

What Is An Undescended Testicle Repair?

In the mother's womb, a baby boy's testicles develop inside his abdomen. Shortly before birth, they move down into the scrotum. In about 4 percent of infant boys and in almost all infant boys with PWS, this movement does not occur. If the testicles do not move down into the scrotum by age 1, the pediatrician and parents must discuss whether or not to use surgery, called an orchiopexy (OR-kee-o-PEK-see), to bring the testicles down into the scrotum.

Undescended testicles may not cause pain, but they may cause swelling or a lump in the groin area (the place where the lower abdomen meets the inner thigh). If not corrected surgically, the undescended testicles may cause infertility and other medical problems later in life, including the development of tumors or hernias. The area is also more vulnerable to injury if not corrected.

The surgery to move the undescended testicle into the scrotum is done under general anesthesia. General anesthesia makes your child's whole body go to sleep and is needed for the surgery so that his reflexes will be completely relaxed. General anesthesia makes the surgery easier and safer to do because your child will not feel any pain or have any memory of it.

Caudal anesthesia is given with general anesthesia to block pain in the low back, tummy and lower trunk area and provides up to 4 hours of pain relief in that area after the surgery. Caudal anesthesia is usually more successful in younger children. The surgeon may give your child a local anesthetic injection if a caudal injection is unsuccessful or unnecessary.

Fast Facts About Undescended Testicle Repair Surgery

- This surgery is done to move a young boy's testicles from his abdomen, or tummy, into the scrotum, the sac of skin that holds the testicles on the outside of the body.
- Orchiopexy is most often an outpatient surgery
- Your child's surgery will be done under general anesthesia, which means that he will be asleep during the surgery.
- When general anesthesia is needed, there are special rules for eating and drinking that must be followed in the hours before surgery.
- During the surgery, your child will be given a numbing medication—either an injection in the low back called a caudal or directly into the incision, or cut—to relieve discomfort after the surgery.
- The surgery takes about 45 minutes, but recovery from the anesthesia might take several hours.

Special Needs

It is important to notify your child's surgeon in advance that your child has Prader-Willi syndrome because there are specific precautions regarding the use of anesthesia. According to PWS specialists Merlin Butler, M.D., PHD, FACMG and Janalee Heinemann of PWSA (USA), these special precautions include:

- if obese, right sided heart failure, pulmonary compromise, and diabetes might be issues
- high pain threshold
- thermos instability (hyper and hypothermia)
- dry mucous membranes
- hypotonia
- dental caries (loose teeth)
- rumination (aspiration)
- Food seeking – leads to undetected eating prior to surgery in spite of warnings.
- IV access problems
- Skin picking (post surgery) on any surgical site
- Hypothyroidism
- Often are on extensive psychotropic medications
- Growth hormone deficiency unless on growth hormone therapy

Provide your doctor with the document *Guidelines for Postoperative Monitoring of Pediatric Patients with Prader-Willi Syndrome* available from both PWCF and PWSA (USA).

The Surgery

A pediatric anesthesiologist—a doctor who specializes in anesthesia for children—will give the medications that will make your child sleep during the surgery. At this time, you will be able to ask any questions about the surgery. Once your questions are answered and the operating room is prepared, your child will be taken into the operating room and given an anesthetic to make him go to sleep. When your child is asleep, the surgery will begin.

- During the procedure, the surgeon will make a small incision (cut) in the groin and locate the testicle.
- He or she will examine the testicle to make sure it is healthy.
- Commonly, there is a hernia sac (a pouch containing tissue that is “pushed out” from the abdomen) in this area that has to be repaired first.
- Next, he or she will make a second incision in the scrotum to make a “pocket” under the scrotal skin and place the testicle into the scrotum.
- Once the procedure is complete, the surgeon will close both incisions with dissolvable sutures (SOO-chers) or stitches that will dissolve on their own.

Waking Up

After surgery, your child will be moved to the recovery room. You will be called so that you can be there as he wakes up.

- Children coming out of anesthesia react in different ways. Your child might cry, be fussy or confused, feel sick to his or her stomach, or vomit. These reactions are normal and will go away as the anesthesia wears off.
- While your child is in recovery, your surgeon will talk to you about the surgery. That is a good time to ask questions about pain medications, diet and activity.
- When your child is awake enough, he might be given a Popsicle® or “slushy” to drink in the recovery room. Once the anesthesiologist sees that your child can hold down the drink and his pain is controlled, you may go home. That usually takes about 1 hour.

A Parent’s/Guardian’s Role During the Surgery

The most important role of a parent or guardian is to help your child stay calm and relaxed before the surgery. The best way to help your child stay calm is for you to stay calm.

- You are encouraged to talk to your child or hold his hand before the surgery, while sleep medication is given and while in recovery.
- You may bring along a “comfort” item—such as a favorite stuffed animal or “blankie”—for your child to hold before and after the surgery.

At Home After the Surgery

After your child is discharged and goes home, he might still be groggy and should take it easy for the day. Once your child is home, his diet should be restricted to clear liquids, such as water, Popsicles® or Kool-aid® for a couple of hours to ensure his stomach is settled after the surgery and the car ride home. If your child does well with these liquids, after a couple hours, he may try a light diet of soft foods like applesauce, soup, toast, bananas, rice or hot cereal. Just as you should every day, avoid greasy foods that stay in the stomach for a long time, such as pizza and fast food. Your child may resume his normal diet the next day.

Pain Medication

Your child should take Tylenol® or Motrin® 4 hours after the surgery, which will help with discomfort when the anesthesia wears off. Pain medication is rarely needed after 2 days. You will be told how to care for your child’s dressing. Your surgeon may recommend an antibiotic ointment, like Neosporin®, to apply over the suture area 2 to 3 times a day.

Bathing

- The incision should not be soaked for about 5 days.
- If your child is in diapers, he will need “wash cloth” baths for 4 to 5 days.
- If your child is toilet trained, he will need washcloth baths for 4 to 5 days, but may take a quick shower after 2 days. If the cotton dressing gets wet, you may remove it and replace it with a band-aid.

Activity

After the operation, activity needs to be somewhat restricted.

- The surgeon will determine when your child may resume normal activities.
- Your child may return to school as soon as the next day if he feels well enough, and certainly within 2 or 3 days of the surgery.
- No bike riding for 1 week.
- Participation in contact sports and gym class is not permitted until the follow-up appointment with the surgeon (usually 4 to 6 weeks).
- Swimming is permitted 1 week after surgery (but no “cannon balls” or belly flops).

When To Call the Surgeon

If you notice a fever higher than 101.4°F, bleeding or foul smelling drainage from the area around the incision, call the doctor who did the surgery right away. Also call the doctor if your child has:

- Increased tenderness near the incision.
- Increased swelling or redness near the incision.
- Increased pain that is unexplained.
- Nausea, vomiting, diarrhea or constipation that is not improving.

Your child will have a follow-up visit with the surgeon about 4 to 6 weeks after the surgery.

For more information about Prader-Willi syndrome contact Prader-Willi California Foundation www.pwcf.org or the national Prader-Willi Syndrome Association (USA) www.pwsausa.org