



Work so far:

- 19 centres including 2 international, 5 DGHs
- 11 centres including further 8 DGHs

Follow-up 80 completed patients.

Pre-Op characteristics

Co-morbidities

250 patients- no associated co-morbidities

54 patients with co-morbidities

6 renal anomalies

8 cardiac anomalies

Was the testes palpable pre-op?

286 palpable pre-op

18 impalpable until EUA

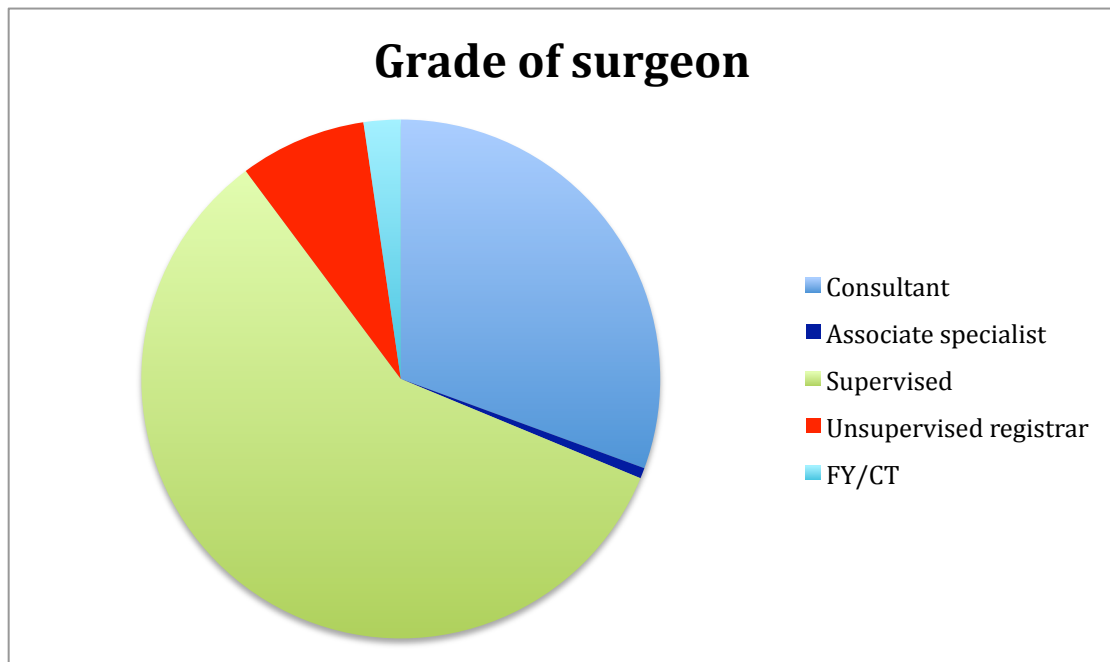
Pre-op ultrasound

58 patients had pre-op ultrasound (19%)

