

# Undescended testes

Information for parents and carers



The testes (or testicles) 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 6-9 months of age, they are unlikely to do so.

Occasionally, testes that have descended may go back up into the groin, and an operation would be needed to correct this.

Retractable testes – where the testes can move in and out of the scrotum, usually as a result of temperature change, or feelings of fear or excitement – often settle permanently in the scrotum as they get older. They may need to be monitored during childhood to ensure that they descend naturally.

## **What is the treatment?**

If the testes have not descended by themselves, an operation is needed to get them into the right place. This operation is called an orchidopexy.

## **What are the benefits?**

The benefit of your child having this operation is to bring the testes down into the right place, therefore avoiding future health problems, for example, risk of damage to the testes, risk of a tumour developing, risk of loss of function to the testes, and fertility problems in the future.

## **What are the risks?**

This is a simple and safe operation. However, all operations will carry some risks. The following complications have a less than 10% chance of occurring (10 out of 100 people):

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

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 6.

## **Are there any alternatives?**

Surgery is the only way to correct undescended testes.

## **What happens during the operation?**

The surgeon will make a small cut in the groin through which they will find and free the undescended testes. They will make a second small cut in the scrotum and fix the testes into their correct place. Both wounds will then be closed with stitches that are 'hidden' under the skin and will also gradually dissolve.

The operation takes about 40 minutes but your child will be away from the ward for about 2 hours. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

Your surgeon may recommend repair of the undescended testes by key-hole surgery (laparoscopic surgery). If the testes are not palpable at all – before or during the anaesthetic – then your son will be examined using a laparoscope. In this type of operation, a very thin camera telescope (endoscope) is inserted through a small cut near the tummy button. This allows the surgeons to see inside your child's abdomen without having to make a large cut. Further small cuts are then made on their tummy to allow special, narrow instruments to be inserted to perform the orchidopexy.

Your son may require a multiple-stage procedure; that is, more than one operation. Your surgeon will explain this in more detail.

While your child is still asleep, some local anaesthetic may be injected into the operation site to help prevent pain afterwards. A small dressing may be put over the wounds.

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

## **Consent**

We will ask you for your written consent (agreement) 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.

## **Fasting instructions**

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter. Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

## **Pain assessment**

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

## 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, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia<sup>1</sup>.

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 before the operation.

<sup>1</sup>Royal College of Anaesthetists (2020) 6th edition. Your child's general anaesthetic. London: RCOA [rcoa.ac.uk/patientinfo](https://www.rcoa.ac.uk/patientinfo)

## **In the anaesthetic room**

A nurse and one parent can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

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 put on their hand or arm before injections so they do not hurt as 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 quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

## After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them 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 amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, 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 5 days, after which time your child can have a bath or shower. Do not use perfumed bubble bath or shower gel until your child's wound is completely healed. If the area becomes dirty or wet in the meantime, clean it with water, but do not rub the wound.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- any redness or swelling around the wound
- bleeding or leaking from the wound
- new or increased pain not relieved with regular analgesia (pain relief)
- your child has a high temperature (this could be a sign of infection).

## **Stitches/dressing**

The wound may have a small dressing that can be removed after 5 days. Any stitches your child has will usually be hidden under the skin. They are dissolvable and will gradually disappear over the next few weeks.

If any paper stitches (Steristrips) have been used on the outside of your child's skin they will gradually loosen and fall off by themselves. If they do not, soak them off in the bath after 5 days. Your child's nurse will speak with you about this.

## Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for 2 to 4 days.

Gentle sporting activities such as swimming, walking, running, etc can be resumed at 2 weeks. We advise children to avoid contact sports (for example, football and rugby), riding a bike and strenuous exercise (for example, PE) for 4 weeks.

## Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet '**Pain relief after your child's day case surgery**' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

## How to contact us if you have any concerns

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

You can also contact your GP or NHS 111 (freephone from landlines and mobiles).

Children's Day Care Ward: 01865 234 148  
(7.30am to 7.30pm, Monday to Friday)

### **Outside of the hours, you can contact:**

Robin's Ward: 01865 231 254/5

Melanie's Ward: 01865 234 054/55

Tom's Ward: 01865 234 108/9

Bellhouse Drayson: 01865 234 049

Kamran's Ward: 01865 234 068/9

Horton General Hospital Children's Ward: 01295 229 001/2

**(All of these wards are 24 hours, 7 days a week).**

Oxford University Hospitals Switchboard: 0300 304 77 77

## Further information

You may also find these websites helpful:

### **OUH NHS**

[www.ouh.nhs.uk/children/documents/literature-list.pdf](http://www.ouh.nhs.uk/children/documents/literature-list.pdf)

### **British Association of Paediatric Surgeons**

[www.baps.org.uk/parents/Paediatric-conditions](http://www.baps.org.uk/parents/Paediatric-conditions)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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