**HYDROCELE**

A hydrocele is a very common condition affecting boys, where a fluid-filled sac develops inside the scrotum around the testis, making it look swollen. It is not painful and feels like a balloon filled with water.   
  
If the hydrocele has not disappeared by around 15-18 months of age, it is unlikely to do so and your child can have an operation to correct this.

Hydroceles

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One or both sides of the scrotum can be affected. Before your baby is born his testicles develop in the abdomen, and before birth they move down into the scrotum. Usually the tube which they pass through closes off by itself, but if this does not happen, a small amount of fluid from the abdomen leaks into the scrotum. This can cause swelling on one or both sides of the scrotum.

Most hydroceles disappear on their own. Hydroceles do not cause serious problems, but they may enlarge and become uncomfortable. The testicle is not damaged by the fluid and fertility is not affected.

If the hydrocele has not disappeared by around 15-18 months of age, it is unlikely to do so and your child can have an operation to correct this.

The operation

Your child with a hydrocele will need a small operation under general anaesthetic.

Your child will come to hospital on the day of the operation and is usually home the same day. During the operation, the doctor stitches closed the canal inside the groin. The stitches are under the skin and dissolve by themselves. There will be a scar in the groin crease. The scar fades with time, but never disappears completely.

What about activity after the operation?

Your child can play normally after the operation.

Is there pain after the operation?

Your child may be uncomfortable, so will be given medication for the pain.

Ask your doctor for advice on medication and dosage, and whether your child should be restricted from any activities when home. Pain is not the only cause of distress after an operation. Fever, anxiety and hunger can all contribute.

Will your child have to come back to hospital?

Your child will need to have a check-up with the doctor after you go home. Ask about a follow-up appointment before you leave the hospital.

Please contact your GP if:

You are not able to control your child’s pain with the pain medication.

Your child becomes unwell and cannot keep down oral fluids.

Your child has a temperature of over 38.50C.

There is fresh bleeding from the wound area.

The area looks red, swollen or feels hot.

Remember:

The operation can be safely performed in one day.

After the operation, your child can play normally.

Hydroceles may look unsightly but are usually not serious.

# PAEDIATRIC HYDROCOELE

Hydrocele is collection of fluid around the testis. The testis develops near the kidneys in the abdominal cavity and drop down to the scrotum. This creates a passage through the groin area that normally closes off at birth. If the passage stays open fluid from within the abdominal cavity can collect around the testis. The fluid does not harm the testis in any way.

##### **HOW IS A HYDROCOELE TREATED?**

The communication causing an hydrocoele may close after birth hence we wait until 2 years of age before recommending surgery. If the fluid does not resolve, then an operation is recommended as it may become uncomfortable as the child grows.  
  
The aim of the operation is to close the communication between the abdomen and the scrotum and get rid of the fluid. The operation is performed under general anaesthesia. Your child will usually not have to stay overnight in hospital.

##### **PREOPERATIVE PREPARATION**

Your child cannot eat for 6 hours before the procedure. In breast fed babies this time may be reduced by the anaesthetist. Your child can drink water for up to 2 hours before the operation. The Day Surgery Unit will instruct you the day before surgery to confirm fasting times. It is useful to bring your child’s favourite toy along on the day.

##### **ANAESTHESIA**

The anaesthetist will meet you and your child prior to the procedure. They will discuss the anaesthetic with you and take you through to the operating theatre. Your child will be anaesthetised using a face mask and then you will be taken to a waiting area. Once your child is asleep a drip is inserted often in the hand or arm, but occasionally it may need to be sited in the leg.

##### **PROCEDURE**

The operation is done through an incision in the groin. The communication between the abdomen and the scrotum is found and is carefully peeled of the blood vessel to the testis and the sperm tube. The communication is tied off after pushing any contents back into the abdominal cavity. Local anaesthetic is infiltrated to numb the area. The wound is closed with absorbable sutures which are under the skin. Tissue glue is applied as a dressing. It is lilac in colour and takes 2 weeks to fall away. The whole operation takes around 30 minutes.

##### **INITIAL RECOVERY**

On completion of the operation your child will be taken to the recovery area. Children often initially appear distressed and a little confused upon waking up but will quickly settle down once you are with them and if offered a drink or something to eat. Full recovery usually takes about 2-3 hours after which you can go home.

