

## Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)  
NHS Clinical Knowledge Summaries (formerly known as Prodigy)  
NHS Direct  
Patient UK  
Royal College of Anaesthetists (for information about anaesthetics)  
Royal College of Surgeons (patient information section)



St Helens and Knowsley  
Teaching Hospitals  
NHS Trust

# Repair of Hydrocele

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

St Helens Hospital  
Marshall Cross Road,  
St Helens, Merseyside, WA9 3DA  
Telephone: 01744 26633

 /sthknhs  @sthk.nhs

[www.sthk.nhs.uk](http://www.sthk.nhs.uk)

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**Document Number:** STHK1062  
**Version:** 004  
**Review Date:** 31/07/2021

## What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## What does the procedure involve?

This is the removal or repair of a fluid sac surrounding the testicle to prevent further accumulation of fluid.

## What are the alternatives to this procedure?

Observation, removal of the fluid with a needle, various other surgical approaches.

## What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named Nurse.

You will be asked not to eat or drink for 6 hours before surgery.

## What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

## Are there any other important points?

Some lumpiness above or behind the testicle is common following the procedure and is often permanent.

Outpatient follow-up is not always necessary and your surgeon will discuss arrangements for this as appropriate.

## Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## Discharge

If you have any concerns regarding your surgery once home please contact:

**4B Ward** – 0151 430 1440 Monday to Friday

**4A Ward** – 0151 430 1420 Saturday/Sunday

**Sanderson Suite** - 01744 64 6084 Monday to Friday

## What should I expect when I get home?

By the time of your discharge from hospital, you should:

- ◆ Be given advice about your recovery at home
- ◆ Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ◆ Ask for a contact number if you have any concerns once you return home
- ◆ Ask when your follow-up will be and who will do this (the hospital or your GP)
- ◆ Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

The wound should be kept clean and dry for 24 hours. Thereafter, if a dressing is in place, this can be removed following a short bath or shower. Until the area heals, do not have lengthy baths or showers since this will encourage the stitches too quickly and may cause infection.

It is advisable to wear supportive underpants or a scrotal support until the swelling and discomfort have settled. You are advised to take 10-14 days of work and should avoid any strenuous exercise or heavy lifting to allow wound healing. Sexual intercourse is best avoided for 10 days or until local discomfort has settled.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- ◆ An artificial heart valve
- ◆ A coronary artery stent
- ◆ A heart pacemaker or defibrillator
- ◆ An artificial joint
- ◆ An artificial blood vessel graft
- ◆ A neurosurgical shunt
- ◆ Any other implanted foreign body
- ◆ A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- ◆ A previous or current MRSA infection
- ◆ A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

## What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The surgeon will make a small incision in the scrotum and drain the fluid from around the testicle. The remaining sac is then stitched up with absorbable sutures. Occasionally, the surgeon may remove the sac completely.

### **What happens immediately after the procedure?**

In general terms, you should expect to be told how the procedure went and you should:

- ◆ Ask if what was planned to be done was achieved
- ◆ Let the medical staff know if you are in any discomfort
- ◆ Ask what you can and cannot do
- ◆ Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ◆ Ensure that you are clear about what has been done and what is the next move

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is less than 1 day. You are usually discharged the same day as the procedure.

### **Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

#### **Common (greater than 1 in 10)**

- ◆ Swelling of the scrotum lasting several days
- ◆ Seepage of yellowish fluid from the wound several days after surgery

#### **Occasional (between 1 in 10 and 1 in 50)**

- ◆ Blood collection around testes which resolves slowly or requires surgical removal
- ◆ Possible infection of the incision or the testis requiring further treatment with antibiotics or surgical drainage

#### **Rare (less than 1 in 50)**

- ◆ Recurrence of fluid collection
- ◆ Chronic pain in the testicle or scrotum

#### **Hospital-acquired infection**

- ◆ Colonisation with MRSA (0.9% - 1 in 110)
- ◆ Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- ◆ MRSA bloodstream infection (0.02% - 1 in 5000)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.