

is the initial step. Depending on findings, a diagnostic laparoscopic procedure or an open inguinal approach may be performed. If an intraabdominal testis is identified, this permits planning for a definitive procedure, which may be open or laparoscopic. Approximately 10% of boys with nonpalpable testes are found to have an absent testicle at the time of surgery.

Nursing Care Management

Postoperative nursing care is directed toward preventing infection and instructing parents in home care of the child, including pain control. Observation of the wound for complications and activity restrictions are discussed. The child should avoid vigorous sports activities and use of toys that are straddled for 2 to 4 weeks postoperatively. General care is similar to that described for hydrocele repair.

Parents may be concerned about the child's future fertility, and recent studies show some decreased fertility in bilateral cryptorchism but in unilateral patients the fertility rate approximates that found in the general population. The risk of testicular cancer is a concern that is decreased if surgery is done before puberty, but all boys with cryptorchidism should be taught testicular self-examination at puberty to potentially facilitate early detection ([Kolon, Herndon, Baker, et al, 2014](#)). Surgical treatment is indicated as soon as possible after 6 months of age and definitely should be completed by 2 years old, because spontaneous descent rarely occurs after 6 months and treatment by 1 to 2 years old is associated with improved fertility and testicular growth.

Hypospadias

Hypospadias is a congenital anomaly of the male urethra that results in abnormal ventral placement of the urethral opening on the underside of the penis, ranging from the glans to the perineum ([Fig. 26-3](#)). It is one of the most common congenital anomalies with an incidence reported to be 1 out of 250 to 300 live births, with 10% to 15% having a first degree male relative (sibling or father) with the same condition ([Bukowski and Zeman, 2001](#); [Gray and Moore, 2009](#)). Both genetic and environmental factors have been associated with hypospadias. Severity of hypospadias is based on the position