

Surgical treatment

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Orchidopexy Orchidopexy is usually performed between 6 and 18 months of age in an attempt to prevent the consequences described earlier. For premature babies, corrected age is used to determine surgery timing. The testis and spermatic cord are mobilised Robert Fowler Jr , b. 1928, paediatric surgeon, Royal Children's Hospital, Melbourne, Australia. Frank Douglas Stephens , 1913–2011, paediatric surgeon, Royal Children's Hospital, Melbourne, Australia, published a landmark paper with Robert Fowler in 1959 that described the surgical management of high undescended testes by dividing the testicular vessels high from the testis to maintain a collateral blood supply . - and the testis is repositioned in the scrotum. The operation is performed through a short incision over the deep inguinal ring. The inguinal canal is exposed by division of the external - oblique aponeurosis in the direction of its fibres. - Three manoeuvres help to gain the length required to bring the testis down into the bottom of the scrotum. First, the patent processus vaginalis should be identified, separated and ligated. - Second, the coverings of the spermatic cord (including the cr e - masteric muscle) should be divided and, third, lateral fibrous bands just inside the internal inguinal ring should be divided. Although these techniques are usually e ff ective, the tiny vas and testicular vessels are vulnerable to injury . The empty hemiscrotum is stretched with a finger passed into it through the inguinal incision to give enough room for the testis, which is placed in a pouch constructed between the dartos muscle and the skin (Figure 86.3).

Orchidectomy should be considered if the incompletely descended testis is atrophic and/or there is a suspicion of malignancy , particularly in the postpubertal boy if the other testis is normal.

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