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Newborn and Infant  
Physical Examination Cymru



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# New-born and Infant Examination Cymru (NIPEC) 2023

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## Examination of the Testes



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Elements of this guideline have been reproduced and adapted from the NIPE Programme Handbook 2021 with permission from the NIPE Programme Team, NHS England.

NHS England (2021) Newborn and infant physical examination screening programme handbook.

Available at: [Newborn and infant physical examination \(NIPE\) screening programme handbook – GOV.UK \(www.gov.uk\)](https://www.gov.uk) (Accessed: 18th October 2023)

References to parent(s) also relate to carer(s), if appropriate.

# Examination of the Testes

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The primary purpose of the examination is to identify bilateral undescended testes or unilateral undescended testis.

If there are concerns about suspected disorder of sexual development/differentiation (DSD), this must be addressed urgently.

## Incidence

Cryptorchidism affects around 2% to 6% of male babies born at term.

It is associated with:

- **an increased risk of testicular cancer (primarily seminoma, a germ cell tumour of the testicle)**
- **reduced fertility when compared with normally descended testes**
- **other urogenital problems such as hypospadias and testicular torsion**

Bilateral undescended testes in the new-born may be associated with ambiguous genitalia or an underlying endocrine disorder. Congenital adrenal hyperplasia must be excluded in a baby with bilateral impalpable gonads.

Early diagnosis and treatment at an early age can reduce the risk of fertility problems and reduce the risk of testicular cancer.

## Clinical Risk Factors

Clinical risk factors include:

- **a first-degree family history of undescended testes (baby's father or sibling)**
- **low birth weight**
- **small size for gestational age or preterm birth**

Although practitioners should be aware of these risk factors, they do not alter the NIPEC national testes examination pathway.

# Examination of the Testes

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## Undertaking the examination

Before the examination, practitioners should review mother's recent obstetric history and baby's family history.

### Observation

Observe the scrotum for symmetry, size (hypoplastic/underdeveloped) and colour.

### Palpation

Carry out an inguinoscrotal examination (bimanual soap test) along anatomical line of testicular descent from each deep ring, along the inguinal canal, distally to the scrotum.

Undertake examination of ectopic locations if testis not palpable along anatomical line of descent.

Where testes are felt bilaterally but barely in the scrotum/emergent from inguinal canals, this should be managed as **abnormality suspected**.



# Examination of the Testes

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## Abnormality not suspected at new-born and infant (6 week) examination

Babies with no abnormality suspected following the NIPEC new-born examination should have the NIPEC infant examination at 6 weeks of age. If no abnormality is detected, transfer care to the Healthy Child Wales Programme.

Advise parents to contact their midwife, GP or health visitor if they have any concerns about their baby's testes.



# Examination of the Testes

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## Abnormality suspected

An abnormality suspected result is the absence or incorrect position of one or both testes.

### ABNORMALITY SUSPECTED following New-born examination

Babies with **bilateral undescended testes** should be seen for assessment by a senior paediatrician within **24 hours of the examination** to identify or exclude metabolic and/or disorder of sexual development/differentiation (DSD).

Babies with **unilateral undescended testis** should be reviewed at the **6 week (infant) examination, usually in Primary care.**



### ABNORMALITY SUSPECTED following INFANT (6 week) examination

Babies with **obvious undescended testes** at 6 weeks should be referred directly to a surgeon for **review by 6 months of age.**

(Babies with previously unrecognised bilateral undescended testis and an abnormal phallus need urgent senior paediatric review.)

If equivocal, GP's should re-review at **4-5 months** then refer directly to a surgeon if ongoing concern.

## Provide information and obtain consent

Examination declined

Examination accepted

Record on relevant clinical data collection system.

**Before the examination, practitioners should be aware of:**

- a first-degree family history of undescended testes (baby's father or sibling)
- low birth weight
- small size for gestational age or preterm birth

## Undertaking the examination

### Observation

Observe scrotum for symmetry, size (hypoplastic/underdeveloped) and colour.

### Palpation

- Carry out an inguinoscrotal examination (bimanual soap test) along anatomical line of testicular descent from each deep ring, along the inguinal canal, distally to the scrotum.
- Undertake examination of ectopic locations if testis not palpable along anatomical line of descent.
- Where testes are felt bilaterally but barely in the scrotum/emergent from inguinal canals, this should be managed as **Abnormality suspected**.

Results to parents

Abnormality not suspected

Abnormality suspected

**Record outcome on relevant clinical data collection system**

**Parents should contact** their midwife, GP or health visitor if they have any concerns about their baby.

**Record outcome on relevant clinical data collection system**

**If an abnormality is suspected following New-born examination**

- Babies with bilateral undescended testes should be seen for assessment by a senior Paediatrician **within 24 hours of the examination** to identify or exclude metabolic and/or variation of sexual differentiation.
- Babies with unilateral undescended testis should be reviewed at the 6 week (infant) examination, usually in primary care.

**If an abnormality is suspected following infant (6 week) examination**

- Babies with obvious undescended testes should be referred **directly to a surgeon for review by 6 months of age**.
- (Babies with previously unrecognised bilateral undescended testis and an abnormal phallus need urgent paediatric review.)
- If equivocal, GP's should re-review at **4-5 months** then refer directly to a surgeon if ongoing concern.