15 patients from Graz

3 patients from Buenos Aires

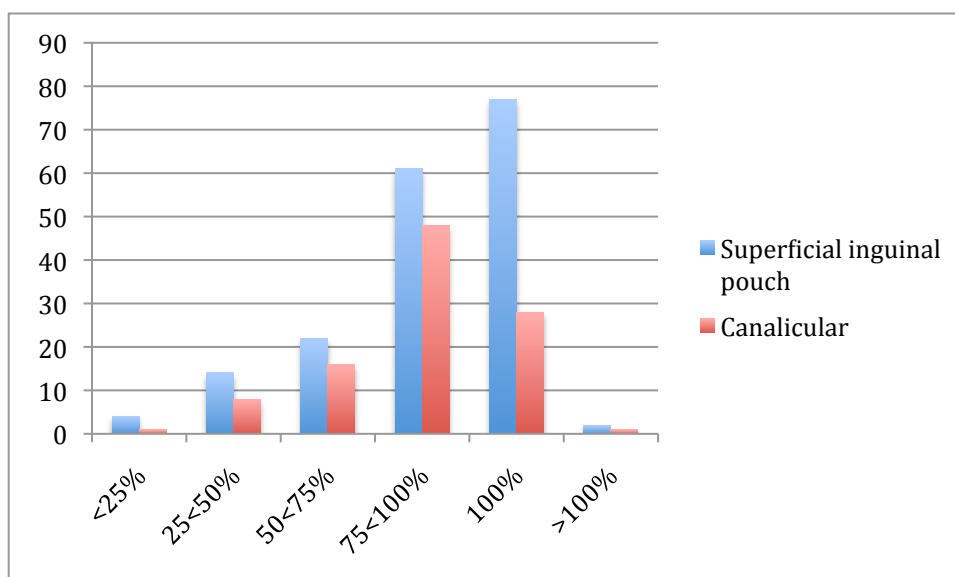
Grade of operating surgeon



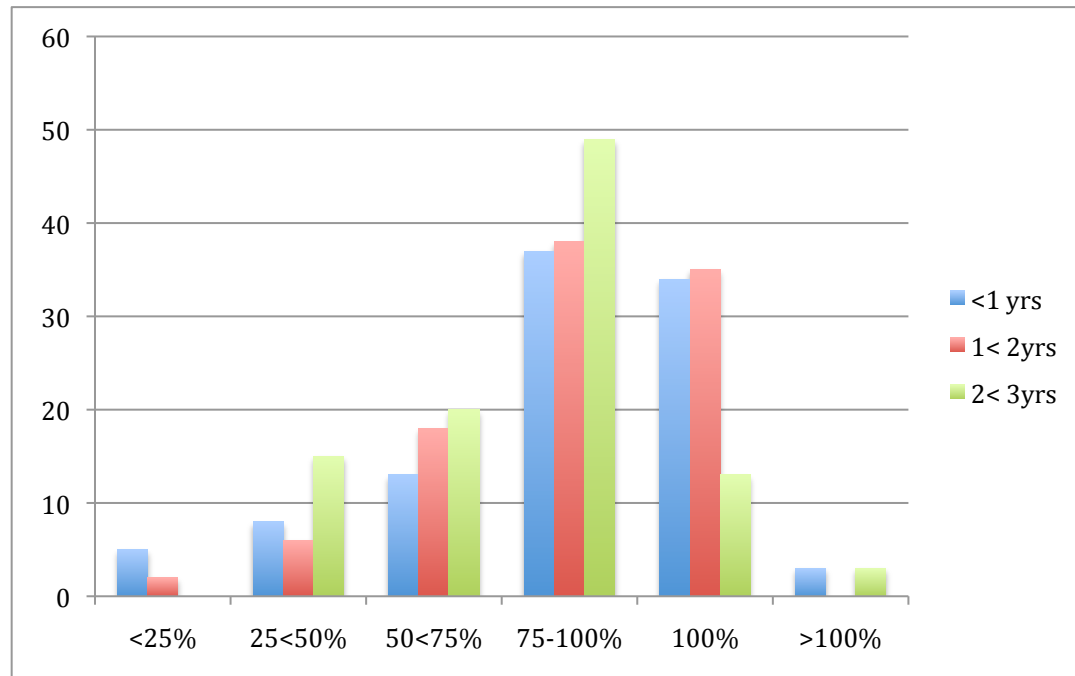
93 consultant
202 registrar (24 unsupervised)
7 FY/ CT (all supervised)
2 associate specialist

Consultant delivered care: only 24 operations were unsupervised (8%).

Size of testis according to location: Superficial inguinal pouch vs. canalicular (actual patient numbers)



Size of testis according to age at operation (percentage of patients)



Overnight stays

33 overnight stays

Planned

8 planned for co-morbidities

All patients from Graz= 19 (local protocol)

2 from Buenos Aires (reason given = administration)

Unplanned

1 for 5 day stay for traction (decided at operation)

1 for apnoea in recovery (age of patient = 16 mths)

1 for being very drowsy post-anaesthetic (age= 8 yrs)

1 for failure to pass urine (had circumcision under same anaesthetic)

= 4 unplanned overnight stays (1%)

