

epididymis, or tumor.

Communicating hydroceles may change in size during the day or with straining; whereas noncommunicating hydroceles are not reducible and so not change size with crying or straining. Surgical repair is indicated for communicating hydroceles persisting past 1 year old, because there is a risk for development of incarcerated inguinal hernia. Idiopathic hydroceles are repaired if symptomatic and reactive hydroceles usually resolve with treatment of underlying cause, such as epididymitis.

Nursing Care Management

Surgical correction is an outpatient procedure. Advise parents that there may be temporary swelling and discoloration of the scrotum that resolves spontaneously. Straddle toys are avoided for 2 to 4 weeks and strenuous activities in older boys may be avoided for 1 month. If a dressing is used, it is removed in 2 to 3 days and typically the child can bathe in 3 days.

Cryptorchidism (Cryptorchism)

Cryptorchidism is failure of one or both testes to descend normally through the inguinal canal into the scrotum. Absence of testes within the scrotum can be a result of undescended (cryptorchid) testes, retractile testes, or anorchism (absence of testes). Undescended testes can be categorized further according to location:

Abdominal: Proximal to the internal inguinal ring

Canalicular: Between the internal and external inguinal rings

Ectopic: Outside the normal pathways of descent between the abdominal cavity and the scrotum

The incidence of cryptorchidism is reported to be as high as 45% in preterm boys and less than 5% in full-term boys; by 1 year old, the incidence decreases to less than 2% and does not change thereafter ([Sijstermans, Hack, Meijer, et al, 2008](#)).

Pathophysiology