

Patient information from Gordon Muir, Consultant Urological Surgeon

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Undescended Testicle Diagnosis and Treatment

Shortly before birth, the testicle moves from the abdominal cavity into the scrotum. For reasons which we still do not fully understand, it can get stuck at any point in this pathway. If it remains outside its normal position in the scrotum beyond the age of 2 years, its ability to produce sperm will be decreased. If the testicle is still not in the scrotum by adulthood, there is a small risk of cancer formation. This risk is not much greater than normal unless the testicle remains stuck inside the abdomen, but can be a problem since the testicle is not easily available for inspection and thus any tumour may not be spotted early enough. Most children with an undescended testis can have the testicle placed in the scrotum without too much trouble, but in adults this may be impossible.

The operation is usually performed under a general anaesthetic and may involve freeing up of the testicle through a cut in the groin, and then stitching it in its correct position through a small cut in the scrotum. The success of the operation depends very much on whether the sperm tube and blood vessels which nourish the testicle are long. If the testis is very small and its blood vessels are too short, it may need to be removed.

Ultrasound or MRI scanning may be helpful in determining the position of an undescended testicle. In adults we will usually recommend some hormonal blood tests and possibly a sperm analysis.

In adults it is often the case that the testis is not salvageable and then removal may be the best option: most men will have no functional problems with a single testicle. If desired an artificial testicle can be inserted in the affected side to give a good cosmetic effect.

Should fertility be an issue then the testis tissue can be sent to the IVF laboratory to see if any viable sperms can be obtained from it.

If the testicle is thought to be inside the abdomen it will usually be necessary to carry out a procedure to pass a telescope through the belly button in order to locate and, usually, remove the testicle (laparoscopic orchidectomy). This is done as a day case procedure and usually necessitates a few days off work and some weeks off sports. Very few abdominal testicles can be brought to the scrotum, and they have a higher than average risk of developing testicular tumours.

After the operation:

Some discomfort, bruising and swelling is normal. You will be sent home with some pain killing tablets and reviewed after a few weeks

Possible complications

All operations carry a small risk of bleeding, infection or chronic pain developing. Even if a testis is brought down to the scrotum it may fail to develop or shrink. If laparoscopy is carried out there is a tiny risk of damaging blood vessels or bowel which may need conversion to open surgery.