undescended testicle(s)/ cryptorchidism

what is cryptorchidism?

Cryptorchidism, or undescended testicle (UDT), refers to testicle(s) that have not descended into the scrotum at the time of birth. Undescended testicle occurs in about three percent of full-term infants and 30 percent of premature infants. There are several factors that have been shown to increase the likelihood of undescended testicles:

- Prematurity
- Low birth weight
- Being small for gestational age
- Being a twin
- Maternal exposure to estrogen during the first trimester

It is unlikely that the testicle(s) will descend spontaneously after the age of one year.

what other problems can cryptorchidism cause?

Children with undescended testicle(s) have an increased risk for infertility (inability to have children). Children with one (unilateral) UDT have a fertility rate of approximately 90 percent. Children with both (bilateral) UDT have a lower percentage of fertility.

Children with UDT also have a small increased risk for testicular cancer. The increased risk for cancer is very small; therefore, there is NO recommendation to remove and discard the undescended testis. But, it is extremely important that we stress the importance of monthly self-testicular exams for young boys after puberty and into adulthood.

what is the treatment?

If the testicle is felt in the groin area on exam: Orchiopexy surgery

Orchiopexy is an outpatient surgery where the testicle is brought down into the scrotum. It is important for the testicle to be in the scrotal sac because the cooler temperature of the scrotal sac is better for sperm development and makes it easier to perform self-testicular exams. Outpatient means that the surgery is in the hospital but your child is not admitted.

A hernia repair is usually done at the same time as the orchiopexy to close the hernia canal where the testis usually is trapped.

If the testicle is not felt on examination: Laparoscopy

In a laparoscopy, the urologist uses a scope to look inside the abdomen for the testicle. If there is not a “good” testicle, the urologist will remove the remnant of the under-developed testicle. Then, they will tack down the opposite testicle to the scrotum to prevent future twisting or turning injury. If there is a healthy testicle, the surgeon will bring the testicle down into proper position in the scrotum.

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laparoscopy (continued):
This usually requires one surgery. Sometimes, when the testicle is high in the abdomen, it may require two surgeries. In this case, the blood vessels may have to be cut to achieve cord length. If the blood vessels are cut, there is a slight higher risk for the testis not to survive.

why surgery?

- It will maximize fertility potential.
- It does not protect against testicular cancer, but it puts the testicle in proper position and allows the young male to perform self-testicular exams.

what to expect after surgery?

Your child will have an incision in the groin and on the scrotum. The stiches will dissolve and there is no need for removal. Your child will have a clear dressing with steri-strips over the incision or glue. The dressing (bandage) should fall off on its own. Your child may have some soreness. The urologist will give you a prescription for pain medication before you go home after surgery. The scrotum may be swollen due to tissue swimming and minor bruising. This is normal and will resolve over time.

restrictions:

- If your child is school age, he may be out of school for two to three days.
- There will be no strenuous exercise or straddling activities for two to three weeks (examples: bicycle, wrestling, or straddle toys, etc.).
- No sports for two to three weeks.
- No weight lifting for six weeks.
- Your child may shower after 48 hours.

what are the risks?

Anesthesia (when your child is given medicine to fall asleep) is the biggest risk. Please discuss your concerns with the anesthesiologist. This is the person that helps your child fall asleep. Here are some other complications:

- Bleeding.
- Infection of the incision.
- Testicular atrophy (when the testes diminish in size and may lose function) from damage to the vas deferens and blood supply to the testicle.
- Testicle moving back out of the scrotum requiring another surgery. This is very rare.
- Injury to the vas degrens (the duct that transports sperm) is extremely rare.

Call for any questions. Our office number is 937-641-3466. We are available Monday through Friday 8:00 am to 4:00 pm.

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