



Royal Berkshire
NHS Foundation Trust

A general anaesthetic requires your child to be starved beforehand. On the day of the operation
..... (date) your child should not have anything to eat (including chewing gum), or milk to drink from (time).

They may have only water or weak squash up to (time). If breastfeeding, the last breast feed can be given at (time).

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

Orchidopexy

Information for parents

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.

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.

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?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they 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 to bring their own nightwear, slippers and dressing gown to change into afterwards.

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.

If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (EMLA 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 your child has had their operation they 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 must have had something to eat and drink before they can go home.

Advice following orchidopexy:

At home

Your child will need regular Paracetamol (e.g. Calpol) after the operation – please make sure you have some, and follow the instructions that are given on the packaging.

- You can give your child a plain bath after 24 hours. Avoid using bubbles and perfumed soaps. If the wound is covered with a plaster, this can be removed in the bath.
- The wound is likely to be swollen and may ooze slightly. This should subside in 2 to 3 days. However if the wound is clean it is best to leave it uncovered, as it will heal quicker.
- The area will appear bruised for several days, this will gradually subside.
- The stitches are dissolvable – and will disappear on their own. This usually will take about 2 weeks.
- Loose underwear and trousers should be worn for comfort. If your child is in nappies, frequent changing is needed. Avoid using baby wipes.
- Your child will be able to return to school when they

feel comfortable, which may be up to one week.

- Sports and physical games should be avoided for 3 weeks to ensure a full recovery.
- Your child should not ride a bicycle or other sit-on toy for one month after surgery, to prevent the testicles from travelling back into the abdomen.

Possible complications

If the wound becomes red, hot or tender please contact your GP in case of infection.

If you have any further questions, contact either:
Kempton DDBU: 0118 322 7512
Paediatric Unit: 0118 322 8075

Paediatric Unit, July 2018
Review due: July 2020