##### **POST-OPERATIVE COURSE**

Children’s paracetamol should be given for pain relief for 24 hours. After that use paracetamol only if needed. Some children need additional medication such as ibuprofen or celecoxib. Opiate (morphine-type) medications are not usually required. Paracetamol and ibuprofen can be given at the same time and work well together. Follow the dosages recommended on the packaging or by the anaesthetist. Never give more than has been prescribed.  
  
It is quite normal for the scrotum (boys) or labia (girls) on the side of the hernia to look swollen and there may be some bruising. This usually resolves in week or so.  
  
In general, your child may eat a normal diet after surgery. Vomiting is common on the day of surgery. It is temporary, and usually due to the anaesthetic and pain-relief medications that are used. If vomiting occurs, start with clear liquids and add solids slowly for the first day.

##### **RETURN TO ACTIVITY**

* **Activity:**Your child should avoid strenuous activity first 1-2 days. Sport and swimming are best avoided for 3 weeks after surgery.
* **School:** Your children may return to day care or school when comfortable.
* **Bathing/showering:** As the wound is waterproof, bathing and showering is safe after the operation.
* **Wound care:**No specific wound care is required. The stitches are absorbable and do not require removal. No dressing changes, creams or ointments are required.
* **Stool softeners and laxatives:**May be needed to help regular stooling after surgery, especially if opiates are needed for pain.

###### **Call the doctor’s office if:**

* You see any signs of infection: redness along the incision site, increased swelling, discharge
* Your child’s pain gets worse or is not relieved by pain killers
* There is bleeding from the incision
* Your child has an abnormal temperature
* Vomiting continues on the day after surgery
* If you have any other concerns

##### **FOLLOW-UP**

I will review your child 4-6 weeks after the surgery to ensure healing of the wound. For patients from rural areas this may be deferred to your local General Practitioner or Paediatrician. Please ring soon after the operation to arrange a convenient time.

##### **COMPLICATIONS**

This is a common operation with a low complication rate. The vast majority of children who have this operation recover well and have no serious complications of surgery. However, complications can occur. Some of the recognised ones include:  
  
**Recurrence**  
The chance of recurrence is <1%. The recurrent hernia will show up as a lump in the groin. If the hernia recurs further surgery will be required to correct it.  
  
**Infection & Bleeding**  
There is a 1-2% risk of bleeding or wound infection after surgery. The wound will appear red, be tender to touch and may discharge pus or blood. If this occurs, a course of antibiotics may be required, and you should contact me or present to your General Practitioner or Local Hospital as soon as possible.  
  
**Damage to Testicular Vessels**  
There is a <1% chance of damage to the testicular vessels. This occurs more commonly when repairing recurrent hernias and may result in loss of function and/or shrinkage or disappearance of the testis over a few weeks.  
  
**Damage to the Vas Deferens**  
There is a <1% chance of dividing or damaging the vas deferens. This tube takes sperm from the testis to the penis during emission and ejaculation. If it is damaged, the testis can be rendered non-functional as a reproductive organ.  
  
**Hydrocoele on the Opposite Side**  
There is a 5-20% chance of the hydrocoele occurring on the opposite side. It is not possible to predict this with any reliability, it is unrelated to the initial hydrocoele or operation, and if it occurs will need a further operation.  
  
This is not a reason to do a preventative exploration or repair when fixing the first hydrocoele as it risks all of the above complications for a problem that may not exist.

##### **MORE INFORMATION**

If you have any questions, please do not hesitate to contact us.  
  
Ph: [02 8307 0977](tel:02%2083070977)  
Fax: 02 8088 7420  
Email: [info@drgideonsandler.com](mailto:info@drgideonsandler.com)

Please refer to the following resources for more information:

1. [Hydroceles](https://www.schn.health.nsw.gov.au/fact-sheets/hydroceles)  
   The Sydney Children's Hospitals Network
2. [Hydrocele and Inguinal (Groin) Hernia](https://www.texaschildrens.org/health/hydrocele-and-inguinal-groin-hernia)  
   Texas Children's Hospital

This page is intended to provide you with information and does not contain all known facts about hydrocoeles in children. Treatment may have uncommon risks not discussed here. Please do not hesitate to ask any questions you may have.