



Hydrocele

Introduction

Your child has been diagnosed with a hydrocele (HI-dro-seal), a fluid-filled sac around the testis. This material provides information about hydroceles and their treatment.

Normal Testes

The normal testes (testicles) develop in the fetus by the fourth month. By that time they have moved from the kidney to the groin, where they will stay until around the seventh month. Then, the testicles, along with the so-called hernia sac, pass through the abdominal wall to their normal position in the scrotum (figure 1).

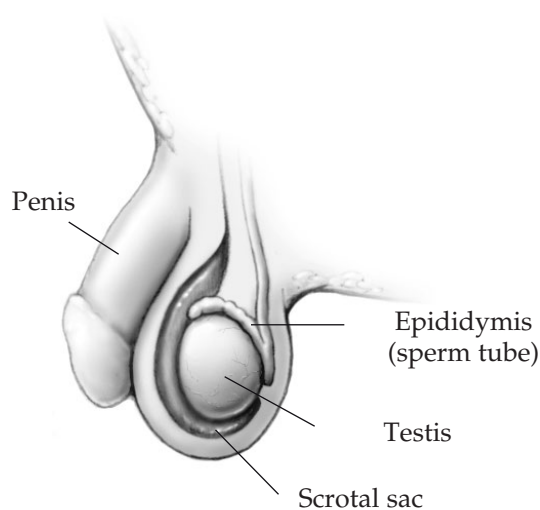


Figure 1. Normal testis

Hydrocele

A hydrocele is a collection of fluid in the thin sac that surrounds the testicle. Hydrocele literally means “water sac” and is a common condition that can occur at any age. Hydrocele can result from either too much fluid production or too little absorption of fluid.

As the testicle drops down into the scrotum, fluid from the abdominal cavity sometimes can flow down and surround the testicle. The sac usually closes off and the fluid is absorbed, but sometimes the fluid is not absorbed. This then becomes a hydrocele. One in three newborn boys will have a small hydrocele. If the bowel drops down into the scrotum, it is called a hernia (figure 2). Hernias and hydroceles both may cause swelling in the scrotum or lower groin.

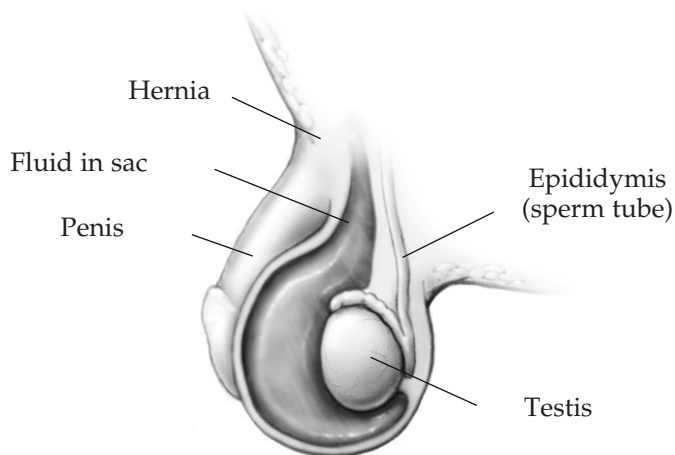


Figure 2. Hernia

A hydrocele may be either noncommunicating (figure 3) or communicating (figure 4). It may vary in size. A noncommunicating hydrocele will remain the same size. A communicating hydrocele may get larger or smaller depending on the child’s activities.

