

Orchidopexy

affix patient label

What is an orchidopexy?

While your son is in the womb, the testicles are developing inside his abdomen. Towards the end of pregnancy, the testicles travel through a passage into the scrotum. Both testicles should be in the scrotum by the time your child is born. If they are premature the testes should be in the scrotum by the age of three months.

In some children, the testicles may be in the scrotum for much of the time, but cannot be felt there because they naturally rise back into the body through fear or cold temperatures. You can usually find this out by putting your child in a warm bath and checking whether you can feel both testicles. If this is the case, there is no cause for concern.

An orchidopexy involves bringing down a truly undescended testes and fixing it where it should be within the scrotum.

Why does my son need it?

You will have had a discussion with your paediatric surgeon about the pros and cons of orchidopexy. The British Association of Paediatric Urologists recommends early orchidopexy as there may be a very small reduction in the risk of developing a testicular cancer in the future.

The amount of sperm and fertility levels seem lower in men who have had undescended testicles, and even lower if they were not treated early in childhood. This is because the testicles need to be a few degrees cooler than the rest of the body to produce sperm.

Children with undescended testicles have a higher risk of testicular cancer in the future. It is easier to check the testicles if they are in the scrotum. If the testicles remain in the abdomen or high up in the groin, this also increases the risk of the testes twisting (known as testicular torsion).

Are there any alternatives?

There are no surgical alternatives. If your child is less than 6 months we may watch and wait to see if the testis comes down on its own. However, we will usually operate within the first year if we detect an undescended testis early.

What preparation is needed?

Your child will be given a paediatric preoperative assessment. This is where you and your child will see the nurse, who will carry out a number of checks to make sure that he will be fit and well on the day of his operation. This will include measuring blood pressure, pulse and oxygen levels, and will also include weighing your child and seeing how tall they are. Occasionally the nurse will have to carry out other tests before the operation, but this will be discussed with you at the pre-op assessment.

The nurse will be able to tell you about the operation, and answer any questions you may have. We will also give you some written information about your child's operation and about what he can eat and drink before your operation. We can tell you what you need to bring to hospital.

You will have the opportunity to look around the ward where your child will be staying.

The play specialist is also available at this clinic to talk to you and your child about going to the anaesthetic room and to help you both overcome any worries or concerns that you may have.

What happens on the day of the procedure?

Your child should have **no solids** or formula milk feed for **6 hours prior** to anaesthesia. If you are breastfeeding, the last feed should be **4 hours prior** to the anaesthetic. Clear fluids may be given up to 2 hours before anaesthesia.

If your child is on a morning list:

- Patients to be fasted ready for anaesthesia to start at 8.30am.
- No solids or formula milk after midnight.
- No breast milk after 4.30am.
- Clear fluids such as water or dilute squash may be taken until 6.30am.

If your child is on an afternoon list:

- Patients to be fasted ready for anaesthesia to start at 1.00pm.
- Light early breakfast finishing before 7.00am (no solids or formula milk after 7.00am).
- No breast milk after 9.00am.
- Clear fluids such as water or dilute squash may be taken until 11.00am.

Your child will be given a general anaesthetic during the operation (they will be asleep). The anaesthetist will come and see you before the operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

What does the operation involve?

A small incision is made in the groin to locate the testis and free its attachments so that it can be brought down into the scrotum. There is occasionally a small hernia in the groin associated with the testis, which needs to be tied off. A second, smaller incision is then made in the scrotum to receive the testis, where it is anchored to prevent twisting and further retraction.

If the testis is poorly-developed, the under-developed remnant is usually removed to prevent problems in later life.

What happens afterwards?

Your child will be able to go home the same day. The surgical team will see your child at the end of the operating list to ensure there are no immediate complications. You will be sent home with instructions about post-operative care and an appointment to come back to the Gwithian unit for a testes check at 6 months.

Before you leave, the nursing staff will check that your child is well enough to go home. 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. The stitches used during the operation will dissolve on their own so there is no need to have them removed. There may also be Steri-strips® which will fall off within five to seven days. You can give your child a quick (less than 5 minute) bath or shower from the day after surgery, but do not soak the area.

When can my child resume activities?

