

PATIENT INFORMATION

Orchidopexy in children

Bringing down of an undescended testis

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.

What are the alternatives to this procedure?

Observation only may lead to a risk of developing cancer in the undescended testis, twisting of the testis in the groin and psychological problems (in children).

What should I expect before the procedure?

You will normally receive an appointment for pre-assessment approximately 14 days before your son's admission, to assess general fitness, screen for the carriage of MRSA and to perform some baseline investigations.

Please be sure to inform us in advance of your son's surgery if they have any of the following:

- an artificial heart valve
- a heart pacemaker
- a previous or current MRSA infection

Your son should **not** eat or drink for 6 hours before surgery.

What happens during the procedure?

Admission is usually on the same day as the surgery. After admission, your son will be seen by the consultant.

Immediately before the operation, your son may be given a pre-medication by the anaesthetist, which will make them dry-mouthed and pleasantly sleepy.

Normally, a full general anaesthetic will be used and your son will be asleep throughout the procedure.

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.

What happens immediately after the procedure?

Your son may experience discomfort for a few days after the procedure but painkillers will be given to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is one day.

A follow-up outpatient appointment will normally be arranged 6-8 weeks after the operation to assess the cosmetic result.

Are there any side-effects?

Most procedures have 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.

Please use the check list to tick off individual items when you are happy that they have been discussed to your satisfaction:

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

What should I expect when I get home?

Your child's wound should be kept clean and dry; they should not be bathed for five days after the operation (wiping over the area with warm water is fine).

For most children, recovery will be rapid although the groin may be painful for several days. Two weeks off sport at school is sensible and vigorous exercise should be discouraged for the first 2 weeks.

In young adults, a period of 10-14 days off work is advisable.

When your son leaves hospital, you will be given a discharge summary of their admission. A formal letter will also be typed and sent to you within a day or two and includes important information about your son's inpatient stay and their operation.

If, in the first few weeks after discharge, you need to call your GP for any reason, or your son needs to attend another hospital, please take this summary with you to allow the doctors to see details of your son's 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?

If your son develops:

- a temperature
- increased redness
- throbbing or drainage at the site of the operation

Please contact your GP.

Are there any other important points?

Ideally, the surgery should be performed early to give the best chance of testicular development. We try to do this from twelve months onwards.

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.

Who else can I contact for more specific help or information?

You can contact your consultant via their secretary on 01284 712549.

You will also find our Nurse Specialists at the West Suffolk Hospital happy to answer queries:

Urology Nurse Practitioners on 01284 712806 or 01284 713229

Other contacts

Admissions Telephone 01284 712980

Appointments Telephone 01284 713713

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below. If you would like a copy of this form to be filed in your son’s hospital records for future reference, please let us know.

I have read this information sheet and I accept the information it provides.

Signature.....

Date.....