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Distal Spermatic Cord Peritoneal Stripping: an Adjunct Technique during Inguinal Orchiopexy

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VIDEO SECTION

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Distal spermatic cord peritoneal stripping: an adjunct technique during inguinal orchiopexy

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INTRODUCTION

Inguinal orchiopexy is a common operation performed for undescended testis. Several surgical techniques have been described to mobilize the spermatic cord and optimize the position of the testis in the scrotum. We demonstrate a novel adjunct surgical maneuver which includes stripping the distal peritoneal investments of the spermatic cord to achieve additional length in cases when dependent scrotal position is not optimal.

MATERIALS AND METHODS

A transverse inguinal incision is used. Standard inguinal dissection and mobilization of the peritoneal reflection is performed at the level of the internal ring. Hernia ligation is performed if necessary. Retroperitoneal dissection is performed in standard fashion to achieve maximal proximal length of the spermatic cord. In cases where optimal length was not achieved, additional lengthening of the spermatic cord was obtained by dissection and stripping of the peritoneal investments of the distal spermatic cord. Careful dissection is carried down to the level of the epidydimis. In select cases this technique has allowed us to attain a dependent scrotal position of the testicle without the need for a Prentiss maneuver.

CONCLUSIONS

When optimal position of the testis is not obtained during inguinal orchiopexy, distal peritoneal dissection and stripping of the spermatic cord can provide additional cord length resulting in a more dependent scrotal testis.

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EDITORIAL COMMENT

Achieving adequate spermatic cord length during inguinal orchiopexy can be a challenge. Several adjunct techniques have been described. In this video by Swana et al., the authors nicely depict a surgical technique of peritoneal stripping of the spermatic cord thus avoiding the need to perform the Prentiss maneuver. The authors nicely depict this surgical technique; and this simple step allows the testis to sit in a more dependent location in the scrotum. The merits of this versus other techniques are ultimately at the discretion of the surgeon.

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