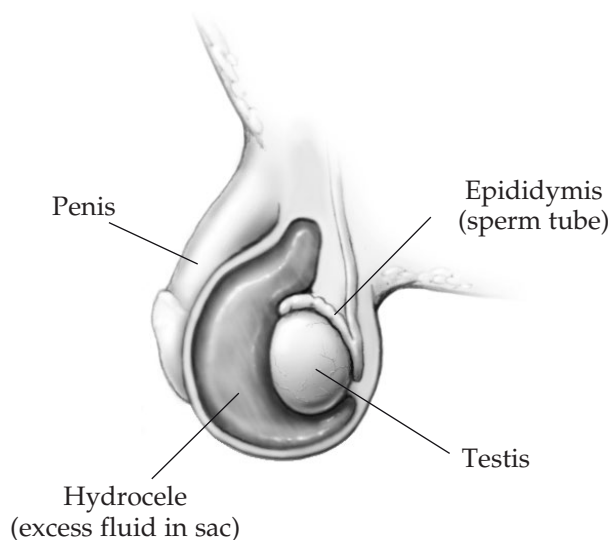


Figure 3. Noncommunicating hydrocele

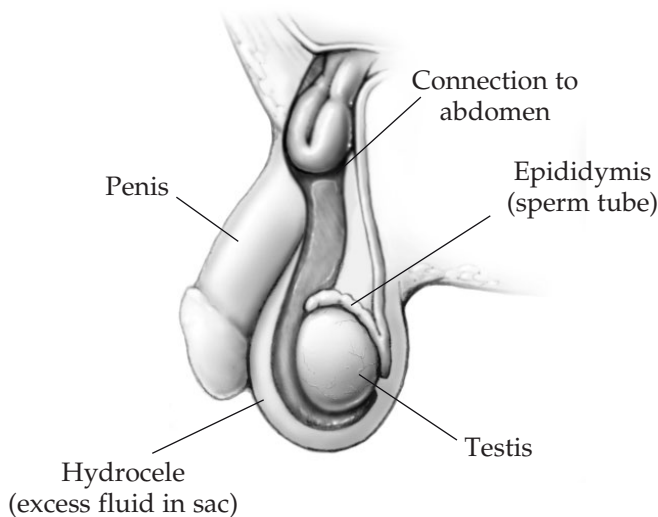


Figure 4. Communicating hydrocele

When the child is active during the day, the communicating hydrocele may become larger and tense (feels tight). In the morning after rest, it may get smaller. Other activities that may cause an increase in size in the communicating hydrocele include coughing or straining to urinate or to have a bowel movement.

Treatment

A hydrocele that persists or develops one year after birth or that causes persistent discomfort may require surgery.

Surgery

The surgery is called a hydrocelectomy or hydrocele repair. Usually this surgery takes about an hour and is done on an outpatient basis. Your child's surgeon will discuss the treatment plan for your child with you before the surgery.

You will bring your child to the outpatient area of the hospital the morning of his surgery. You will be able to stay with your child as he is taken to the hospital room and prepared for surgery. During surgery you may stay in the waiting room next to the operating room.

General anesthesia is used for a hydrocele repair. This means your child will be asleep for the procedure.

During this operation, the surgeon will make an incision about one inch long at the groin (the lower most part of the belly) in order to locate the testis. The sac is opened and the fluid is removed. The sac and the incision are closed using stitches that will dissolve on their own. Some swelling and bruising may occur after surgery. This is normal and will resolve during the healing process.

After Surgery

After your child's surgery, the surgeon will speak to you about your child's surgery. At that time the child will be taken to the recovery room to be watched closely while awakening. When your child is awake, he will be returned to the outpatient area. You will be able to join your child there.

The following information may help your child to make a more comfortable and rapid recovery.

Diet

After surgery, give your child clear liquids (apple juice, broths, Popsicles™, Jell-O™, Kool-Aid™) at home. Gradually advance to a normal diet if the child is able to keep the fluids down.

Sometimes children vomit after surgery with anesthesia. Most of the time, the vomiting stops by the morning after surgery. If severe nausea and vomiting occur and your child cannot keep fluids down, contact your physician promptly.

Activity and Restrictions

After receiving anesthesia your child may feel tired, dizzy, weak and irritable. A responsible adult should stay with him for the first 24 hours after surgery. Your child needs to rest for the remainder of the day that he had the procedure.

Usually, your child will set the pace for returning to normal activity. Your main concern will be to protect the site of the incision. For four weeks after surgery your child may not use any riding toys (bicycle, tricycle). Any rough play that could injure your child or the site of the operation should be avoided.

Usually normal activity may be resumed by four weeks after surgery. If you have questions about your child's activities, ask your physician.

Pain

Young babies and children may be fussy or restless after surgery, and this may be the only sign of pain. Your child may be given some pain medication in the recovery room after surgery. Talk to your health care provider about when you can give your child the next dose of pain medication. Before you leave the hospital, ask for instructions on when, how much, and how often to give your child pain medication.

Follow the instructions you are given by your health care provider regarding the frequency and amount of medication to be given. If you are unable to calm your child after you have given the medication and tried other comforting measures, contact your physician.

Wound Care

Keep the incision clean. Ask your physician when your child can bathe or shower. This is usually possible one to three days after surgery. All of the stitches are on the inside and will go away on their own. Sometimes children may have a reaction to the stitches during the second or third week after surgery, resulting in some redness around the incision. There also may be some swelling and bruising in the scrotum and groin around the area of the operation.

Follow-Up Visit

Usually your child will see his physician two weeks after surgery. This follow-up visit generally is scheduled before your child leaves the hospital. At this visit discuss the frequency of future appointments with your child's surgeon.

Contact the physician if you observe the following:

- Temperature greater than 101.5 degrees Fahrenheit (38.5 degrees Celsius)
- Bleeding at the site of the incision
- The child cannot be calmed and you have tried all comfort measures and given the pain medication as prescribed
- Vomiting after the first day of surgery and the child is unable to keep fluids down.

Additional instructions

Follow-up appointments

Your child's surgeon is

If you have questions or concerns about this procedure or this information, contact your child's urologist.

If you have questions during office hours, call _____ and ask to speak to your child's surgeon. If you have questions or concerns at other times, call _____ and ask to speak to the pediatric urologist on call.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.