Management of Undescended Testicles

This is a CONTROLLED document for internal use only, valid only if accessed from the Policies and Procedures site.

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.
Clinical Recommendations

Management of Unilateral Undescended Testicles

Clinical Criteria

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

Epic referral 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)

Is the child between 6-18 months?

Surgery to occur between 6-18 months of age
- If child is high risk, book pre-anesthesia consult and admit as inpatient
- Otherwise same day surgery (1 stage orchidopexy)
- Discharge home from PACU

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)
- Discharge home from PACU

If retractile, refer back to primary care provider
*Community practitioners to complete annual exam to assess position

Testicle found?

Is testicle atrophied?

Is the testicle intraabdominal / viable?

2 stage orchidopexy
- Stage 2 is completed at least 6 months after stage 1

1 Stage orchidopexy

Clinic follow-up appointment booked 3 months post surgery
For atrophic testicle, primary care provider to refer at puberty for prosthetic testicle

Guideline Group and Reviewers

Guideline Group Membership:

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

©The Hospital for Sick Children (“SickKids”). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.
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