or bicycles should be avoided until the wound has healed. Sporting activities such as PE and swimming can be restarted after two weeks.

Following the operation the wound should be kept clean and dry for 24 hours. The stitches are usually dissolvable and do not require removal. Bathing too early may cause the stitches to dissolve too quickly so we recommend quick washes for the first week after the operation.

You and the child may have an outpatient appointment several weeks after the surgery. If an appointment is required, a letter will be posted to you. Your nurse will give you discharge advice before you go home.

What are the alternatives to this operation?

Observation risks the development of cancer in the undescended testis, loss of function, twisting of the testis in the groin, psychological problems.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Swelling of the scrotum lasting several days.
- Seepage of yellowish fluid from the wound several days after surgery.

Occasional (between 1 in 10 and 1 in 50)

- Infection of the testis or the incision requiring further treatment.
- The testis may remain slightly high in the scrotum.
- It may not be possible to bring the testis down and this may mean removal of the testis.

Rare (less than 1 in 50)

- Bleeding requiring further treatment.
- The testis may shrink (atrophy) due to poor blood supply after the operation.
- Future fertility cannot be guaranteed.
- The procedure may need to be repeated if the operation is not wholly successful.
- Chronic pain in the testicle or scrotum.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

- The child is in a lot of pain and painkillers do not seem to help.
- The operation site seems inflamed, red, or the skin seems hotter than the surrounding skin.
- There is any oozing from the operation site.

If you have these or other concerns after the operation please use the following numbers:

Monday to Friday, day time: 01904 726010.

Please ask to speak to a paediatric nurse.

At other times, or if no paediatric nurse is available at the above number: 01904 722017.

Please note the nurses may give you advice, or they may direct you to contact your GP.

Are there any other important points?

Ideally, the surgery should be performed before the child reaches the age of two to give the best chance of testicular development.

A successful operation reduces the risk of testicular cancer but not to a completely normal level. Future fertility may still be impaired, even if only one testis is affected and, when both testicles are affected, impairment of fertility in later life is common.

We will encourage you to learn testicular self-examination on a regular basis from puberty onwards and to wear appropriate protective clothing during any form of contact sport.

If the remnant of the testis has been removed and you are unhappy with the appearance, it is possible to insert an artificial testis at a later stage. You should seek advice from your GP for a referral to hospital in this event.

Tell us what you think of this leaflet

Meeting the needs and preferences of patients and carers is at the centre of everything we do. We hope that you found this leaflet useful and informative.

If you would like to comment on it, please contact Mr Mustafa Hilmy, Consultant Urological Surgeon, Department of Urology, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725846 or email Lisa.Browne@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk. An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

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