Procedure Document for Undescended Testis

Surgical Treatment

Surgery is performed at UCSF’s outpatient surgery center. An incision will be made in the inguinal region (groin) on the affected side. After the undescended testicle is found, fibrous bands are released, peritoneal attachments are divided, and the hernia sac associated with the testicle is removed. This allows the testicle to be moved down into the scrotum and stitched into the proper position. Your son will have an additional incision in the scrotum as well. In the case of the non-palpable testis (i.e. if the testicle is located in the abdomen), treatment may involve laparoscopy if deemed necessary. This involves looking inside the abdomen first to define the presence of a testicle. Then, with the use of laparoscopy, we will proceed with orchiopexy (surgical correction) to place the testicle in the scrotum. When indicated, laparoscopic-assisted orchiopexy avoids the need for an inguinal incision and is performed as an out-patient procedure.

Post-Operative Instructions

· Your child will usually be discharged from the hospital the same day of his surgery.

· Discomfort (soreness) is not uncommon for a couple of days in the area of the groin or scrotal incisions. Either Tylenol with codeine or ibuprofen is most helpful for pain control.

· Bathing instructions will depend on the type of bandage your surgeon uses. Typically you can sponge bathe your child right after surgery and then your surgeon will instruct you when to resume regular baths or showers-regular bathing can usually begin within 1-3 days following surgery.

· Your child should avoid strenuous activities such as wrestling, gymnastics, swimming or ball-playing for 2 weeks after surgery.

· He may return to school in 2 days if he feels up to it. Your child should no longer be taking Tylenol with codeine once he returns to school.

· If your child feels warm, please check his temperature. Should it be above 101 degrees F, call my office at 415 353 2200 for further advice.

· You will return for a check up about 4-6 weeks after surgery. This appointment will be made for you prior to discharge. If there are any questions regarding follow up please call my office at 415 353 2200.

What are the treatment alternatives?
Hormonal therapy available in the United States requires anywhere from 3 to 9 intramuscular injections of human chorionic gonadotropin (HCG) to stimulate testicular descent. This is not recommended routinely because of the necessarily painful mode of administration, trauma to child, and poor response noted in children (about 10% success rate). An alternate form of hormonal stimulation administered by nasal spray (LHRH) is at present considered experimental and is not approved for this use by the FDA.

We recommend surgical correction (orchiopexy) as the most effective treatment for this condition. The ideal timing for surgery is between 1 and 2 years of age, though there are often situations that are clearly identified at a later age and are corrected in older children. If the testicle has not descended by one year of age, it is highly unlikely to descend as the child gets older. There is no benefit in allowing a child to grow until puberty without correction of this condition, hoping for descent of the testicle.