

Management of Undescended Testicles

Version: 2

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Introduction

Purpose

Testicles are considered undescended when they fail to spontaneously migrate down into the scrotum after birth. Boys with bilateral, non-palpable testes, associated or not with hypospadias, require immediate consult of appropriate specialists, including Endocrinology, Urology, Gynecology and/or Genetics for evaluation of a possible disorder of sex development.

Target Users

- Nurses, nurse practitioners, staff physicians, residents, fellows, and primary care physicians

Target Patient Population

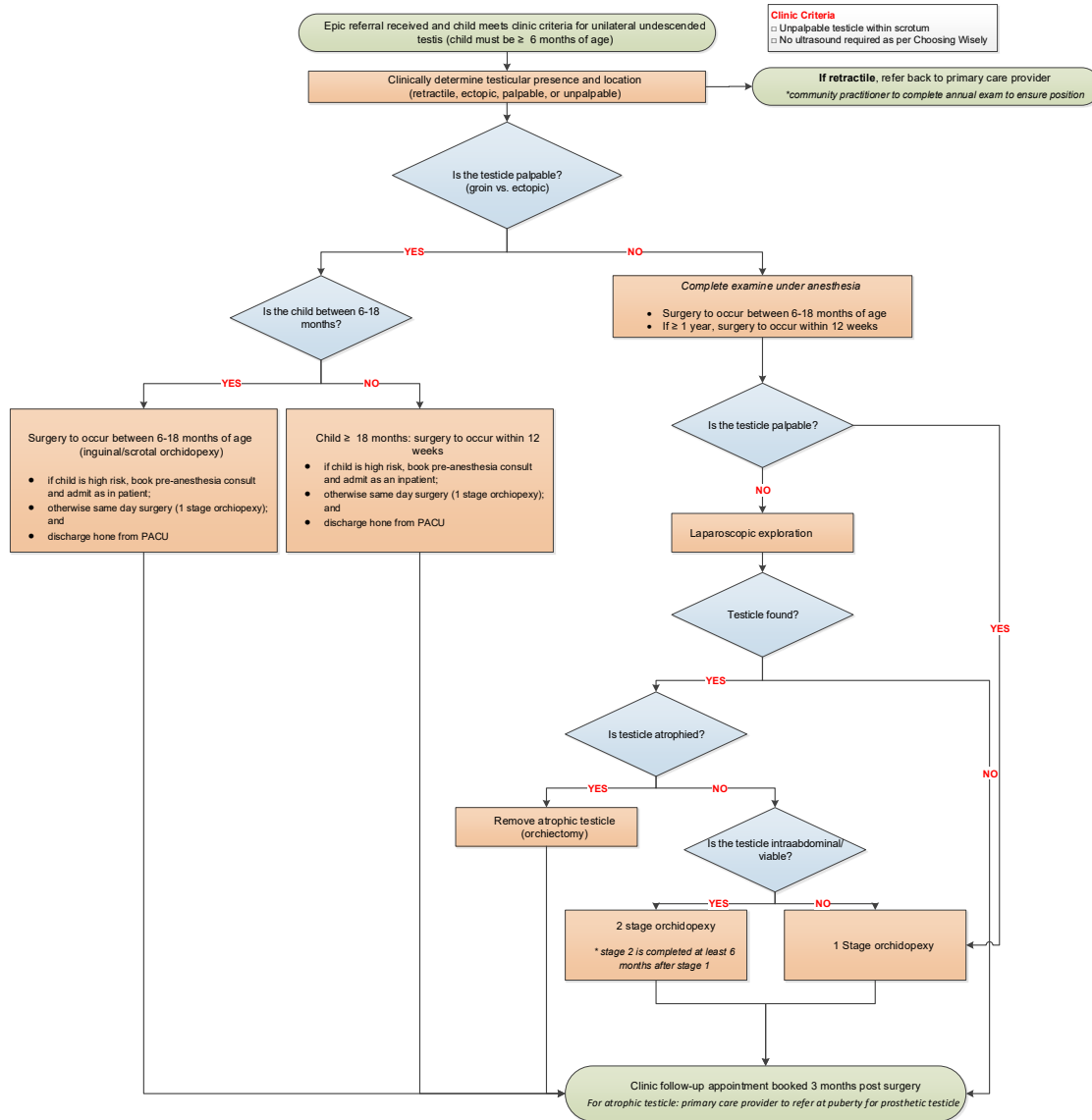
- **Inclusion:** Intended for boys 2 months of age or older who present with one testicle that is not palpable within the scrotum.
- **Exclusion:** Not intended for use in boys with bilateral undescended testicles.

Definitions

- **Retractile testes:** hypermobile testes; are descended testes that easily move back and forth between the scrotum and the abdomen. Retractile testes are normal testes that have been pulled into a suprascrotal position by the cremasteric reflex. These testes can be brought into a dependent scrotal position and will remain there if the cremasteric reflex is overcome.

Referrals

- Primary care physicians should refer boys two months of age or older who do not have spontaneous testicular descent to a surgical specialist for evaluation. It is expected that the testicles should descend by 6 months of age.
- Scrotal ultrasounds should not be completed prior to referral. These studies rarely have any impact on decision making.
- Retractile testicles do not need to be referred for surgical treatment however primary care physicians should assess the position of the testes annually to monitor for secondary ascent.

Management of Unilateral Undescended Testicles**Guideline Group and Reviewers****Guideline Group Membership:**

1. Kristine Tomczyk, NP-Paediatrics, Urology
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Internal Reviewers:

1. Dr. Darius Bagli, Staff MD, Division of Urology
2. Dr. Joana Dos Santos, Staff MD, Division of Urology

References

1. Braga LH, Lorenzo AJ, Romao RLP. [Canadian Urological Association-Pediatric Urologists of Canada \(CUA-PUC\) guideline for the diagnosis, management, and follow up of cryptorchidism](#). *Can Urol Assoc J* 2017;11(7):E251-60
2. Kokorowski PJ, Routh JC, Graham DA, Nelson CP. Variations in timing of surgery among boys who underwent orchidopexy for cryptorchidism. *Pediatrics* 2010; 126(3): e576-e582.
3. Kolon TF, Herndon CD, Baker LA, Baskin LS, Baxter CG, Cheng EY, Diaz, M, Lee PA, Seashore CJ, Tasian GE, Barthold JS. Evaluation and treatment of cryptorchidism: AUA guidelines. *The Journal of Urology* 2014 Aug; 192(2): 337-345.
4. Tekgul S, Riedmiller H, Dogan HS, Hoebeke P, Kocvara R, Nijman R, Radmayr C, Stein R. Guidelines on paediatric urology. *European Association of Urology; European Society for Paediatric Urology*; 2013 Mar: 11-14.
5. Chan E, Wayne C, Nasr A. Ideal timing of orchiopexy: a systematic review. *Pediatr Surg Int* 2014; 30:87-97.
6. Penson D, Krishnaswami S, Jules A, McPheeters ML. Effectiveness of hormonal and surgical therapies for cryptorchidism: A systematic review. *Pediatrics* 2013 June; 131(6): e1897-e1907.
7. Agency for Healthcare Research and Quality. Evaluation and treatment of cryptorchidism, Comparative Effectiveness Review No. 88. Prepared by Vanderbilt Evidence-based Practice Center; 2012 December.

Attachments:

[AAP orchidopexy.pdf](#)

[AUA guidelines orchidopexy.pdf](#)

[CUA-PUC guidelines.pdf](#)

[pathway_aug 9.pdf](#)