

Information for Parents and Caregivers



Orchidopexy for an undescended testis in the groin



What is an orchidopexy?

The operation to bring an undescended testis down into the scrotum is called an orchidopexy. Before birth, the testis grows inside the baby's tummy and moves down into the scrotum during late pregnancy. In about 1 in every 100 boys the testis does not complete this journey and gets held up in the groin. Usually only one testis is affected but sometimes both are undescended. Why is an orchidopexy necessary?

Orchidopexy is recommended for several reasons:

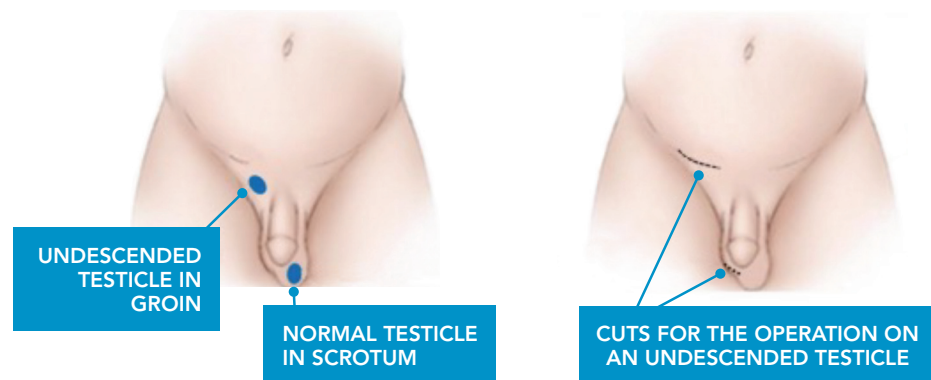
- To maximize the ability of the testis to make sperm and contribute to fertility in the future
- Because boys like to look and feel like other boys
- It may decrease the chances of cancer developing in the testis in adult life. Cancer of the testis is rare but is more common in an undescended testis. Bringing the testis down decreases the chance of a cancer developing and makes it easier to detect

Is there any alternative to surgery?

A testis may still descend in the first few months of life, particularly in premature babies. After six months of age, further natural descent is very unlikely. Surgery is then the only way to get the testis into the scrotum.

What does the operation involve?

Once your child is asleep the surgeon makes a small cut in the groin and finds the undescended testis, which is freed up along with its blood vessels and the tube that later transmits sperm from the testis (the vas). A small incision is made in the scrotum and the testis is brought down into the scrotum where it may be stitched in place. The skin wounds are closed with dissolving stitches and a clear plastic dressing is put on the groin wound.



A local anaesthetic injection is frequently given during the operation to reduce discomfort after surgery. After the operation your child will be transferred to the recovery room where you can join him. Occasionally, during surgery the testis is found to be very small and abnormal. In these cases, it may be removed as it is unlikely to contribute any worthwhile function and may be more at risk of developing a cancer in later life.

Are there any complications of the operation?

An orchidopexy is a common and usually straightforward operation but any operation has a risk of complications. These include:

1. Complications of the anaesthetic. Your anaesthetist is the best person to discuss these
2. General complications of any operation. Bruising around the wound or in the scrotum and infection in the wound are uncommon. You should consult your family doctor if the wound becomes red or increasingly painful.
3. Rare complications of the operation:
 - The testis fails to remain in the scrotum and retracts back to the groin. This is more likely if the blood vessels going to the testis are particularly short. A further operation may then be needed to bring it down into the scrotum
 - Damage to the structures around the testis. Damage to nerves can cause temporary numbness in an area of groin skin. Damage to the testicular blood vessels or the sperm tube (vas) can cause the testis to shrink and disappear. Future fertility would then depend on whether the other testis works normally

When will my child be able to go home after the operation?

The operation is usually carried out as 'day surgery' so your child should be able to go home later the same day. You will be advised to give him regular doses of a painkiller such as paracetamol during the first 24 hours after the operation.

When can my child resume normal activities?

Boys recover quickly after an orchidopexy. They can have a quick bath or shower the next day. The plastic dressing on the groin can be removed if it is still there after a week or be left alone until it falls off itself. Older children can usually get back to school after a few days and return to sports about 2-3 weeks after the operation. The general rule is 'if it hurts, stop and wait a bit longer before trying again'.

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