

## Undescended Testis in Adult Male

### 成年男性出現的睪丸未降

#### **Introduction**

Undescended testis, or cryptorchidism, is a condition defined as the absence of the descent of testis into the scrotum. Although it occurs commonly in children, sometimes it is diagnosed in the adulthood.

After general examination, as well as the clinical examination of the abdomen and the genital part, imaging tests such as ultrasound or computed tomography may be employed to help identify the location and the status of the testis if in doubt. The doctor may also arrange semen analysis for fertility assessment. If indicated, open or laparoscopic surgical exploration would be needed.

#### **Treatment**

The treatment options depend on your age and the nature of the undescended testis, including inguinal orchidopexy, laparoscopy +/- orchidopexy or orchidectomy.

#### **I. Inguinal orchidopexy**

Inguinal orchidopexy is one of the treatment options for cryptorchidism if a viable testis can be located at the groin region.

#### **The procedure**

- A small incision is made over the groin region and the inguinal canal is entered.
- The testicle together with the vas deferens and testicular vessels is meticulously mobilised.
- Any associated patent processus vaginalis is carefully dissected and closed.
- The testicle is delivered into a dartos pouch fashioned through another small scrotal incision.
- The wounds are closed in layers with absorbable sutures.

#### **II. Laparoscopy**

Laparoscopy is one of the treatment options of cryptorchidism if the testis cannot be located at the groin region or an intra-abdominal testis is suspected. Whether to proceed to orchidopexy would depend on the laparoscopic findings.

#### **The Procedure**

- Several small incisions are made over the abdomen for port placement.
- The laparoscopy is inserted into the abdominal cavity and laparoscopic instruments are used to try to locate the testis

- The viability of the testis and length of the spermatic cord are checked
- The surgeon will decide to proceed to orchidopexy, orchidectomy or a two-stage procedure to allow orchidopexy several months later depending on the laparoscopic findings
- The port wounds will be closed by non-absorbable or absorbable sutures.

## Risk and complications

### Common Risks and Complications

Like other invasive procedures, inguinal orchidopexy or laparoscopy has some general risks:

- Bleeding
- Infection
- Wound pain

### Uncommon Risks & Serious Consequences

Possible uncommon risks include:

- Injury to testicular vessels resulting in testicular atrophy
- Injury to the testis, epididymis or vas deferens
- Failure of the testis to reach the scrotum
- Recurrence of cryptorchidism requiring further surgery
- Scrotal or groin oedema
- Reactive hydrocele
- Injury to nerves resulting in numbness of the perineum and upper thigh
- Intra-abdominal organ injury during laparoscopic surgery

This list is not exhaustive and rare complications cannot be listed.

## III. Orchidectomy

Orchidectomy is one of the treatment options for cryptorchidism if the testis located is degenerated, atrophic or in a position that orchidopexy is infeasible.

### **The procedure (Open)**

- The testicle is delivered after the vessels and vas deferens within the cord are dissected and divided
- The wounds are closed in layers with absorbable sutures.

### **The procedure (Laparoscopic)**

- If during laparoscopy the testis is very small and unlikely to function (atrophic), or orchidopexy is infeasible, the testicle would be excised and removed after the vessels and vas deferens within the cord are dissected and divided

## **Risk and complications**

### Common Risks and Complications

Like other invasive procedures, inguinal orchidectomy has some risks:

- Bleeding
- Infection
- Wound pain

The likely side effect of orchidectomy includes

- Loss of sexual interest
- Erectile problems
- Inability to produce sperm and therefore have children (*sterility*)

### Uncommon Risks & Serious Consequences

Possible uncommon risks include:

- Scrotal oedema

## **Before the Procedure**

- Inform doctor of any medical condition, for example diabetes, heart diseases, high blood pressure and any medications you take.
- You would be assessed for your medical fitness for the procedure by your doctor.
- You will have a series of check-ups including blood tests, urine tests and X ray tests.
- You must not eat or drink anything at least 6 hours before the procedure (or as specified by your doctor).
- Your doctor will tell you whether you should continue your regular medications during the fasting period or may give you other instructions.

## **After the Procedure**

Doctors and nurses will closely monitor your blood pressure, pulse, and signs of bleeding and level of pain.

- You can expect mild pain at the incision area and the scrotal area
- You may have intravenous fluid given and doctor will put you back to normal diet when your conditions have improved.

## **Follow Up**

Patient will be discharged when considered appropriate. Please follow the instructions for wound care and for follow up given upon the discharge. If serious events develop after discharge, you should seek medical advice at the nearest Accident and Emergency Department.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.