

Undescended Testicles

Normally, a boy's testicles descend into the scrotum towards the end of pregnancy. Until this time the testicles are held in the inguinal canal (a short passage in the area of the groin that lies between the lower abdomen and the scrotum).

Sometimes, testicles descend during the first year of life. After this period of time they will not descend into the scrotum on their own and surgical treatment is necessary.

About 3% of full term baby boys are born with undescended testicles. It is more common in boys who are born prematurely, but otherwise, the cause of this condition is unknown.

A boy with undescended testicles may have:

- True undescended testicle(s)- the testicle comes only part of the way down the inguinal canal.
- Ectopic testicle(s)-the testicle moves down the inguinal canal but lodges somewhere outside of the scrotum (usually under the skin in the groin).
- Retractable testicle(s)-this condition is sometimes mistaken for undescended testicles. For example, in response to a cold

hand, a muscle in the canal contracts and pulls the testicle up. This situation is temporary. The testicle returns to the scrotum when it is warm and the muscle relaxes. Your surgeon will know by careful examination whether the testicles have descended.

- Absent testicle(s)- in this condition one or both testicles have not developed.

Why is it important to treat this condition?

- Infertility-sperm develop better when they are in a cooler environment like the scrotum. The body temperature is much higher in the groin and abdomen so fewer sperm are produced. If left untreated, undescended testicles could affect your son's fertility in the future.
- Tumour development- testicles in the groin or higher in the body are about ten times more likely to form a tumour than those in the scrotum. It is easier to watch and feel for growths when the testicles are in the scrotum.
- Hernia-there is usually a hernia linked with an undescended testicle. This is repaired at the same time as the surgery for undescended testicles.

- Psychological effects-everyone wants to look like his friends. Treatment allows for a healthy body image.

Treatment

The surgeon can place the testicle in the scrotum using a procedure called an orchidopexy.

When the testicle is lodged close to the scrotum

In most cases the testicle is lodged in the inguinal canal just by the scrotum. The surgeon can find it by examining the area. The surgeon makes an incision of one to two inches in the groin and the testicle is freed from the tissue that is trapping it. Then, another small incision in the scrotum and a space is created to hold the testicle. The testicle is gently pulled into place along with the blood vessels and vas deferens (sperm carrying duct). The surgeon stitches the testicle in place. The incision in the groin and scrotum is closed with dissolving stitches.

The surgery is done under a general anesthetic as a daycare surgery. It takes about one hour. Your son will stay in the recovery room for another hour and then he will go home.

When the testicle is high in the abdomen.

The surgery is a little different in this case. An incision is made in the abdomen and the testicle is pulled into the scrotum in the same way as described above.

When the surgeon cannot find the testicle.

Sometimes the surgeon must look for the testicle using a special instrument that allows one to see into the abdomen. This scope is called a laparoscope. It is a thin tube with a lens and light that is pushed through a small cut in the bellybutton. Once the testicle is found, the surgeon makes an incision in the abdomen and then moves the testicle into the scrotum.

The child may stay overnight in the hospital following this more extensive type of surgery. He will be given pain medication through an intravenous in his arm. Once he is keeping food down, is able to urinate, and his pain is under control, he can go home.

Note: If the testicle is permanently damaged, the surgeon will remove it (orchidectomy). This will avoid the risk of a future tumour altogether.

What you can expect after surgery

Your son will sleep most of the day and be cranky when awake.

Some children feel sick to their stomach after an anesthetic. Give your child clear fluids like water, popsicles, or diluted apple juice at first. Offer a light supper in the evening. In a few days most children are back to their usual eating habits.

Your son will have some pain for the first few days after surgery. The doctor will suggest medication to manage the pain. Give the medicine in the correct dose as often as suggested. The more comfortable your child is, the easier it is for the body to heal.

The stitches in the incisions will dissolve so there is no need to have them removed.

It is common for the incision in the scrotum to have some discharge. Parents often think it is infected. This is usually not the case. The wound will dry as it heals within a week of surgery.

The scrotum will look very swollen and will go through the colors of a

bruise—from purple to pale yellow. It may take several weeks for the swelling and bruising to completely disappear.

We recommend:

- No bandages or creams on the incisions
- Daily baths
- Changing diapers often to prevent urine and stool from infecting the incisions
- No riding toys like a bike, or a horse for a couple of weeks following surgery
- Keeping “rough-housing” to a minimum for several days
- Returning to school as soon as he feels comfortable

Call the urology clinic (604-875-2734) if:

- Your child develops a fever that lasts more than 2 days
- The wound begins to bleed excessively

Follow-up

Your surgeon will want to see your child, in the Urology Clinic, six to eight weeks after surgery. Please call 604-875-2734 as soon as possible to book an appointment.

If you have any concerns call the Nurse Clinician at **604-875-2889**.

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