Management of Undescended Testicles

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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.
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**Clinical Recommendations**

- If an Epic referral is received and child meets clinic criteria for unilateral undescended testis (child must be ≥ 6 months of age)
- Clinically determine testicular presence and location (retractile, ectopic, palpable, or unpalpable)
- Is the testicle palpable? (groin vs. ectopic)
- If retractile, refer back to primary care provider
- *Community practitioners to complete annual exam to ensure position

**Clinic Criteria**

- Unpalpable testicle within scrotum
- No ultrasound required as per Choosing Wisely

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- Complete exam under anesthesia
  - Surgery to occur between 6-18 months of age
  - If ≥ 1 year, surgery to occur within 12 weeks

- Clinically determine testicular presence and location (retractile, ectopic, palpable, or unpalpable)
- Is the testicle found?
- Is testicle atrophied?
- Is the testicle intra-abdominal/viable?
  - 2 stage orchidopexy
    - Stage 1 is completed at least 6 months after stage 1
  - 1 Stage orchidopexy

- Laparoscopic exploration
- Testicle found?
- Is testicle atrophied?
- Remove atrophic testicle (orchiectomy)
- In the child between 6-18 months?
- **YES**
  - Surgery to occur between 6-18 months of age
  - If child is high risk, book pre-anesthesia consult and admit as in patient
  - Otherwise same day surgery (1 stage orchidopexy) and discharge home from PACU

- **NO**
  - Child ≥ 18 months:
    - Surgery to occur within 12 weeks
    - If child is high risk, book pre-anesthesia consult and admit as an inpatient
    - Otherwise same day surgery (1 stage orchidopexy) and discharge home from PACU

**Guideline Group and Reviewers**

**Guideline Group Membership:**

1. Kristine Tomczyk, NP-Paediatrics, Urology
2. Dr. Fardod O’Kelly, Clinical Fellow, 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


Attachments:

AAP orchidopexy.pdf

AUA guidelines orchidopexy.pdf

CUA-PUC guidelines.pdf

pathway_aug 9.pdf