

Your child/young person's operation will be closed with surgical glue or dissolvable sutures which do not require removing. If your child/young person has a groin incision they may have a small dressing which can be removed in 24- 48 hours. Your child/young person should not bathe the area for 48 hours and then no long hot soaks in the bath thereafter until the wounds are healed.

Your child/young person should refrain from school/nursery for 1 week

Please no swimming for up to 3 weeks until the wound has healed.

It is likely that your Doctor would like to see you in an outpatient's appointment a few weeks after the surgery to check that the operation was successful. If your child/young person requires a follow up this will be given to you before you leave or you will receive this in the post.

What if I have any concerns?

Things to look out for include a persistent temperature, increased redness around the operation site, throbbing or any pustular or green drainage at the site.

If any of these are noted please contact the hospital or your GP for advice.

Helpful Contact Numbers:

Arthur Levin Day Surgery Unit
Weekdays 8am – 6pm: 01553 613555

Rudham Ward 24 hour 01553 613844

Alternatively out of hours you can attend Accident & Emergency.

NHS Online 111

Emergencies 999

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Telephone: 01553 613351 or 01553 613343

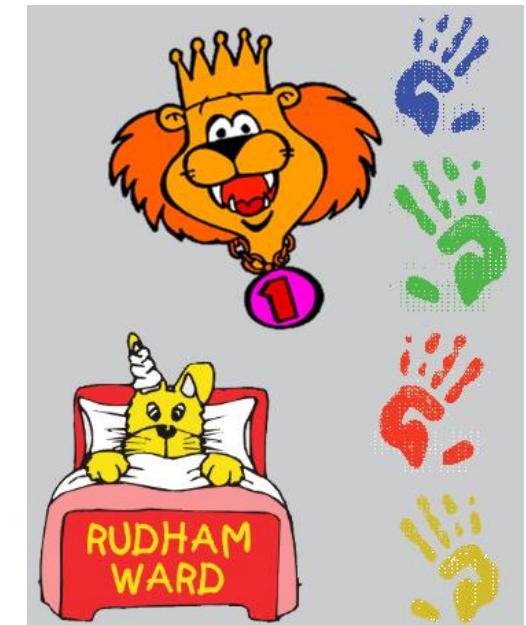
Email: pals@qehkl.nhs.uk

Letter: PALS, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, Gayton Road, King's Lynn PE30 4ET

The Trust endeavours to ensure that the information given here is accurate and impartial.

Orchidopexy

Paediatrics



This document can be provided in different languages and formats. For more information please contact the department where you are/were seen.

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Gayton Road, King's Lynn PE30 4ET
Tel: 01553 613613

Why does my child/young person need an orchidopexy?

An orchidopexy should be performed when a Doctor has agreed with you that the testis has not descended naturally into their rightful position in the scrotum, or they are mobile, or causing ongoing pain and discomfort. Leaving the testis in the undescended position can increase the risk of developing testicular cancer. Future fertility may be impaired, even if only one testis is affected and, when both testicles are affected, impairment of fertility in later life is common. If left in the abdomen there is also the potential for psychological aspects and cosmetic embarrassment later in life.

What is an orchidopexy?

This is an operation to pull down the undescended testis into the scrotum. It may just affect one or both sides. An incision is made in the groin and/or in the scrotum; the testis is then moved down into the scrotum and fixed into correct position.

What happens before the operation?

Doctors and Nurses will explain the operation in more detail and discuss any worries you may have. If your child/young person has any medical problems, including allergies, please tell the doctors about these.

Your child will be required to remain Nil by Mouth before the operation and your appointment letter will explain this.

Are there any risks?

Every operation carries some risk of infection and bleeding. Modern anaesthetics are very safe and your child/young persons' anaesthetist is a very experienced doctor who is trained to deal with any complications.

In rare cases the surgeon may not be able to get the testis all the way down in one operation. In these cases it may be necessary to do a second operation.

Sometimes the surgeon is unable to bring the testis down and may have to remove the testicle; this will be discussed with you fully before this happens.

Local anaesthetic and numbing medicines may be administered during the operation to control pain and discomfort.

What happens afterwards?

After the operation your child/young person will return to the ward with you to wake up fully from the anaesthetic. Once they are assessed as safe, feel comfortable and had a drink, you will soon be able to take your child/young person home.

Ideally they will be asked to pass urine, if they cannot manage this, it is very important urine is passed within 24 hours of the operation. If this is not achieved you must seek urgent medical attention.

The length of stay in hospital depends on how quickly your child recovers; a small proportion of children will require an overnight stay, we will support you with this, and inform you at the earliest opportunity.

Looking after your child/young person at home:

Swelling and bruising is quite normal, but this should settle after a few days. It is important to talk about the operation and monitor any changes.

It is important that your child/young person can pass urine normally and regularly, to encourage this, your child should drink plenty of fluids.

Your Child/young person must pass urine within the first 24 hours following their operation. If they do not or are unable to, seek medical advice.

To prevent discomfort please dress your child/young person in loose fitting clothes for the journey home, and for the next few days.

Please be mindful of close fitting clothes sticking to any wet areas of wound when removing garments.

Babies should, where possible spend some time without their nappy on.

There may be minor oozing from the wound, this is usually short lived, but may take a week to settle down.

Your child/young person should rest at home for the next day or two, and should not take part in any physical sporting activity/limit rough tumble play.

Your child/young person will have some discomfort and regular pain killers such as paracetamol and /or ibuprofen are advised for the first few days.