

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Undescended Testis in Adult

1. Introduction

- 1.1. Undescended testis or cryptorchidism is a condition defined as the absence of the descent of testis into the scrotum. It occurs commonly in children but sometimes it can occur in adult.
- 1.2. Doctor would perform the abdomen and the genital clinical examinations. If in doubt, imaging tests such as ultrasound or computed tomography may be needed to help in identifying the location and the status of the testis.
- 1.3. Doctor may also arrange semen analysis for fertility assessment.
- 1.4. Treatment options depend on age and the nature of the undescended testis, including inguinal orchidopexy, laparoscopy +/- orchidopexy or orchidectomy.

2. Procedural Preparation

- 2.1. A written consent is necessary
- 2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.
- 2.3. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking

3. Procedure

- 3.1. Inguinal Orchidopexy:
 - 3.1.1. A small incision is made over the groin region and entered the inguinal canal.
 - 3.1.2. The testicle together with the vas deferens and testicular vessels is meticulously mobilized.
 - 3.1.3. Any associated patent processus vaginalis is carefully dissected and closed.
 - 3.1.4. The testicle is delivered into a dartos pouch fashioned through another small scrotal incision.
 - 3.1.5. Wounds are closed in layers with absorbable sutures.
- 3.2. Laparoscopy:
 - 3.2.1. Several small incisions are made over the abdomen for port placement.
 - 3.2.2. The laparoscope is inserted into the abdominal cavity and laparoscopic instruments are used to locate the testis.
 - 3.2.3. The viability of the testis and length of the spermatic cord are checked.
 - 3.2.4. Surgeon will decide to proceed to orchidopexy, orchidectomy or a two-stage procedure to allow orchidopexy several months later depending on the laparoscopic findings.
 - 3.2.5. The port wounds will be closed by non-absorbable or absorbable sutures.
- 3.3. Orchidectomy (if the size of testis is very small or suspicious of malignancy):
 - 3.3.1. Procedure (open)
 - 3.3.1.1. The testis is delivered after the vessels and vas deferens within the cord are dissected and divided
 - 3.3.1.2. The wounds are closed in layers with absorbable sutures
 - 3.3.2. Procedure (Laparoscopic)
 - 3.3.2.1. If during laparoscopy the testis is very small and unlikely to function (atrophic), the testicle would be excised and removed after the vessels and vas deferens within the cord are dissected and divided.

4. Possible Risks or Complications

- 4.1. Bleeding
- 4.2. Infection
- 4.3. Wound pain
- 4.4. Injury to testicular vessels resulting in testicular atrophy
- 4.5. Injury to the testis, epididymis or vas deferens
- 4.6. Failure of the testis to reach the scrotum

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- 4.7. Scrotal or groin oedema
- 4.8. Injury to nerves resulting in numbness of the perineum and upper thigh
- 4.9. This list is not exhaustive and rare complications cannot be listed.

5. Side Effects of Orchidectomy

- 5.1. Loss of sexual interest
- 5.2. Erectile problems
- 5.3. Inability to produce sperm and therefore have children (sterility)

6. Remark

- 6.1. 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.

7. References

- 7.1. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

