

Edith Cavell Hospital Department of Urology



Orchidopexy or Herniotomy Procedures

Who is this leaflet for?

The operations of orchidopexy and herniotomy share many features and this leaflet contains information that applies to both procedures. Where the information applies only to one of these operations this will be mentioned.

Orchidopexy is the procedure for bringing an undescended testicle down into the scrotum. A herniotomy is performed for an infant hernia.

What is an undescended testicle?

Before a male baby is born, the growing testicles have to travel from just below the kidneys to their proper place in the scrotum. Sometimes one or both testicles do not get down as far as they should and lodge in the groins or sometimes higher. This is an undescended testicle. This is in no way the parents' fault.

What is a hernia?

As the testicle descends into the scrotum (see above) it drags a "finger" of tissue (like the finger of a glove) with it. Normally this "finger" closes off shortly after birth. On occasions it remains open and fluid from the abdomen can trickle down into the scrotum around the testicle. This is the reason that you may have noticed a swelling in your son's scrotum.

What does the operation do?

Orchidopexy - A cut is made over the groin and the testicle with its artery, vein and connecting tubes are freed. The testicle is then fixed in the scrotum in its proper place using a second cut. The skin is then stitched up in both places.

If the testicle cannot be found in the groins, the operation begins by searching for the testicle inside the abdomen with a telescope (through a small hole). If the testicle will not come down far enough at the first go, a second operation at a later date will be needed.

Herniotomy – The operation begins, as above, with a cut in the groin. When the artery and vein to the testicle and the vas deferens are freed up the small “finger” of tissue will be tied off to prevent the fluid from getting into the scrotum.

Are there any alternatives? – Undescended testicle

If you leave things as they are, the testicle will not come down any further on its own accord. Being in the wrong place can damage a testicle. Hormone treatment does not work.

There is a slightly higher than normal risk of developing cancer in an undescended testicle. Bringing the testicle down to the scrotum does not remove this risk, but if the testicle is in the scrotum then regular examination will quickly detect a cancer **IF** it develops.

If an undescended testicle is detected at birth, it is best to operate by the age of 2. There is evidence that the testicle may be damaged after the age of two years.

Are there any alternatives? – Infant Hernia

If this is detected at birth it may be worth waiting for a few months to see if the “finger” of tissue will close off naturally without the need for surgery. Large hernias will need early surgery even in new-born babies. If the finger of tissue does not close on its own then surgery will be required. There are no other practical alternatives.

What happens before the operation?

You may be requested to attend the ward with your child before your admission date to have blood tests and examinations performed to ensure your child is fit for the operation. On admission to the ward, you will be welcomed and shown to your child's bed. You should plan for your child to be in hospital for 1-2 days. The nursing staff will discuss your child's discharge with you.

You will be seen by Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your child's operation.

You will be seen by the anaesthetist who will discuss the type of anaesthetic your child will be given. They will be interested in any chest troubles, dental treatment and previous anaesthetics your child has had.

Your child can have a normal diet until approximately six hours before surgery. This will let the stomach empty to prevent vomiting during the operation. You will be advised at what time to stop drinking fluids

Your child may be given a sedative about one hour prior to the operation to help relax him; if so he will be taken to theatre on a trolley. If no sedation has been prescribed then you may choose to carry him to theatre accompanied by a nurse.

What happens after the operation?

Although your son will be conscious a minute or two after the operation ends, he is unlikely to remember anything. He will be able to eat and drink shortly after returning to the ward.

The wound edges are held together by sutures which should dissolve in a week or so. There may be some swelling around the wound that improves in a couple of days. The wound will be covered with a dry dressing that may appear slightly blood stained. Healing can be promoted by a daily bath or shower, and application of a clean dry dressing which will be provided if necessary.

Some mild discomfort may be felt after the operation, and will respond well to a minor painkiller such as Calpol. The nursing or medical staff will advise you on this. The wound should be pain free within one week of surgery.

What happens after your son leaves hospital?

A young child may sleep frequently, or alternatively be back to their usual level of activity. Both are normal, and there is no need to limit play activities in a young child. A child at school can return to lessons within 10 days or so and can restart sport in one month.

Complications

These are rare and seldom serious. If you think all is not well, please ask the nursing or medical staff for advice.

Sometimes the surgery can be difficult and there is a risk of damage to either the artery supplying the testicle, or the vas deferens (the tube which carries the sperm to the penis). If the artery is damaged, the testicle may shrink and fail to work properly in later life.

Occasionally one or both testicles cannot be brought down into the scrotum, and in this case the surgeon will discuss this with you.

Wound infection is a rare problem and settles down with antibiotics in a week or two.

Any questions?

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

Urology Department , Ward 11 - Telephone (01733) 875311

Please do not hesitate to ask the nursing staff - If you have any further questions

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