This information leaflet is for parents of children who have been advised to have a hydrocele repair operation. It describes a hydrocele, the treatment (including the risks and benefits), what the operation involves and follow-up care.

**What is a hydrocele?**

A hydrocele is a swelling in the scrotum or groin caused by a collection of fluid surrounding the testicle. The testes start developing inside a baby boy’s tummy. About 2 months before he is born they move down or ‘descend’ into the sac of skin called the scrotum. The hydrocele occurs because the passageway through which the testes have travelled down into the scrotum has remained open. This allows fluid to pass down it and collect.

**What is the treatment?**

A hydrocele is not usually serious and may not cause your son any discomfort. However, if left untreated the fluid may continue to collect and the swelling become large – so it is usual to repair the hydrocele. This can be done by a simple operation, usually performed after 18 months of age.

**What are the risks?**

This is a simple and safe operation. However, all operations carry some risks. The following risks have a less than 5% chance of occurring:

- bleeding
- infection (continued signs of redness, yellow discharge, swelling, or pain)
- recurrence – the hydrocele can come back
- damage to the testicles

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 4.

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Are there any alternatives?

An operation is the only way to treat a hydrocele.

Consent

We will ask you for your consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

What does the operation involve?

The operation is done under general anaesthetic, normally as a day case. Your child will be asleep throughout.

In the anaesthetic room

A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’), can be placed on the hand or arm before injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave promptly. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with your child all the time.
Anaesthetic risks
In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail at your pre-operative visit.

What happens during the operation?
The surgeon will make a small cut into the groin to repair the hydrocele by draining away the fluid and closing the passage. The operation will take about 10-20 minutes but your child will be away from the ward for about one hour.

After the operation
Your named nurse will make regular checks of your child’s pulse, temperature and wound, and also ensure he has adequate pain relief to keep him comfortable until you are discharged home. (Please see our separate pain relief leaflet.)

Recovery from the anaesthetic
Once your child is awake from the anaesthetic he can start drinking and, if he is not sick, he can start eating his normal diet. The minimum recovery time before discharge is 2 hours. In some
circumstances your child may be allowed home before he has passed urine. If he has not passed urine before bedtime, please contact the ward.

Your child cannot go home on public transport after a general anaesthetic. You should bring loose fitting clothes for him to wear on the journey home.

The anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, and toast or biscuits. If the vomiting persists for longer, please contact your GP. The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Keep the area clean and dry for 2 days, after which time your child can have a bath or shower. Do not use bubble bath. If the area becomes soiled in the meantime, clean it with water.

Stitches / Dressing

Usually the stitches are hidden under the skin and are dissolvable. If ‘Steristrips’ have been used they will loosen and fall off by themselves. If they do not, soak them off in the bath after 5 days. Your nurse will advise you about this.

How to contact us if you have any concerns

If you have any worries or queries about your child once you go home or if you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses (see telephone numbers on page 6). Or contact your GP.
Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep him off school/nursery for 2-3 days. Sporting activities such as PE, bike riding, swimming etc. can be resumed after 2 weeks.

Follow-up care

Please have adequate Calpol and ibuprofen at home.

Your nurse will tell you if you need a follow-up appointment – your letter will come by post. Please contact the hospital switchboard and ask to speak to your consultant’s secretary if this does not arrive. Your appointment will be in Children’s Outpatients in approximately weeks / months.

Contacts and telephone numbers

If you have any questions or concerns, please contact us.

Your named nurse is ..................................................

Children’s Day Care Ward: Tel (01865) 234148
Tom’s Ward: Tel (01865) 234108/9
Robin’s Ward: Tel (01865) 231254
Drayson Ward: Tel (01865) 231237
John Radcliffe Hospital Switchboard: Tel (01865) 741166

Further information

You may find the information on the following websites helpful:

• Sheffield Children’s Hospital
  http://www.sheffieldchildrens.nhs.uk/patients
• Great Ormond Street Children’s Hospital
  www.gosh.nhs.uk/factsheets/families/index.html
• Birmingham Children’s Hospital
  www.bch.org.uk/patients/patientinfoleaflets.htm

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Please bring this leaflet with you on the day of your child’s admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk