Orchidopexy—Undescended Testicles
Post operative Instructions

About Orchidopexy

The testicles develop in the abdomen and then descend during fetal development into the scrotum. The testicle’s descent into the scrotum can be arrested anywhere along the pathway between the kidney and the scrotum, but it is usually stopped in the inguinal canal. If the testicle has not passed into the scrotal sac, it is recommended that surgical exploration for the testicle and fixation of it in the scrotum is performed—orchidopexy. This will preserve as much function of the undescended testis as possible. During the surgery, a groin incision is made to locate the testicle. A hernia sac, if present, is closed and the testicle is freed. It is placed in the scrotum and attached to the scrotum by a small second incision in the scrotum so that it cannot retract back to its old position.

What will the incision look like?

There will be two incisions; one above the scrotum with dissolving stitches covered by “super glue” or “Steri-strips” — small white tapes. These tapes should fall off in about a week. If not, remove them after 2 weeks.

Once they are off, you may see 2 ends of a stitch. You may clip these off at the level of the skin with small scissors, or you may wait several weeks and they will fall off on their own.

A second incision will be in the top of the scrotum where several sutures may be evident. These will dissolve in about one week.

You may see one stitch at the base of the scrotum. This too will dissolve on its own and requires no special care.

Will there be any pain?

During the procedure, post-operative pain management is started. The surgical team will explain how numbing of the area will be done by your surgeon or the anesthesiologist. At home, Tylenol (acetaminophen) is recommended for discomfort every four to six hours for 24-hours then as needed. If your child is given a prescription for a narcotic pain medicine (ie codeine) with Tylenol, please do not give within 4 hours of plain Tylenol dosing.
What can my child eat after surgery?
Your child may have a diet as tolerated, although we suggest you begin with clear fluids such as flat pop, Jell-O, apple juice, water or popsicles.

Are there any activity restrictions?
On the day of surgery, activity should be limited until all anesthetic effects have resolved. Your child should be supervised until this occurs – assisted up and down stairs, to the restroom, etc. After that regular activity – walking, going to school, etc. – can be resumed as tolerated. Certain types of activities may need to be limited such as straddle-type actions (bicycling, gymnastics, peddle toys) or contact sports (football, hockey, baseball).

When can bathing begin?
Showering or sponge bathing beginning 2 days after surgery is okay. Bathing or swimming is allowed one week after the operation. Try not to soak the white tapes – if they get wet, just pat them dry.

What type of clothing can be worn?
Loose fitting clothing or diapers will decrease discomfort in the operating site.

Follow-up
We typically see patients 1 to 4 weeks after surgery to check the operative site and address any concerns. This can also be performed by your primary care physician if preferred.

Your child will require follow-up to evaluate growth of the testicle over time as there is risk of testicular atrophy. Monthly testicular self-exam is important for patients to begin after onset of puberty.

When do I call the doctor?
Fever (greater than 101 degrees Fahrenheit)
Bleeding or drainage at the incision site
Inability to urinate within 8-12 after surgery
Vomiting

Please call the pediatric general surgery office at 206-215-2700 if you have any questions or concerns.