

MERCURY SURGERY CENTER, LLC

PEDIATRIC ORCHIOPEXY

During normal human development, the testicles are formed near the lower border of the kidney. As the fetus develops, the testicle moves toward the scrotum, through the inguinal canal, and at birth typically lies within the scrotum. However, 15% of children will be born with one or both testicles not properly descended in the scrotum. They may lie anywhere from the lower portions of the kidney to just above the scrotum. Nearly all of the testicles are descended to a normal position by the age of 1 year, but roughly 1% does not and are termed undescended testicles. Testicles which do not reside in the usually scrotal locations do not develop normally, will not produce sperm very well, and are at a greater risk for developing testicular cancer. It is for these reasons that if a testicle has not assumed a normal position by 1 year of age, a surgical procedure must be done to place the testicle in the correct location. This procedure is called orchiopexy. Often at the time of surgery, a small hernia is found and this is repaired at the same time. The testicle may never have the same size or fertility potential that the normally descended testicle has, but surgical placement is the only way to give it a chance. The procedure has few risks but these include bleeding complication (less than 1%), anesthetic complications (less than 1%) and wound infections (nearly 0).

PREOPERATIVE INSTRUCTIONS: You will have a chance to talk with your anesthesiologist and the surgeon to answer any questions or address any concerns. You will be able to stay with your child until your child is taken to surgery and will be able to be with him again as soon as he spends a short time in the recovery room. Typically, your child will be given an anesthetic and will be asleep before any painful procedure, including IV placement, is done. Please be certain that he has had nothing to eat or drink after midnight.

POSTOPERATIVE INSTRUCTIONS: We will allow your child to leave on the day of surgery after he can drink fluids, is fully alert, and can urinate without difficulty. A pain medication may be prescribed to be used at home if needed. The inguinal incision will be covered with a plastic, waterproof bandage which is transparent. If any bleeding is noted, redness or signs of infection are seen, or urination problems exist, please contact us at once. Please do not let your child sit in a bathtub until we say it is all right, usually when the bandage is off. Use sponge baths only until this time. After the bandage is removed, healing will generally be 90% complete in 2 weeks and nearly 100% complete in 1 month.

ADDENDUM: A caudal anesthetic or penile block maybe done for your child after the procedure is completed. This involves the placement of a local anesthetic at the base of the penis or in the tail bone region to provide numbness in the penis area for 6-8 hours. It is a safe, effective and generally provides a more comfortable postoperative course for your child. You may discuss this with your anesthesiologist.

EMERGENCY NUMBERS: Phoenix Urology 816-232-8877
Mercury Surgery Center, LLC 816-364-2772

Parent

Nurse

Date