



## CORRECTION OF HYDROCOELE

### What is a hydrocoele?

A hydrocoele is a collection of fluid around the testis. The testis first develops near the kidney when the baby boy is inside the mother's womb. For the testis to drop down into the scrotum there needs to be a passage through the groin area. Normally this closes off around the time of birth. If the passage stays open, fluid can pass from the tummy cavity and surround the testis. Even when there is a lot of fluid, it does not harm the testis in any way.

As the communication may close without an operation, we generally wait until the boy is at least 18 months of age before recommending surgery. If the hydrocoele does not resolve by this age, an operation is advised as the fluid collection may interfere with the temperature regulation of the testis and become uncomfortable for the boy as he becomes older.

### General description

**The aim of the procedure is removal of the communication between the tummy cavity and the testis. The operation is performed as a daycase under general anaesthesia. Generally the operation takes about 30 to 40 minutes.**

### Preparations

Your child will need to fast for all solids and milk liquids generally for about 6 hours before the start of the procedure. Water may be allowed up to 2 hours beforehand. You will be called by the hospital approximately 48 hours prior to surgery to be advised of your admission and fasting times. It is often helpful to bring your child's favourite toy with you on the day.



Note swollen left side of scrotum due to fluid around testis

### Anaesthesia

You and your child will meet the anaesthetist prior to the procedure. After talking to you and briefly examining your child, they will take you through to the operating theatre. One parent is welcome to accompany your child until they are asleep. The anaesthetist puts your child to sleep via a face mask (with children 5 years and over there is the option of either a face mask or a needle with numbing cream). You will then be shown to a waiting room. It is very important that you remain available in this area during your child's surgery so that we can quickly contact you in an emergency. Once your child is asleep, the anaesthetist will insert a 'drip' to allow fluids to be given directly into a vein. Usually this is located in the hand or arm, but occasionally may need to be sited in the leg or scalp.

### Procedure

The groin area is cleaned with an antiseptic solution. A local anaesthetic block is injected into the area so that the site of the operation is numb after the operation. This block usually lasts for about 4 to 6 hours. A cut is made in the groin on the side of the hydrocoele. Once the communication between the tummy cavity and the testis has been found, two important tubes need to be peeled

off it: the blood vessel to the testis and the sperm tube. The communication can then be tied off and fluid removed from around the testis. The wound is then closed with dissolving stitches which are buried under the skin. A clear, water-resistant dressing is then placed over the wound.

### Initial recovery

Once the operation has finished, your child will be taken to the recovery area. When they are awake, you will be called into the recovery ward. Often children appear distressed and a little confused initially - there may be several reasons for this including residual effects of the anaesthetic, hunger, and some discomfort. Generally they will settle quite quickly, especially if offered a drink or feed. The recovery and ward staff are also able to give additional pain relief medication once your child is awake if required. The nursing staff will check the wound and make sure you are happy before you go home. Usually this will be about 2 hours after the surgery.

As a result of the local anaesthetic nerve block, your child may complain of a numb sensation in the groin and in some cases some weakness in the leg on the side of the surgery. This is temporary and will generally settle within a day or so of the operation.

### Post-operative course

There may be a small amount of blood that oozes from the edges of the dressing, enough to lightly stain a nappy or pair of underpants. Paracetamol ('Panadol') should be given on the afternoon and evening of surgery, and in the morning of the following day. After that time, assess your child's pain to see if further doses are required. Children over 12 months of age may require additional pain relief with ibuprofen ('Neurofen'). for the first day or so. Follow the manufacturer's dose instructions for your child's weight. Paracetamol (no more than 4 doses in 24 hours) and ibuprofen (no more than 3 doses in 24 hours) can be given together if required. If you think your son requires additional analgesia, please discuss with my anaesthetist the option of a prescription for codeine. Your child should not be bathed on the first night, but nappies can be changed as required and a 'wetwipe' of similar cloth used. Showers are safe from the next day onwards. Please protect the dressing for the first five days with a plastic wrap such as 'Glad Wrap' or 'Cling Film'. There may be a small amount of blood that oozes from the wound under the dressing in the first 24 hours. Generally the dressing does not need to be changed, but if you are concerned please discuss with your local doctor or myself. It is quite normal for the scrotum and testis to swell after the operation and there may also be some bruising. It is not the hydrocoele returning but the body's normal response to the operation and settles within the first few weeks. You should remove the dressing completely after a long bath

on the fifth day after the operation. No further dressings are then required. Your child will have stitches underneath the skin which will dissolve.

Your child can begin eating when he gets home. Start with clear liquids (apple juice, iceblocks) and add solid food slowly and in small amounts. Your child may vomit from the anaesthesia on the day of surgery. This should stop by the morning after surgery.

### Return to activity

Your child may return to day care or school when comfortable, usually within 3-5 days. He should not participate in sports or swimming for 3 weeks after the surgery and should not ride straddle toys (bikes, walkers) for 2 full weeks after surgery. You should continue to use your car seat.

### Call our office if:

- You see any signs of infection: redness along the incision site, increased swelling, foul smelling discharge from incision
- Your child's pain gets worse or is not relieved by painkillers
- There is bleeding (small ooze of blood in the first day or two is normal)
- Your child has a high temperature
- Vomiting continues on the day after surgery
- You have any questions or concerns

### Follow-up

Normally I see you and your child about 3 to 6 weeks following surgery. This is both to ensure that the wound has healed and that you and your son are satisfied with the results of the operation. For patients from rural areas, this review may be deferred to your own general practitioner if you prefer. Please ring soon after the operation to book the post operative appointment to arrange a convenient time.

### Problems & further surgery

Generally this procedure is straightforward, but there is a 5% chance that the hydrocoele may not resolve completely following the surgery. In the majority of these cases the fluid is re-absorbed by the body over the next 6 to 12 months. Rarely, a further operation will be required.

During the operation there is a very small risk (less than 1%) of damage to the blood vessels to the testis and the sperm tube. This risk is minimised by the use of magnification during the procedure and usually can be both detected and repaired at the time of operation should this occur. As with any surgical procedure, there is always a 2-3% risk of a wound infection or bleeding after surgery.