



Orchidopexy

This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is an orchidopexy?

Testicles sometimes fail to drop on their own. An orchidopexy is an operation to bring testes down into the scrotum.

Why does my child need an orchidopexy?

It is performed to maximise fertility, to minimise the chance of trauma or torsion (twist), to ensure a normal appearance in the scrotum and to make it easier for the boy, when he is older, to check himself for cancers of the testicle.

What are the alternatives?

Undescended testicles are best treated in early childhood – usually after 12 months of age. Alternatives to orchidopexy for undescended testicles in children include observation and hormone therapy.

What are the risks of the operation?

All surgery carries a small risk of infection or bleeding. After the operation there will be some tenderness in the groin area.

There is a small risk that the testicle may be damaged during the operation.

Every anaesthetic carries a risk but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They

may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What does surgery involve?

The operation is carried out under general anaesthetic (your child is asleep) and lasts for about an hour. Once your child is asleep, the surgeon will make a small incision (cut) on the lower abdomen and the scrotum, and the testicle will be secured in place. The cuts will be closed with dissolvable stitches.

What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre; however, children may want their own nightwear, slippers and dressing gown to change into.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful.

One parent / carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens afterwards?

After the operation your child will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount.

Advice at home after orchidopexy

- Your child will need regular pain relief (e.g. paracetamol and ibuprofen) after the operation – please make sure you have some, and follow the instructions that are given on the packaging.
- The wound is likely to be swollen and may ooze slightly. This should subside in 2 to 3 days.
- The stitches are dissolvable – and will disappear on their own. This usually takes about 2 weeks.
- A small dressing will be used to cover the wound. This can be removed after 24 hours. It is best to leave the wound uncovered to aid healing.

- The area will appear bruised for several days.
- You can give your child a plain bath after 24 hours. Avoid using bubbles and perfumed soaps.
- Loose underwear and trousers should be worn for comfort. If your child is in nappies, frequent changing is necessary. Avoid using baby wipes.
- One week off school is usually enough; however sports should be avoided for 3 weeks, to ensure a complete recovery.
- **If the wound becomes red, hot or tender, please contact your GP in case of infection.**

Contacting us

Pre-op nurse: 0118 322 7518

Kempton DBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Paediatric Unit, February 2025

Next review due: February 2027