



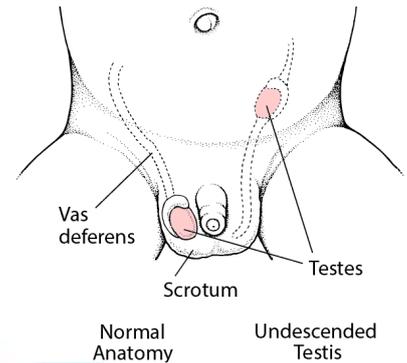
Operation Information

Orchidopexy in Children

Introduction

Cryptorchidism is a common congenital condition that affects boys. In male fetuses, testicles are located inside the abdomen and usually in place by the 7th month of pregnancy. Any anomaly affecting the normal descent of the testis leads to cryptorchidism. In more than half of these babies with cryptorchidism, spontaneous descent occurs in the initial few months after birth. If the testicles still remain undescended by the age of 6-12 months, timely treatment is offered to prevent damage to the testicles.

Undescended testicles are usually diagnosed during a physical examination after a baby is born. In some cases further test is required to determine the position of the testicles.



Source:
https://www.msmanuals.com/-/media/manual/home/images/p/e/d/ped_undescended_testis.gif?thn=0&sc_lang=en

Outcomes

Orchidopexy is the most common surgical treatment for undescended testicles. The aim of this operation is to move down and fix the testicle into its correct position inside the scrotum. It is usually performed between the ages of 9 months to 2 years old. Sometimes, this operation needs to be done in two stages about six months apart.

Procedures

1. The operation is performed under general anaesthesia.
2. Inguinal Orchidopexy
 - A small incision is made in the groin.
 - The testicle is mobilized to sufficient length safeguarding the vas deferens and testicular vessels. The processus vaginalis is carefully dissected and ligated.
 - The testicle is delivered into the dartos pouch fashioned through another small incision in the scrotum.

Laparoscopic Orchidopexy

- 3 ports are inserted into the abdominal cavity including one at the bellybutton.
 - A laparoscope is inserted to examine the abdominal cavity.
 - The surgical instruments are inserted through the ports to dissect free the testicle which is then moved into the scrotum.
 - In those that require the two-stage orchidopexy, the testicular vessels are divided proximal to the testis to allow the development of collateral vasculature based on the artery along the vas deferens.
3. The wounds are closed with absorbable sutures.

Possible Risks and Complications

1. Wound infection, abscess, dehiscence
2. Wound bleeding
3. Haematoma
4. Hypertrophic scar
5. Urinary retention
6. Recurrence
7. Failure to bring the testis down to the scrotum
8. Testicular atrophy (rare)
9. Damage to the nerves, intra-abdominal organ, testis, epididymis or vas deferens (rare)
10. Damage to the major vessels, small bowel, large bowel, omentum, urinary bladder (very rare)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise your child to clean up himself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed by the parents or guardian prior to the operation.
3. Please inform the doctor and nurse your child's past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if your child is taking medications that affect blood coagulation such as Aspirin, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen and Chinese medication.
4. An anaesthetist will visit you and your child to explain about the anaesthesia.
5. Routine tests will be performed before the operation.
6. No food or drink six hours before the operation.
7. Please help to change into a surgical gown for your child after removing all clothing including undergarments, dentures and jewellery.
8. Please ensure your child's bladder is empty before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. The hospital stay may vary with the conditions of your child and the type of Orchidopexy but is usually 1-2 days.

Wound Care

1. The wound is covered with a dressing which must be kept clean and dry.
2. Your child's groin will probably feel sore for a while after the operation and will look bruised and swollen. This will improve in the days following the operation.
3. The wearing of loose-fitted clothing is encouraged to avoid irritation of the wound.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Advice on Discharge

1. Please comply with the medication regime for your child as prescribed by your doctor
2. For at least 2 weeks after surgery, please avoid games, sports, rough play, bike riding, and other activities where there is a risk of an injury to the genitals of your child.
3. Loose underwear and trousers should be worn for comfort. If your child is in nappies, frequent changing is needed. Please avoid using baby wipes.
4. If the wound is covered with a waterproof dressing, the child can take a shower as normal. Please take a shower instead of a bath. The wound must be kept clean and dry afterward.
5. Immediately bring your child to consult his doctor or return to hospital for medical attention in the event of severe wound pain associated with redness and swelling, secretion of pus, massive bleeding, difficulty in urination, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, your child will gradually recover. We wish your child all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification