

Patient Information for Consent



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PS03 Orchidopexy for a Palpable Testicle (child)

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Local Information

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What is an orchidopexy?

An orchidopexy is an operation to bring a testicle down into the scrotum. The testicles develop in a baby boy's abdomen when he is in the womb. The testicles usually move down into the scrotum by 35 weeks of pregnancy. Sometimes a testicle does not come down normally (see figure 1).

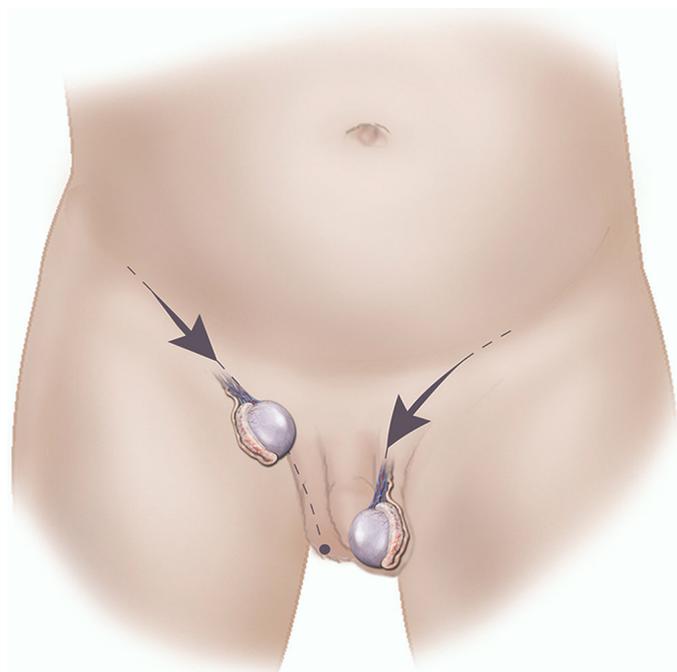


Figure 1

Both testicles usually move down into the scrotum

Your surgeon has recommended an orchidopexy for your child. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with him so he can be involved in the decision too.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

There are several reasons why an orchidopexy is recommended.

- Following puberty, there is a small increase in your child's risk of developing cancer in the testicle that has not come down normally. Being able to examine the testicles following puberty (to check for any problems) is much easier if the testicles are in the scrotum.

- Fertility is reduced where both testicles have not come down in the first few months of life. There is little reduction in fertility where only one testicle has come down normally, because only one healthy testicle is needed for fertility. The higher temperature in the body can damage a testicle. Bringing a testicle down into the scrotum, where it is cooler than the body by about 2°C, is needed to produce healthy sperm.

- A testicle that has not come down may not grow properly. If your child has an orchidopexy before he is 2 years old, the testicle will usually recover and grow normally.

- The risk of the testicle twisting (torsion) and damaging the blood supply is lower if the testicle is in the right position.

- Boys may become concerned for cosmetic reasons about having only one testicle in the scrotum.

- Testicles that are in the right position are less prone to trauma (where a physical force is applied directly to the abdomen or scrotum).

Surgery should prevent your child from having serious complications. Your child's fertility should improve, particularly if both testicles need to be brought down, and he will find it easier when he is an adult to examine his testicles to check for any problems.

Are there any alternatives to surgery?

Testicles may continue to come down into the scrotum for the first few months of life. If a testicle has not reached the scrotum by the age of 6 months, it is unlikely to do so without surgery. There is no other way of bringing the testicle down into the scrotum.

What will happen if I decide that my child will not have the operation?

Leaving the testicle where it is may delay any cancer being detected in adult life. It also increases the risk of other complications, such as torsion or trauma (where a physical force is applied directly to the testicle), and may reduce fertility.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation he came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your child's name and the operation he is having.

The operation is performed under a general anaesthetic and usually takes 45 minutes to an hour. Your child may also have injections of local anaesthetic to help with the pain after the operation.

Your child may be given antibiotics during the operation to reduce the risk of infection.

While your child is under the anaesthetic and before surgery, your surgeon will usually feel for the testicle in the groin. If it is healthy, the aim is to bring it down into the scrotum. Your surgeon will usually perform the operation through a cut on the groin and a small cut on the scrotum (see figure 2). However, your surgeon may use only a single cut on the scrotum.



Figure 2

The cuts usually made for an orchidopexy

An undescended testicle is associated with the connection (patent processus vaginalis – PPV) between your child's abdomen and scrotum not closing properly before he was born. Your surgeon will separate a PPV from its surrounding structures and tie it off (ligation). If layers of tissue are preventing the testicle from coming down, your surgeon will divide them. These structures are close to the blood vessels that supply the testicle and the vas (the tube that carries sperm from the testicle). Your surgeon will free up the testicle and bring it down into the scrotum. They may use stitches in the scrotum to keep the testicle in place.

If your surgeon finds a small testicle that is unlikely to function, they will usually remove it.

Rarely, your surgeon will need to complete the operation using keyhole surgery. This involves making two or three small cuts (less than 1 centimetre long). Your surgeon will discuss this with you.

Sometimes it is not possible for your surgeon to bring the testicle all the way down into the scrotum. They will plan to do another operation when your child has grown more to bring the testicle further down into the scrotum.

What can I do to help make my child's operation a success?

Your child should try to maintain a healthy weight. He will have a higher risk of developing complications if he is overweight.

Your child can reduce his risk of infection in a surgical wound.

- In the week before the operation, your child should not shave or wax the area where a cut is likely to be made.
- Your child should have a bath or shower either the day before or on the day of his operation.
- Your child should keep warm around the time of the operation. Let the healthcare team know if your child feels cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give your child medication to control the pain.
- Bleeding during or after the operation. It is common for the groin, penis or scrotum to be bruised. Your child will not usually need a blood transfusion or another operation.
- Unsightly scarring of the skin.
- Infection of the surgical site (wound). It is usually safe for your child to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if your child gets a high temperature, you notice pus in his wound, or if his wound becomes red, sore or painful. An infection usually settles with antibiotics but your child may need another operation.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) under the wound. This usually settles within a few weeks.
- Shrinking of the testicle, if the blood vessels are damaged (risk: less than 2 in 100). Any shrinking is usually obvious after about 6 months.
- The testicle may return to its original position (risk: less than 3 in 100). The risk is higher if there is infection, a collection of blood or if the testicle was not brought down properly.
- Prevention of sperm passing to the penis, if the vas is damaged. This affects only sperm from the testicle with the damaged vas.
- Reduction in fertility of a testicle that is brought down, if a complications happens. You need to balance this risk against the reduction in fertility that will happen if the testicle is left alone.

The risk of one of the above complications happening increases the higher the testicle was originally.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward. He should be able to go home the same day. However, your doctor may recommend that your child stays a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Your doctor will tell you when your child can return to school. It is usual for children to return to school after about a week.

Your child should not play sports or ride a bicycle for 6 weeks to reduce the risk of trauma. Trauma can result in the testicle returning to its original position.

The future

Most children make a full recovery and can return to normal activities.

If your surgeon needed to bring down both testicles, your child's chance of fertility should be improved.

Your child may be at a slightly higher risk of developing cancer in the testicles in the future. It is important that, following puberty, he learns to check his testicles for any lumps. If he finds a lump, he should let his GP know.

Summary

An orchidopexy is an operation to bring a testicle down into the scrotum. If left untreated, any cancer will be more difficult to detect and other serious complications can also happen.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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