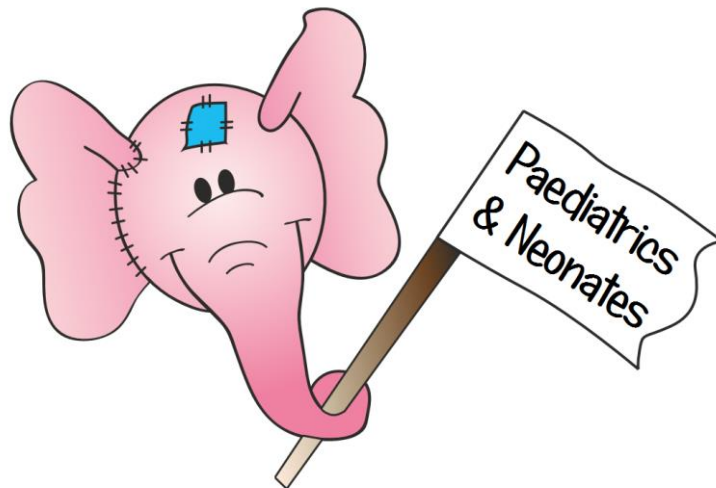


Orchidopexy

Children's Ward

Parent/Carer Information Leaflet



Introduction

This leaflet is for parents or carers whose son has an undescended testicle(s). It explains more about this condition, the surgery that can be used to repair it and what to expect when your son comes to hospital for treatment. The medical name of the operation is orchidopexy.

If you have any questions or concerns, please contact a member of the Children's Ward.

Why does my son need the operation?

When some boys are born, their testicles are not in the usual place in the scrotum. Often only one testicle is affected but sometimes both are not in the scrotum. Usually, undescended testicles move down into the scrotum naturally by the time your son is three to six months old.

If the testicles do not move down by the time your baby is six months old, it is very unlikely they will do so without treatment. In this case, surgery can be used to reposition one or both testicles.

The operation is usually carried out when your child is about 12 months' old. This is because waiting longer than this may increase a boy's risk of developing fertility problems or testicular cancer later in life.

What causes undescended testicles?

It is not fully understood why some boys are born with undescended testicles. Most boys with the condition are completely healthy apart from this. The condition seems to be more common in some families and in babies who are born before the 37th week of pregnancy.

How is the condition diagnosed?

Doctors can diagnose the condition by checking the testicles during a routine examination at birth or during a regular check-up when the baby is a few months' old. From this examination, they can tell if the testicles can be felt near the scrotum or if they cannot be felt.

If the testicles can be felt by the doctor, no further scans or tests are needed. However, if they cannot be felt, part of the surgical treatment may involve keyhole surgery to see if the testicles are inside the abdomen (tummy area).

What does the operation involve?

The operation moves the undescended testicle into the scrotum and permanently fixes it there. Operations differ depending on the boy's exact condition and so your son's surgeon will discuss this with you.

However, in many cases it involves first making a cut in the groin (inner thigh) to find the undescended testicle. The testicle is then moved and repositioned in the scrotum through a second cut. The cuts are usually sealed with dissolvable stitches so they do not need to be removed.

The operation is carried out using a general anaesthetic, where your son will be asleep.

What are the benefits of the operation?

Studies have shown that when undescended testicles are treated in early childhood, the outcome is positive. Your son should have normal fertility levels unless there are problems with the testicles themselves.

What are the risks?

General risks

As with any operation, there is a small risk of bleeding during or after surgery. There is a small risk of infection and if this happens, we will give your son antibiotics to treat this.

There are some rare risks of general anaesthetics which you can discuss with your son's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your son may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

Specific risks of this operation

Sometimes there is swelling and bruising around the site of the operation.

Rarely, the testicle may be damaged during the operation. The further the testicle has to be moved to get to the scrotum, the higher the risk is of this happening.

What are the alternatives?

Surgery is the only treatment for this condition. As the condition varies in different boys, this will be discussed with you personally by your son's consultant. It is your choice as to whether your son has treatment. However, if it is not treated, it may cause problems later on such as:

- Fertility problems – the amount of sperm produced seems to be lower in men who have undescended testicles. This is because the testicles need to be a few degrees cooler than the rest of the body to produce sperm.
- A higher risk of cancer in the undescended testicle.
- Twisting of the testicle in the groin.

What happens before the operation?

We will give you instructions with your appointment letter about when your son needs to stop eating and drinking before the operation.

What happens when we come for the operation?

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your son's wrists and put a numbing cream on the back of his hands. This is used so that when the anaesthetist puts a cannula into his hand to give the anaesthetic, he will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your son to have the operation, the nurse will ask you to sign a consent form.

The anaesthetist will come and see your son to check that he is well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your son's operation, one parent can go with him to the anaesthetic room and stay until he is asleep. The operation will last about an hour, depending on the type of surgery.

What happens after the operation?

On waking, a nurse will bring your son back to you on the ward, when the recovery team are happy with him.

During the recovery period on the ward, the nursing team will assess your son and offer him something to eat and drink, when it is safe to do so.

Your son may still have a cannula in when he comes back to the ward. We recommend that this is kept in until he goes home. This can be used to give your son medicine, if he needs it. For example, some people feel sick or are sick after having a general anaesthetic. If your son feels sick, please tell the nurse and we can give him some anti-sickness medicine.

Will my son be in pain?

It is usual to be uncomfortable for a few days after this operation. We will give your son pain relief while he is having his operation and he can have regular pain relief when he is back on the ward.

If your son is in pain when you get home, we recommend getting simple pain control such as paracetamol or ibuprofen, if suitable for your child (always read the label; do not exceed the recommended dose).

When can my child go home?

Your child may need to stay in hospital for at least six to eight hours after the operation, or one night depending on the consultant's advice. One parent is welcome to stay overnight. Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

How do I care for my son after his operation?

We will give you a separate leaflet before you go home on how to care for your son after his operation.

Your son will have stitches at the bottom of the scrotum. Some older children may also have a row of stitches down the groin.

If your son has stitches in the groin, he may have a dressing on. This will need to be left on and kept dry for 48 hours after their operation. Once this is taken off, to help reduce the risk of infection, your son should have a daily bath. It is best not to add anything to the bath water like salt, bubble bath etc.

It is best not to let your son soak in the bath for long periods if he has dissolvable stitches. This may weaken the stitches which might make the healing process longer. Also, he will need to be careful not to damage the area around the stitches by scrubbing too hard.

As the wound heals, it may feel itchy, tingly, lumpy or numb and may pull slightly around the stitches. This is normal and part of the healing process.

Your child may have dissolvable stitches or stitches that have to be removed. If the stitches are need to be taken out, we will give you a referral letter for your GP surgery to have them removed by the practice nurse. You will need to make this appointment yourself, for seven to 14 days after the operation. Your hospital nurse will give you specific advice about this.

We normally send one of our community paediatric nurse team out to your home address to check the wound about one week after your son's operation.

School

We recommend that your son stays away from nursery or school until their wound check at one week.

Activities

Your son should not take part in sports and boisterous activities for four weeks after their operation. This will allow the healing process to take place.

What should I look out for?

If your child shows signs of the following during the next few weeks, always seek advice from the Children's Ward on 01384 244271, your GP or the Emergency Department:

- High temperature
- Swelling and redness in and around the wound
- Bleeding
- A lot of pain
- Being sick

Even if the wound looks fine, this could mean that your child has an infection.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/Conditions/undescendedtesticles/Pages/Introduction.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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