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### **What are the dangers of an incompletely descended testicle?**

A testicle which is not in the scrotum will produce sperm less well and if both testes are in the groin, then fertility will be reduced. A testicle which has not reached the scrotum until later life will be more prone to cancer in later life, although it is uncommon.

A testicle lying in the groin is more prone to injury and also has a high risk of twisting which can lead to loss of the testicle if an emergency operation is not done. Neither injury nor twisting is common.

## **How can an incompletely descended testicle be treated?**

An incompletely descended testicle can be brought into the scrotum by an operation called an orchidopexy. This involves an incision 2-3cm long in the groin and a smaller incision in the scrotum. The testicle is freed up and brought down into a pouch beneath the skin of the scrotum where it can grow and develop. Although this is not exactly the same layer of tissue as that in which the testicle usually lies, it is impossible to tell the difference in the long term.

Occasionally, under general anaesthetic, the testicle may not come down into the scrotum and in these cases the surgeon will discuss with you the pros and benefits of the operation.

Occasionally it may prove difficult to bring the testicle right down into the lower part of the scrotum because its blood vessels and the tubes for sperm are too short. It is sufficient to get the testicle into the upper part of the scrotum and it may then always lie a little higher than usual.

Rarely the testicle may not be found in the groin. In these cases it may mean that the testicle has never developed at all, or that it is somewhere in the abdomen. Special investigations, including a camera examination of the abdomen, may be required, however this is very rare.

## **What age is the operation best done?**

If an undescended testicle is noticed at an early age, then an operation may be advised at 18 months of age or shortly thereafter. Most often the incomplete descent of the testicle is not suspected until a pre-school medical examination and a specialist opinion is then requested. If the diagnosis is confirmed by the specialist, then an operation is advised at a convenient time soon thereafter.

Incompletely descended testicles noted in later childhood can be placed in the scrotum by an operation, but it is not certain that they will work quite as well as those brought down earlier. By teenage years, it may be better to remove a testicle which is incompletely descended because it is unlikely to work well and there may be an increased risk of cancer even if it brought down into the scrotum.

## **What preparations are needed for the operation?**

You will receive an appointment for a pre-assessment prior to your child's admission. This is usually done over the phone. They will check your child's health and give you advice about eating and drinking before the operation and about what to bring with you to the hospital. If your child is very young (under one year old) you should receive special advice regarding breast feeding and formula milk. If you have any questions, please contact the Day Surgery Unit.



