

Patient information sheet on laparoscopy for absent testis

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Introduction

Testes normally descend into the scrotum from the abdominal cavity before but can get held up anywhere along this path (undescended testis) or simply fail ever to develop. Undescended testes inside the abdomen have a 2-3% risk of cancerous change and so need to be removed.

Laparoscopy allows the surgeon to inspect the abdominal cavity using a telescope inserted below the umbilicus (belly-button) to determine whether the testis never developed, in which case nothing further is necessary, or whether the testis needs to be removed. If this is necessary 2 further 1 cm cuts will be made to allow special instruments to be inserted to remove the testis. If the blood vessels that supply a normal testis are seen leaving the abdominal cavity towards the scrotum a cut will be made to explore the groin to look for a testis which prior examination did not reveal.

On the day of the operation

It is helpful to urinate immediately before being taken to the operating theatre to ensure that the bladder is empty.

After the operation

Apart from some discomfort from the small cut(s) on your tummy, you may experience some pain in both shoulders. This is due to gas remaining in the upper part of your abdominal cavity and will go within the first 24 hours following your operation. The stitches used on your tummy are buried and will dissolve. More detailed instructions and advice will be given to you by the surgeon, depending on the operation you have had. If you want to have an artificial testis inserted this must be discussed before this operation with your surgeon.

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