Accepted BAPS abstracts

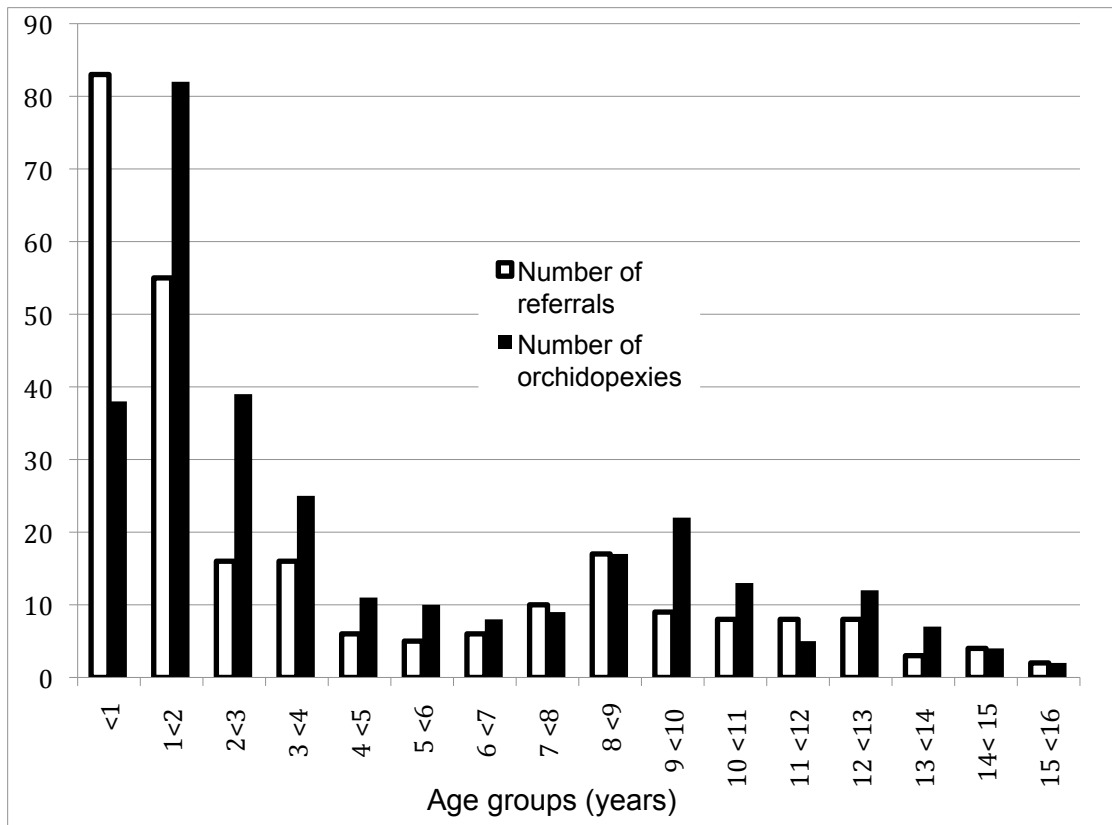
Does existing practice allow for orchidopexy to be performed at age recommended by recent guidelines?: Results from an international, multicentre study.

Aims of the study: Recent guidelines recommend orchidopexy for undescended testis (UDT) before 1 yr of age. This audit aims to determine the current referral pattern for UDT and age at orchidopexy.

Methods: International, prospective, multicentre audit of boys undergoing orchidopexy for palpable, unilateral undescended testis. Data collected over a 3 month period from September 1st to November 30th 2014. Data were collected on age at referral, age at orchidopexy and whether the testis had ever been documented as intra-scrotal.

Main Results: Three hundred and four patients were entered from 19 centres. In the United Kingdom 17 centres took part: 12 paediatric surgical centres and 5 district general hospitals. Dates of referral were available for 256 patients. Median age at referral was 1 yr 9 mths and median age at surgery was 2 yrs 7 months. Although 83 (32%) boys were referred before 1 yr of age, only 34 (13%) patients received surgery before this age. A delay of more than 18 weeks (UK government target) between referral and surgery was found in 124 (56%) of 222 boys operated over one year of age. Sixty two (28%) of these boys had documented evidence of ascending testis.

Conclusion: This multicentre study shows that 13% of boys receive orchidopexy at the recommended age. Reasons for late surgery include late referral, consultant preference and high rate of ascending testis in this cohort. Improving compliance with current guidelines is likely to require (i) GP involvement and education (ii) a stronger evidence base demonstrating improved clinical outcomes with orchidopexy under 1 year of age.



Yet to reach a consensus? Consultants' attitudes to the ideal age for orchidopexy.

Aims:

A recent consensus statement from the British Association of Paediatric Urologists recommends orchidopexy for undescended testis between 6-12 months of age. This survey aims to determine whether consultants regularly performing orchidopexies agree with the guidelines.

