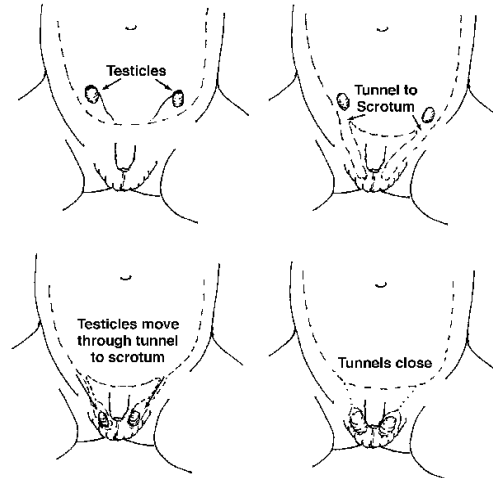


Information for Parents About Undescended Testis

Cryptorchidism is the medical name used to describe a testicle that didn't descend all the way into the scrotum (the sac beneath the penis).

During pregnancy, the testicles in boy babies actually grow inside the abdominal cavity, not in the scrotum. Four months before birth, a tunnel formed by the smooth lining of the intestinal cavity pushes down into the scrotum. Between 1-2 months before birth, the testicles move down through this tunnel to be anchored in the scrotum. The tunnel should close after the testicles move through. In some boys, the testicle doesn't make the complete trip into the scrotum. It can stop in the abdomen or somewhere along the tunnel. When a testicle doesn't make the complete trip three things result:

- The tunnel doesn't close leaving a potential hernia.
- The testicle has a higher chance of developing a tumor later in life.
- The testicle is less likely to make sperm and male hormones normally



Why don't some testicles move all the way down?

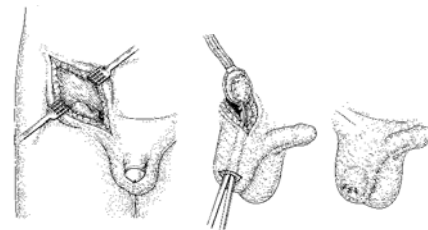
No one knows exactly what causes an undescended testicle, but we do know that it is not caused by anything either parent did during or before the pregnancy. Cryptorchidism can occur in some family lines. However, in most cases, cryptorchidism is not inherited.

How is cryptorchidism treated?

The best treatment for cryptorchidism is a surgical procedure to bring the testicle into the scrotum. Some doctors have used hormone shots or hormone nasal sprays to try to bring the testicle into the scrotum. However, recent studies have shown that this is not successful in most patients.

How is the surgery done?

If the doctor can feel the testicle, an incision is made in the groin. The testicle is found inside the abdomen or in the tunnel and freed from the tissues which hold it out of the scrotum. A separate incision is then made in the scrotum. Anchoring stitches are placed to hold the testicle in the scrotum. Both incisions are closed with stitches that dissolve. No stitches have to be removed after surgery.



If your doctor cannot feel the testicle, he may decide to look into the abdomen with a telescope (laparoscopy) first to determine whether a testicle is actually present, and where it is located.

If your doctor cannot feel the testicle before surgery, there is a chance that there is no testicle on that side. This occurs in about 40 out of 100 boys, when the testicle cannot be felt. If the doctor locates a testicle, he will then decide whether to make the incision in the groin, or to bring the testicle down using the telescope.

Is the surgery safe?

Yes! Almost all boys with an undescended testicle can have their surgery as an outpatient. This means that the child comes in to the outpatient surgery center in the morning, has the surgery and is ready to go home by early afternoon. This surgery is performed under general anesthesia. Local anesthesia would be terrifying to a child and it also would make the surgery very difficult. Loyola has well-trained pediatric anesthesiologists who have had special training in the care of children. They use continuous oxygen, heart and blood pressure monitoring to make sure that the anesthesia is safe.

Are there any possible complications with the surgery?

As with any medical treatment there are some potential complications with orchiopexy, the surgery to bring the testicle into the scrotum. In most cases the standard surgery is 98% successful in bringing the testicle down and having it stay healthy and in the proper position. However, in rare cases the testicle could move up as a child grows. Infection and significant bleeding are very rare. In unusual cases the testicle may not survive the trip into the scrotum.

How is the surgery scheduled?

If your surgery date wasn't scheduled in the clinic, you should contact our secretary by e-mail at lbauman@luhs.org. She will arrange the surgery date. You may also contact her by telephone at 708/216-6266. After the surgery is scheduled you will receive a phone call from the Outpatient Surgery Office. They will ask you questions about your child's health, medication use and allergies. You will also be given instructions about the time you should arrive on the day of surgery and the time you should stop giving your child food and water.

What special care will my child need on the day of surgery?

In order for the surgery to be safe your child needs to have an empty stomach on the day of surgery. This means that he should have **nothing to eat or drink (including water) for several hours before surgery**. The anesthesia doctor will tell you more about this. **Your child should not take ibuprofen (Motrin, Advil, etc.) or aspirin within 7 days of the surgery**. It can increase the risk of bleeding complications. If your child has a cold, flu or fevers within one week of the surgery please call my office to reschedule. It would be unsafe to proceed with surgery if your child is ill.

Will my child require special care after surgery?

No dressings are needed following this type of surgery. A small bandage will be placed over the groin incision. Your son shouldn't have a tub bath or shower for 48 hours after the surgery. You can give him a sponge bath. After the 48 hour period you should soak him in the tub for ten minutes and then put some antibiotic ointment (Neosporin, Polysporin or Bacitracin) on the stitches in the scrotum twice a day for 2 weeks after the surgery. If your son is in diapers, you should use a warm wet wash cloth rather than diaper wipes for 2 weeks following the surgery. Your son shouldn't have any pressure on his scrotum for 3 weeks following the surgery. He should be in a car seat when you drive, but he shouldn't use a walker, jump seat or tricycle for 3 weeks. If your son is in school, he will probably be ready to attend classes 3 to 5 days after surgery. He should not participate in gym class for 3 weeks.

Is there anything I can do to prepare my child for surgery?

When a child is old enough to talk there are several things that can help prepare him for surgery. Most children are anxious if they don't know what will happen to them. You can ease this fear by talking about the upcoming surgery. Many local libraries have books about going to the hospital or doctor's office. Some have video tapes on this subject. Children are often fearful of an unfamiliar environment. It may help to bring a favorite toy or blanket on the day of surgery.

Like children, parents also are sometimes anxious about the unknown. Don't hesitate to ask questions. We want you to have all of the information you need about your child's care. It may help to write down questions as you think about them. Bring them to the Outpatient Surgery Center and we will be happy to answer them.

For more information on this topic you are welcome to visit Dr. Hatch's web site: Genitourinary Development [www.meddean.luc.edu/lumen/meded/urology/guhome.htm]

For more information about Dr. Hatch please visit our web site [www.luhs.org/urology]

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Elmhurst 708/327-7030

Hickory Hills 708/233-5333

Homer Glen 708.645.3400

Oakbrook Terrace 630/953-6600

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Directions and maps available at www.luhs.org

7/28/2010