Orchidopexy (bringing down of an undescended testis): procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
This involves incisions in the groin and in the scrotum to bring the testis down into the correct position within the scrotum.

What are the alternatives to this procedure?
Observation risks the development of cancer in the undescended testis, twisting of the testis in the groin, psychological problems (in children).

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?
Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

A small incision is made in the groin to locate the testis and free its attachments so that it can be brought down into the scrotum. There is usually a small hernia in the groin associated with the testis which needs to be tied off. A second incision is then made in the scrotum to receive the testis where it is anchored to prevent twisting and further retraction.

What happens immediately after the procedure?
You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is 1 day.

Are there any side-effects?
Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)
- ☐ Swelling of the scrotum lasting several days
- ☐ Seepage of yellowish fluid from the wound several days after surgery
Occasional (between 1 in 10 and 1 in 50)
- Infection of the testis or the incision requiring further treatment
- The testis may remain slightly high in the scrotum
- It may not be possible to bring the testis down and this may mean removal of the testis

Rare (less than 1 in 50)
- Bleeding requiring further treatment
- The testis may shrink (atrophy) due to poor blood supply after the operation
- Future fertility cannot be guaranteed
- The procedure may need to be repeated if the operation is not wholly successful
- Chronic pain in the testicle or scrotum

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?
When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

For most children, recovery will be rapid although the groin may be painful for several days. Two weeks off sport at school is sensible and vigorous exercise should be discouraged for the first 2 weeks.

In young adults, a period of 10-14 days off work is advisable.

What else should I look out for?
If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?
Ideally, the surgery should be performed before the child reaches the age of 2 to give the best chance of testicular development.
A successful operation reduces the risk of testicular cancer but not to a completely normal level. Future fertility may still be impaired, even if only one testis is affected and, when both testicles are affected, impairment of fertility in later life is common.

A follow-up outpatient appointment will normally be arranged 6-8 weeks after the operation to assess the cosmetic result.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

**Who can I contact for more help or information?**

**Oncology Nurses**

- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**

- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  pals@addenbrookes.nhs.uk
What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature............................................................Date...........................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169.