Your child can resume normal activities as soon as they feel able. They will restrict their own activity if they suffer any discomfort. Give them regular painkillers such as paracetamol and ibuprofen (unless they have an allergy or are asthmatic) for the first 48 hours. Your surgeon will let you know if they want your child to be restricted in terms of any other activities such as using 'ride on' toys.

School age children should remain off school for at least 72 hours and should avoid sport for 10 days.

Are there any risks or complications?

As with all procedures, there are some risks from having this operation.

General risks:

Bleeding: This is usually minor and is stopped during the operation. Very occasionally patients develop a collection of blood called a haematoma, which requires a second operation.

Infection: All surgery has a risk of infection. If the wound becomes red, hot or weeps, or your child feels unwell you should consult your doctor. This happens in less than 1 in 20 children.

Risks specific to orchidopexy:

Failure to bring the testes down into the scrotum: Occasionally it is not possible to bring the testes down into the scrotum during the operation. Your surgeon will decide before the operation whether they think it is possible to do this surgery through a groin incision. If they feel the testes is very high they will refer you to a surgeon at the Bristol Children's Hospital who will discuss a different approach with you. Very occasionally it is not apparent until the time of surgery that the testis is high and we cannot complete the surgery via the groin incision.

Testicular atrophy: Your surgeon will bring the testes down into the scrotum by dividing tissue around the spermatic cord. Occasionally the blood supply to the testes is damaged during the procedure (less than 2 in 100). If this occurs it will become apparent over time. Your surgeon will check your child's testes 6 months after the surgery.

Reduced fertility: There is no evidence that bringing the testis down into the scrotum affects fertility. However, when the undescended testicles are treated in early childhood, the outlook is good. Your child will have normal fertility levels unless there were problems with the testicles themselves.

If a damaged testicle is removed, leaving one healthy testicle, this should not affect your child's fertility levels in later life to any great degree. If both testes are affected impairment of fertility in later life is more common.

Anaesthetic complications:

Every anaesthetic carries a risk of complications, but this is very small. Your child's anaesthetist is an experienced doctor who is trained to deal with any complication. After an anaesthetic some children may feel sick and vomit. They may have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

What should I look out for?

Call the ward or your GP if:

- your child is in a lot of pain and pain relief does not seem to help
- your child has a high temperature and paracetamol does not bring it down
- the wound site looks red, inflamed and feels hotter than the surrounding skin
- there is any oozing from the wound.

If you would like this leaflet in large print, Braille, audio version or in another language,
please contact the General Office on 01872 252690

CONSENT FORM 2
PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT

Orchidopexy

NHS number:
Name of patient:
Address:
Date of birth:
CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and their parent(s) / person with parental responsibility. In particular, I have explained the intended benefits and summarised the risks, as below:

- *Orchidopexy*

Significant, unavoidable or frequently occurring risks:

- *Bleeding*
- *Infection*

Uncommon but more serious risks:

- *Failure to bring the testes down, testicular atrophy and reduced fertility*

Rare but serious risks:

- *Risk from the anaesthetic*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Orchidopexy RCHT1484 which forms part of this document.

I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Orchidopexy RCHT1484 which forms part of this document.

Signature: _____ Name (PRINT): _____ Date: _____

Relationship to child: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: _____ Name (PRINT): _____ Date: _____

Child's Agreement to Treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Child's signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

Signature: _____ Name (PRINT): _____ Date: _____

CONSENT FORM 2
PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT

Orchidopexy

NHS number:
Name of patient:
Address:
Date of birth:
CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and their parent(s) / person with parental responsibility. In particular, I have explained the intended benefits and summarised the risks, as below:

- *Orchidopexy*

Significant, unavoidable or frequently occurring risks:

- *Bleeding*
- *Infection*

Uncommon but more serious risks:

- *Failure to bring the testes down, testicular atrophy*

Rare but serious risks:

- *Risk from the anaesthetic*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Orchidopexy RCHT1484 which forms part of this document.

I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Orchidopexy RCHT1484 which forms part of this document.

Signature: _____ Name (PRINT): _____ Date: _____

Relationship to child: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: _____ Name (PRINT): _____ Date: _____

Child's Agreement to Treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Child's signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

Signature: _____ Name (PRINT): _____ Date: _____