

Patient information

Hydrocele Repair

Urology Department

Your doctor has advised you to have a repair of a hydrocele. This leaflet explains what to expect when you have a repair of a hydrocele

What is repair of a hydrocele?

Repair of a hydrocele is an operation on the scrotum to remove or repair the fluid filled sac around the testicle. (For more information on hydroceles see the hydrocele information leaflet PIF 1081/ V1).

Why would I be having this done?

You will have been recommended to have repair of the hydrocele because it is causing you problems. For example if hydroceles are large they can be uncomfortable and get in the way when crossing your legs.

What are the benefits of this procedure?

The intended benefits are the removal or repair of the fluid sac surrounding the testicle to prevent further accumulation of fluid. Occasionally some of the fluid may be from a epididymal cyst which may also need to be removed during the procedure.

The scrotal swelling will be removed.

What are the risks of having repair of a hydrocele?

Most procedures have possible side effects, although the complications listed below are well recognised, most patients do not suffer any problems.

Common (greater than one in ten)

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

Occasional (between one in ten and one in fifty)

- Blood collection around the 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 one in fifty)

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

Hospital acquired infection

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

Are there any alternative treatments available?

There are other surgical approaches or the option of observation of the hydrocele. A needle and syringe can be used to suck the fluid out of the hydrocele. This has the risk of introducing infection and causing bleeding. The fluid will invariably recollect over a period of time.

What will happen if I decide not to have treatment?

The hydrocele may stay the same, enlarge or get smaller.

What anaesthetic will I be given?

You will be given general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet “You and Your Anaesthetic” (PIF 344).

How do I prepare for the procedure?

- Repair of a hydrocele is normally carried out as a day case procedure.
- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest X-ray or an ECG (heart tracing).
- You will be given instructions regarding fasting prior to the procedure.
- Normal medication should be taken unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What does the operation involve?

A cut is made in the skin of the scrotum over the testicle. The sac around the testicle is opened releasing the fluid. The sac is then either inverted (Jaboulay's Repair) or bunched up with stitches (Lord's Repair). If the sac is very large or thick some of it may be removed. The scrotum is then sewn up again. Dissolving stitches are usually used.

What should I expect after my operation?

- After your operation has finished, you will stay up in theatre in the recovery suite until you are fully recovered from the anaesthetic, and the anaesthetist is happy for you to return to the ward.
- The nursing staff will ask you at intervals whether you have passed urine. This is quite a normal question after any operation.
- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

When will I be able to go home?

- Most patients can go home on the same day, provided they have someone to stay with overnight
- You must have had something to eat and drink.
- You must have passed urine.
- The nursing staff must be satisfied with your wound.
- You must have someone to take you home.

- You should not be left alone overnight.

You should not do the following for the next 24 hours following your surgery:

- Travel alone
- Drive any vehicle e.g. car, bicycle
- Heavy lifting (anything more than a kettle)
- Operate machinery
- Make important decisions such as signing any business or legal documents
- Drink alcohol
- Return to work

You should not do the following for 2 weeks:

- Heavy lifting (anything more than a kettle)
- Have sexual intercourse
- Vigorous exercise (e.g. going to the gym)

You should

- Take it easy and avoid strenuous activity.
- Take your medications as usual - **if you are on blood thinners your doctor will advise specifically regarding this**
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

What can I expect after my operation?

- Bruising (dark discolouration) of the scrotum is normal for 2 weeks after surgery. You should take things very easy for the first 2 weeks after the procedure. Heavy lifting or straining during this time increases the risk of bruising.
- You may have a small amount of bleeding or spotting from the wound. This should settle after Two weeks.
- Swelling and pain is to be expected after your operation and may last up to few weeks. This on its own should not be a cause for worry. It is normal part of the healing process and should eventually settle after a few weeks.
- Pain can be alleviated with paracetamol and other pain relief that can be obtained over the counter, such as ibuprofen. Wearing tight-fitting, supportive underpants may alleviate some discomfort
- You may have a dressing applied to the wound and this can be removed after 24-28 hours.
- You can take a short shower from the evening after the operation.

- One week after your operation you can have a bath. You should not use any soap or other toiletries on the wound.
- **Do not** apply any creams, talcum powder or medication to the wound
- The stitches are self-dissolving and do not have to be removed. If they persist for more than 6 weeks and the wound is healed, you can ask your practice nurse at your GP surgery to remove them.

When should I seek help?

Most patients will not develop any complications after their surgery but occasionally these can arise. Checking to see if your symptoms are what could normally be expected following surgery (listed above) can help you make an informed decision as to whether to see your GP or attend A&E.

You should contact your GP or attend A&E after your operation if:

- Develop a temperature and feel unwell after your operation
- You notice a thick, opaque, milky white/green discharge from the wound
- The swelling is increasingly painful
- If the wound bleeds persistently (more than 2 days)
- If your wound reopens
- If you find you are not able to pass urine properly
- Your wound has not healed after 3 weeks
- You think your symptoms are outside of what is normally expected after surgery

When can I go back to work?

You should plan to have between ten days and two weeks off work. This will depend on the type of work you do.

What happens after I am discharged?

An outpatient's appointment is not required but if you have any problems you are advised to contact your family doctor (GP) or the Emergency Department (A&E Department).

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information:

For general queries telephone the Urology Centre on

Tel: 0151 282 6799/6789

Text phone number: 18001 0151 282 6799/6789

For clinical questions specific to your case, telephone the secretary of your urology consultant

<http://www.baus.org.uk/>

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