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Undescended Testis

Definition

Cryptorchidism (undescended testis) is when one or both of the testicles are not in the scrotum (sac). This occurs in 21 percent of premature infants. In full term newborns, the incidence is 2.7 percent and at one year of age, about 0.6 percent of children have undescended testicles.

About 10-15 percent of children with undescended testicles have bilateral (both sides) involvement. The testicle almost always descends on its own during the first year of life. A distinction must be made between a **retractile** testis, testis that can be drawn into the groin and requires no treatment, and the **true undescended testis**, which requires surgery (operation).

The diagnosis of an undescended testis begins with the observation that one or both testicles are absent from the scrotum (sac). If a testis was in the scrotum (sac) and disappears, it may be retractile.

Various reports have shown that there is a slightly higher chance of the undescended testis developing a tumor. It is recommended that even after surgery, regular exam of the testis should be done to be sure the testis stays healthy.

The undescended testis is watched through ages 1 to 1 1/2 years. If the testis has not come down during the second year of life, surgery is performed.

Surgery is done for several reasons. Failure of the testicle to come down causes the testis to be left at a higher body temperature. Unless this is corrected, normal growth of the sperm may not take place. The undescended testis may get injured more easily. An empty scrotum may cause worry and embarrassment. An untreated undescended testicle may change and form a tumor.

Operation:

The operation is called an **orchiopexy**. The surgery is done on an outpatient basis. General anesthesia (medication-induced sleep) is needed. The operation takes about 1 1/2 hours.

An incision (cut about 1 inch long is made at the **inguinal crease** (the lower most part of the belly) in order to locate the testis. Another smaller incision (cut) is made in the bottom of the scrotum (sac) so that the testis is secured (tacked down) in the scrotum. All stitches will dissolve on their own. Some swelling and bruising may occur after surgery. This is normal and will resolve during the healing process.

Sometimes when the testis is not felt at the time of surgery, the surgeon may do **laparoscopy** (an operation with a scope that helps the surgeon look at the inside of the belly). This is done during the same time as the orchiopexy. This part of the operation allows the surgeon to find the testis, which may be in the belly. It is done through a small hole that is made at the belly button.

Post-Operative Care of the Child:

Food and Drink: Your child may have had some clear liquids while in POPS (Pediatric Outpatient Surgery Department). Start with clear liquids (apple juice, broths, popsicles, Jell-O, iced tea, water, Kool-aid) at home and advance to a normal diet if the child is able to keep the fluids down and does not vomit.

Advance his diet slowly and in small amounts. There may be some throwing up after surgery from the anesthesia. Most of the time this stops by the morning after surgery. If severe nausea and vomiting occur and the child is unable to keep fluids down, please call the doctor.

Activity: The day of surgery should be a low activity day. The child usually sets the pace of resuming normal activity. The main concern is to protect the site of the operation (surgery). No bicycle, tricycle or riding toys are allowed. Rough play or any activity that could injure the child or the surgical site needs to be avoided.

Pain Management: Your child may be given some pain medicine in the hospital and you will be instructed when you can safely give a dose. You will receive instructions on when, how much and how often to give the medicine.

Usually, Tylenol or Tylenol with Codeine is given. Young babies and children may be fussy and restless and this may be the only sign of pain. Give the child Tylenol and see if this helps. Also, when your child takes a nap or goes to bed at night, pain medicine may be a good idea. If your child is vomiting, Tylenol can be given in a suppository form (in the rectum).

Remember to follow instructions on the amount and how often the medicine should be given. If your child is unable to be calmed after you have tried all comfort measures and given medicine- please call the doctor.

Incision Care: Please keep the incision clean. The incision will be covered with **Op-Site** (a clear dressing) over a small piece of gauze. Also, small band-aid-like **Steri-strips** (strips) will be over the incision. The clear dressing should be carefully removed on the 4th day after surgery. Bathing/showering may be resumed at this time. Remember that all stitches are on the inside and will dissolve and go away on their own. Sometimes children have a reaction to the stitches during the second and third week after surgery. This may result in some redness at the site. Some swelling and bruising may occur in the scrotum and in the **groin** (lower belly) at the operation site.

Follow-up Visit:

It is important for you to know that the testis may still be in the top part of the scrotum for a few months after surgery. As a rule, your child will be seen 1 month after surgery and then 6 months after his operation to monitor progress.

Call the doctor if:

1. His temperature is greater than 101.0 F or 38.5 C.
2. There is bleeding at the operation site.
3. The child is unable to be calmed and you have tried all comfort measures and given medication.
4. The child is vomiting after the first day of surgery and unable to keep fluids down.

If you have any questions or concerns, please call the doctor.

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