The Children’s Hospital

Undescended Testes

Information for parents
What are undescended testes?

The testes start developing high inside the tummy near the kidneys. At about 2 months before a boy is born they move down or “descend” into the sac of skin called the scrotum. Sometimes this does not happen and the testes are undescended at birth. They can come down after birth of their own accord, but if they have not done so by about 1 year of age, they are unlikely to do so. In this case an operation is needed to get them into the right place. This operation is called an orchidopexy.

What are the benefits of the operation?

If the operation is not carried out to bring the testicles down into the right place there is a risk of health problems. These can include:

- Risk of damage to the testicles
- Risk of tumour developing
- Risk of loss of function to the testis
- Fertility problems in the future

What are the risks?

This is simple and safe operation. However, all operations carry some risks. The following complications have a less than 10% chance of occurring:

- Infection (continued signs of redness, yellow discharge, swelling, or pain)
- The testis moving up into the groin again
- Bruising of the scrotum
- The testis pushes out through the skin incision within 24 hours
- Loss of the testis

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 4.
Are there any alternatives?

Surgery is the only way to correct undescended testes.

Consent

We will ask you for your consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

What does the operation involve?

The operation is done under general anaesthetic, normally as a day case. Your child will be asleep throughout.

In the anaesthetic room

A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’), can be placed on the hand or arm before injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave promptly. Your child will then be taken into the operating theatre to have
the operation or investigation. The anaesthetist will be with your child at all times.

**Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail at your pre-operative visit.

**What happens during the operation?**

The surgeon will make a small cut into the groin through which they will find and free the undescended testes. They will make a second small cut into the scrotum and fix the testes into their correct place. Both wounds will be closed with stitches that will dissolve, so will not need to be removed. The surgeon may give your child an injection of local anaesthetic so he won’t be uncomfortable when he wakes up. The operation will take about 20-40 minutes, but your child will be away from the ward for about one hour.
After the operation

Your named nurse will make regular checks of your child’s pulse, temperature and wound, and also ensure he has adequate pain relief to keep him comfortable until you are discharged home. (Please see our separate pain relief leaflet.)

Recovery from a general anaesthetic

Once your child is awake from the anaesthetic he can start drinking and if not sick he can start eating his normal diet.

The minimum recovery time before discharge is 2 hours. In some circumstances your child may be allowed home before he has passed urine. If he has not passed urine before bedtime please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You should bring loose fitting clothes for him to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, and toast or biscuits. If the vomiting persists for longer, please contact your GP. The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Keep the area clean and dry for 2 days, after which time your child can have a bath or shower. Do not use bubble bath. If the area becomes soiled in the meantime, clean with water. The scrotum may look bruised and swollen for a few days.
Stitches/Dressing
The stitches are usually hidden under the skin and will dissolve. If ‘Steristrips’ have been used these will loosen and fall off by themselves. If they do not soak them off in the bath after 5 days. Your nurse will advise you about this.

How to contact us if you have any concerns
If you have any worries or queries about your child once you get home or if you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses, or contact your GP.

Getting back to normal
Your child will benefit from extra rest for a day or two after the operation. It is best to keep your child off school for 3-5 days. Sporting activities such as PE, bike riding, swimming etc. can be resumed after 2 weeks. Please have adequate Calpol and ibuprofen at home.

Follow-up care
Your nurse will tell you if you need a follow-up appointment – the letter will come by post. Please contact the hospital switchboard and ask to speak to your consultant’s secretary if this does not arrive.

Your appointment will be in Children’s Outpatients in approximately …………… weeks / months.
Contacts and telephone numbers

If you have any questions or concerns, please contact us.

Your named nurse is ..............................................................

Children’s Day Care Ward    Tel: 01865 234148
Tom’s Ward                  Tel: 01865 234108 or 234109
Drayson Ward                Tel: 01865 231237
JR Hospital switchboard:    Tel: 01865 741166

Further information

The NHS Choices website has information on umbilical hernia: www.nhs.uk/conditions
Please bring this leaflet with you on the day of your child’s admission

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk

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Version 2, January 2011
Review, January 2014
Oxford Radcliffe Hospitals NHS Trust
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OMI 2728