

Your child's surgery for an undescended testicle (orchidopexy)

This leaflet is about your child's orchidopexy procedure to move a testicle from the groin to the pouch below the penis (scrotum). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is an orchidopexy?

An orchidopexy is a procedure to bring one or both testicles into the scrotum. This is the pouch of skin below the penis that typically contains the testicles.

Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

Why should my child have an orchidopexy?

An orchidopexy is a procedure to move a testicle from the groin area to its correct position in the scrotum. If a testicle is not positioned properly in the scrotum, this may cause problems:

- A testicle that has not moved down to the scrotum may affect your child's ability to father children later in life (fertility).
- A testicle in the groin is not easy to feel. If a lump grows in the testicle, it would be more difficult to find. Your child will not be able to examine themselves for lumps in future.
- There is a higher risk of getting tumours in a testicle that has not been brought down to the scrotum.

Doing an orchidopexy procedure may improve your child's fertility, allow them to examine themselves for lumps and reduce the risk of testicular cancer.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or

Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

In most cases, we can do a simple orchidopexy procedure if the testicle can be felt in the groin. When your child is asleep, the surgeon makes a cut in the groin and releases the testicle. They then make another cut in the scrotum on the same side. The surgeon places the testicle in the scrotum. Both wounds are closed with dissolvable stitches that do not need to be removed. The surgeon may also use medical superglue.

The procedure lasts about 1 hour 30 minutes.

Are there any other treatment options to this procedure?

An undescended testicle usually moves down into the scrotum naturally by the time your child is 3 to 6 months old. If the testicle has not descended by 6 months, it is unlikely to come further down without treatment.

A "wait and see" approach no longer helps beyond the age of 6 months. In this case, we usually recommend an orchidopexy procedure before your child is 12 months old.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

After an orchidopexy, there is a small risk of a wound infection or bleeding from the wound. It may not be possible to bring your child's testicle into a completely natural position, but the surgeon does their best.

In rare cases, the testicle or its related structures may get damaged during the procedure. This may affect the way that the testicle works.

Rarely, there may be complications after a successful procedure. As your child grows, a testicle that we have put into a good position can be pulled up and out of the scrotum.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wounds numb.

Will my child be in pain after their procedure?

We give your child a long-lasting local anaesthetic medicine during their procedure. This medicine gives them pain relief for up to 6 hours after they wake up. The anaesthetic doctor explains about this before the procedure. Your child wakes up with very little pain.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child after the procedure?

The surgeon or a member of their team gives you specific instructions about your child's wounds and dressings. They explain how to care for your child after the procedure and the arrangements for their follow-up care.

It is important to make sure that your child drinks plenty of fluids after the procedure.

Your child can have a bath or shower after 2 days. They can return to school or nursery when the pain has been controlled. This usually takes about a week.

For 4 weeks after the procedure, it is best that your child does not do any straddling activities. This is when they sit or stand with their legs on either side of something. Examples of these activities are riding a bicycle, playing on a rocking horse, swing or see-saw, or using other sit-on toys.

How can I manage my child's pain after their procedure?

We recommend giving your child paracetamol and ibuprofen if they do not have any problems taking these medicines. You can give your child the medicines regularly for a few days and then as needed to control pain. Please remember to buy the pain medicines before the day of your child's procedure.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

After your child's procedure, contact a GP or go to your nearest emergency department (A&E) if you feel that they are unwell or notice:

- continuous or heavy bleeding (bleeding can sometimes happen under the surface of the skin and appear as increased swelling or bruising)
- signs of infection, such as redness that spreads on the skin, swelling or leaking yellow-green liquid called pus

On white skin, the area around a wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour.

Do you see my child again after their procedure?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

Contact us

Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** evelinaurologydoctors@gstt.nhs.uk

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

After the procedure

For **medical advice**, **email** evelinaurologydoctors@gstt.nhs.uk

For **advice from the clinical nurse specialists**, **email** evelinabladdernurses@gstt.nhs.uk

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** paediatricappointmentsurology@gstt.nhs.uk

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



Patient Information Forum

Our values: **Put patients first** | **Take pride in what we do** | **Respect others** | **Strive to be the best** | **Act with integrity**

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