UNDESCENDED TESTIS REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - UROLOGY • 100 BRICKHILL AVENUE, SOUTH PORTLAND, ME • (207) 773-1728

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.

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.

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 PREVISIT WORKUP

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

SUGGESTED WORKUP

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

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
- 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.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.