Methods:

Anonymous survey of the preferences for timing of orchidopexy of consultants who took part in national audit of orchidopexy. Statistical analysis, using the Kruskal Wallis test, was performed to compare the optimal age quoted by each group of surgeons; general paediatric surgeons, paediatric urologists and adult general surgeons.

Main Results:

19 centres participated in the audit; 12 paediatric surgical centres and 5 district general hospitals in the UK and 2 international centres. The survey had 63 responses from consultants; 42 general paediatric surgeons, 18 paediatric urologists and 3 adult general surgeons. When asked what was the optimal age for orchidopexy to be performed answers ranged from 6 months to 24 months. The age given significantly varied between the Paediatric Urology, General Paediatric Surgery and Adult General Surgery groups with the median age being 9 months (range 6-18months), 12 months (range 6-23months) and 18 months (range 12-24months) respectively ($p=0.019$)(Figure 1). Consultants cited concerns about the possible long term effects of general anaesthetics on development and higher atrophy rates in younger children as the main reasons for postponing orchidopexy until aged 12 months. 92% of respondents would be interested in participating in a randomised controlled trial further investigating the optimal age of orchidopexy.

Conclusion: There remains no consensus amongst surgeons as to what the optimal age for orchidopexy is. Management practice varies widely with notable differences amongst the different surgeon groups performing these operations.

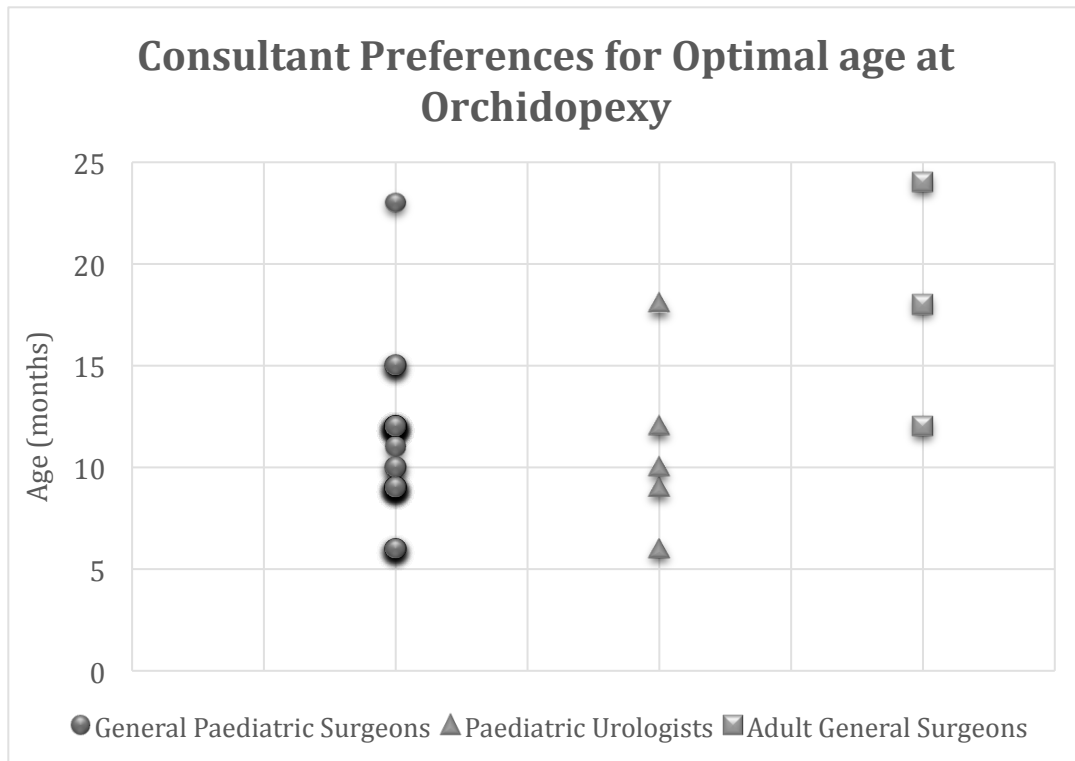


Figure 1. Comparison between the optimal age for orchidopexy as quoted by general paediatric surgeons, paediatric urologists and adult general surgeons. There was a statistically significant difference between the three groups ($p=0.019$).