

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 way through the groin area. Normally this closes off around the time of birth. If the passage way 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 about 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 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 day-case under general anaesthesia. Generally the operation takes about 40 minutes.

Preparations

Your child will need to fast for solids and liquids generally for about 6 hours before the start of the procedure. In breast-fed babies or infants this time may be reduced after consultation with the anaesthetist. Please ring the Day Surgery Unit the working day before surgery to confirm these times. It is often helpful to bring your child's favourite toy with you on the day.

Anaesthesia

You and your child will meet the anaesthetist on the morning of 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 the waiting room where there is tea, coffee or water available. 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. Once 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 pain relief medication once your child is awake, and this is sometimes 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.

Post-operative course

Paracetamol ("Panadol") should be given on the afternoon and evening of surgery, and in the morning of the following day. Older children may require a stronger medication such as "Painstop Daytime". After that time, assess your child's pain to see if further doses are required. Follow the manufacturer's dose instruction but never give more than 4 doses in a 24-hour period.

Your child should not be bathed on the first night, but nappies can be changed as required and a "wet-wipe" of similar cloth used. Showers are safe from the next day onwards. 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.

Follow-up

Normally I see you and your child about 3 to 4 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 guarantee an available time-slot.

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.