Assessment and Management of Undescended Testis

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Signature of ratifying Group Chair	John Pappachan Chair of Children's Services Review Group
Author's and job titles	Mr Jake Foster, SpR General Surgery, Wessex Region Miss Lara Kitteringham, Consultant Paediatric Surgeon, UHS
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Contents

Flow-chart

Please use the flow chart format downloadable from PIER website guidelines page. Help in formatting can be provided as required.

1 Introduction

1.1 Background

Orchidopexy for undescended testis (UDT) is one of the most common paediatric surgery operations. Each year there are around 6,000 elective orchidopexies performed in England for undescended testes. At term, undescended testes occur in 3-5% male infants but in the majority the testis reaches its normal scrotal position by 3 months of age. Whilst most UDT present at birth, there are a significant cohort of boys in whom the testis was originally located in the scrotum but UDT is then diagnosed later in childhood – sometimes termed the 'ascending testis'.

Patients and their families benefit from assessment and surgery performed locally, with selected referral to a tertiary paediatric surgical centre governed by clinical need.

1.2 Scope

This guideline applies to all paediatric patients in the region but not to neonates on neonatal units.

This is not intended as a guide for management of patients requiring an emergency scrotal exploration for suspected testicular torsion.

1.3 Purpose

The purpose of this guideline is to describe a standardised approach to the diagnosis, assessment and management of Undescended Testis.

1.4 Definitions

- Undescended Testis – a testis that cannot be brought into the scrotum or will not stay there.
- Orchidopexy – surgery to bring the undescended testis into the scrotum.
- Secondary Care Surgical Provider - a Consultant General Surgeon or Urologist with appropriate experience and skills to evaluate and manage a patient at their local hospital.

2 Guidance

2.1 Primary care / Neonatology assessment of the newborn

At term, undescended testes occur in 3-5% male infants but in the majority the testis reaches its normal scrotal position by 3 months of age.

- All male infants should be assessed for testicular mal-descent at both the neonatal baby check and the 6-8 week postnatal examination.
- If the testis remains undescended/impalpable they should all be referred by 4 months of age on an outpatient basis to an appropriate Secondary Care Surgical Provider with appropriate experience and skills to manage the patient at their local hospital
- Patients with associated hypospadias should be referred to the Paediatric Urology team at Southampton General Hospital for specialist assessment.

- Imaging, including ultrasound, is not indicated prior to referral, and should not be done
- Patients should not be referred routinely to a paediatrician.

2.2 Primary care assessment of retractile and ascending testes

A significant number of boys have a retractile testis of which a proportion will become an undescended testis. There is also a significant cohort of boys in whom the testis was originally located in the scrotum but is then identified as "ascending" later in childhood.

- A testis that is retractile/ascending should be referred for assessment by a Secondary Care Surgical Provider with appropriate experience and skills to manage the patient at their local hospital

2.3 Secondary care assessment

- GP referrals should be seen and assessed in the outpatient clinic by age 8 months of age.
- Ultrasound is not indicated prior to surgery or referral to the Paediatric Surgery team.
- If orchidopexy is indicated, this should ideally be performed between 12 and 18 months of age.
- Orchidopexy should be performed as a day-case procedure.
- Impalpable testes (unilateral or bilateral) should be referred to the Paediatric Surgery team at Southampton General Hospital for further assessment.
- Bilateral palpable undescended testes should be referred to the Paediatric Surgery team at Southampton General Hospital.
- A unilateral undescended testis in a patient who is post-pubertal, is at higher risk of malignancy, unlikely to be functional, and the surgery is technically more difficult to perform. Consideration should therefore be given to orchiectomy in such patients.

2.4 Tertiary care assessment – impalpable testis

- Referrals should be seen and assessed in the outpatient clinic by age 8 months.
- Ultrasound is not indicated prior to surgery.
- If orchidopexy is indicated, this should ideally be performed between 12 and 18 months of age.
- Unilateral or bilateral impalpable testes require EUA and laparoscopy to look for the presence of an intra-abdominal testis,
- Orchidopexy and laparoscopy should be performed as a day-case procedures unless specific patient factors, such as co-morbidity, prevent this.

2.5 Post-operative follow-up

- Patients should be assessed once in the outpatient clinic at 6 months post-operation to assess for testicular position and atrophy.

2.6 General guidance – all providers

- Children must be cared for in an appropriate child friendly environment.
- Patient information should be given to parents or carers prior to surgery.
- Patients undergoing surgery should have a pain management plan on discharge.

- Care should be provided within a managed clinical network of appropriately trained secondary and tertiary care providers.
- All staff members that come into contact with children and young people are trained in safeguarding to an appropriate level.
- Units delivering care should participate in collection and monitoring of parent/carer feedback.
- Units delivering care should participate in regional audits.

3 Implementation

This guideline will be made available regionally on the PIER Website. Local leads for Paediatric Surgery will disseminate guideline and raise awareness locally.

4 Process for monitoring compliance/effectiveness

The Wessex Paediatric Surgery Network will review problems associated with a failure to comply with this guideline through its regional governance process.

5 References

- Paediatric Orchidopexy – Royal College of Surgeons / British Association of Paediatric Surgeons Commissioning Guide. 2015. Available at: https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/paediatric-orchidoplexy/ (last accessed 2 October 2017)
- European Society of Urology Guideline – Paediatric Urology. 2015. Available at: https://uroweb.org/guideline/paediatric-urology/ (last accessed 2 October 2017)

- **Appendix A**

Paediatric Regional Guideline Consultation Documentation:

Trust	Name of person consulted* (print)	Designation of signatory	Signature
Chichester	Mike Linney / Suzie Venn		email
Dorchester	J. ORBELL	CONSULTANT ANAESTHETIST	
Hampshire Hospitals Foundation Trust	T. Nelhams	Consultant	
Poole	ANGELA KLAUT	CONSULTANT	
Portsmouth	CATHERINE BOTTA	TRAINEE (NEWLY APPOINTED CONSULTANT)	
Salisbury	Jim Baird	cons. Paediatrician	email
Southampton	Laura Kitterington	cons. paed surgeon	
IOW	Steve Parbs	cons. surgeon Medical director	email
Frimley			

*this person agrees they have read the guidelines, consulted with relevant colleagues and members of MDT, managers and patients, young people & their families as appropriate. Any queries raised during consultation and review process should be documented with responses and any changes made to guideline.