

Surgical correction of undescended testis

The testes develop behind the abdominal cavity near the kidneys during foetal development. They gradually descend to their normal position during the end of pregnancy. Partial descending takes place as late as after birth. In undescended testis, the production of sperm is disturbed due to high temperature, consequently requiring surgery.

Procedure

In the surgery, which is performed under **general anaesthesia**, the sperm carrying tube (deferent duct) and the strained blood vessels are relieved, so that the undescended testis can be brought into the scrotum. After the operation, the child has one approximately 3–4 cm long wound in his groin, and another, about 1 cm, in the scrotum.

Treatment of pain

At the final stage of the operation, the area around the wound is anaesthetized with a local anaesthetic, so that the post-operative pain would be minimal. The patient experiences pain in the wounds for a few days. **It is recommended to give regular pain relief to the child for the first few days after the procedure**, e.g:

Paracetamol

Anti-inflammatory

Wound care

The sutures are absorbable and do not require removal. The child may shower after 24 hours and go to sauna after a week. Choose loose-fitting clothes for the child, and change the diaper of a baby often enough, so that friction on the area of the wounds is minimal. After the procedure, swelling and bruising may occur on the operated area, especially in the scrotum.

Recovery

On the day of the operation, the child requires rest and adult supervision. The child may move within the limits allowed by the pain. The child may go to day-care after 3–4 days.

Contact us

If problems in healing arise, contact:

Day Surgery Unit A2 on working days from 07.00–17.00 tel. **(06) 323 1552**,

Emergency Department at other times tel. **(06) 323 1311**, or

Health centre or child health clinic

We wish you happy healing!