

# UNDESCENDED TESTIS REFERRAL GUIDELINE

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## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

**SYMPTOMS AND LABS**

Undescended testes are at increased risk for testicular torsion. If this is a concern (acute pain, erythema, swelling in the groin/scrotum), the patient should be referred to the ER immediately.

**SUGGESTED PREVISIT WORKUP**

Calling the ER and the on-call urology provider is helpful in expediting care.

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

**SYMPTOMS AND LABS**

Bilateral non-palpable testes or the combination of hypospadias and undescended testis is concerning for a disorder of sexual differentiation.

**SUGGESTED WORKUP**

Prompt referral (within 1-2 weeks) to pediatric urology and pediatric endocrinology is appropriate.

## LOW RISK

### SUGGESTED ROUTINE CARE

**SYMPTOMS AND LABS**

Unable to palpate the testis in an intrascrotal position or unable to palpate a testis at all.

**SUGGESTED MANAGEMENT**

Referral to pediatric urology by 6 months of age is appropriate if there is concern that one or both of the testicles is not in an adequate intrascrotal position.

## CLINICAL PEARLS

- Spontaneous descent of the testes is highly unlikely after 6 months age. Primary care providers should refer infants with undescended testis to an appropriate surgical specialist by this age.
- It can be challenging to differentiate between retractile testes (a typically benign, normal condition) vs truly undescended testes. If there is uncertainty, a referral is appropriate.
- No imaging studies, including ultrasound, are required in the evaluation of undescended testis.
- Orchiopexy surgery is ideally performed prior to 18 months of age.
- All boys, particularly with a history of retractile or undescended testis, should have the position of the testes checked at each annual well child checkup to monitor for secondary ascent.