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Orchidopexy

Why is the operation needed?

Orchidopexy is carried out on boys whose testis is not properly positioned in the scrotum.

The operation

The operation is carried out as a day case under general anaesthetic. The testicle is freed up through a wound in the groin and then placed into the scrotum through a wound on the scrotum itself. Dissolving stitches are used. These will not be visible in the wound in the groin, but you will see them on the scrotum and they can take quite a long time to dissolve and separate. This may take two or three weeks to happen.

The risks of the operation are small. The principal complication, which is seen rarely, is that the testis can retract back up into the groin after the operation. Sometimes the testis will then free itself up and come back down again, but occasionally a second operation is needed and this happens in about 1 in 50 children. If necessary, the second operation would not be carried out for approximately a year after the initial operation.

From time to time, if the testis is very high and is particularly difficult to free up from the surrounding structures, the testis may not survive the attempt to bring it down. Under these circumstances, the testis will be felt within the scrotum immediately after the operation, but can then disappear over the course of the next few months. This only happens if the testis is so high that it would not have had any function anyway. This complication is seen in about 1 in 100 children who undergo the operation.

If it has been necessary to identify the position of the testis using laparoscopy (keyhole surgery) then the operation is always more difficult and the testis is more at risk of disappearing following the operation.

The reason for advising that the testis be brought down, is to improve the chances of producing sperm and because of the slightly increased risk of cancer developing in a testicle that has not spontaneously descended into the scrotum. Under these circumstances, the testis needs to be in a position where it can be easily felt.

The risk of cancer is small and your child is very unlikely to suffer from this problem. If the cancer is picked up when it first develops by feeling a lump in the testicle, then it is a potentially completely curable condition.

For that reason, I would advise that when your child has gone through puberty (from approximately the age of 15) he should be taught to examine the testicles at least weekly and to report immediately to a doctor any lumps that he feels.

After the operation

- Your son should be given regular pain relieving medicine, such as Paracetamol, for the first 48 hours. Always read and follow the instructions on the packet.
- Your son can have a daily bath from the day after his operation.
- Your son should rest at home for a couple of days and then return to school, but should not take part in any sport until the wounds are healed and dry, which usually takes about 10-14 days.

When to seek help?

Please contact me if your son has:

- Persistent pain, swelling or redness.
- Bleeding from the operation site.
- Difficulty passing urine.

Where should I seek advice or help?

For further information, contact the Bridge Clinic or your GP.

Information about testicular self-examination is attached to this form and is available from the following website:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Testicular_selfexam.pdf.