

Children's Services

Hydrocele

What is a hydrocele?

A hydrocele is a fluid filled sac which lies alongside the testis within the scrotum.

During pregnancy, boy's testicles are formed inside the babies' abdomen and before birth the testicles descend down into the scrotum. A hydrocele develops when the passage through which the testicles descend into the scrotum fails to close completely. Fluid from inside the abdomen can then flow through the passage into the scrotum causing the scrotum to appear swollen.

A hydrocele can occur on only one side ('unilateral') or on both sides ('bilateral').

What are the signs of a hydrocele?

A hydrocele makes the testicle/scrotum look swollen and feel like a balloon filled with water. The testicle is not painful. The amount of swelling observed can change over the course of the days/on different days.

Your doctor will confirm the diagnosis of a hydrocele by feeling your son's scrotum. No scans are required.

How is a hydrocele prevented?

There is no way of preventing a hydrocele. It is not due to anything a mother did during pregnancy.

How is a hydrocele treated?

In many cases, during the first years of life the passage may close spontaneously and so the hydrocele resolves without any treatment being required. If your son's hydrocele does not resolve on its own, an operation will be offered.

The operation to correct the hydrocele is called 'Ligation of the Patent Processus Vaginalis (PPV Ligation)' and is carried out under general anaesthetic. The surgeon will make a small cut in the groin area, locate and close the passage. The wound is stitched on the inside of the skin so you will not be able to see any of the stitches. All stitches are dissolvable. Sometimes paper tapes (called 'steri strips') are also applied.

Local anaesthetic will be used at the end of the operation so that when your son wakes up he will usually experience little discomfort.

If your son has a hydrocele on both sides both can be operated on at the same time.

After the operation

- Once your son is fully awake he will be able to have a drink and then something to eat.
- Painkillers (called 'analgesia') will be given as needed (usually Paracetamol and/or Ibuprofen).
- Most boys who have had a hydrocele repair will be able to go home on the same day as their operation.
- If your child does need to stay overnight in hospital we will provide a bed for a parent to also stay if you wish to do so.

After the operation you may not see an immediate change in appearance because of the swelling that is evident. The swelling may take a few weeks to completely resolve.

What are the complications of a hydrocele repair (PPV Ligation)?

Complications from this operation are rare. Rare complications include:

- Infection
- Recurrence of the Hydrocele
- Injury to vas or blood vessels
- Testicular ascent

Very occasionally, although the surgeon could only detect a hydrocele on one side, a hydrocele later becomes evident on the opposite side and so your son then needs to undergo a hydrocele repair on that side too.

Discharge advice

- Your child's wound should be kept clean and dry; they should not be bathed for five days after the operation (wiping over the area with warm water is fine).
- We advise that your child wears loose fitting clothes for a few days after their operation. Denim trousers for example can rub on the wound and make it sore.
- Boys may find some physical activities (such as PE at school, bicycle riding and swimming) uncomfortable and should therefore refrain from these for one to two weeks.
- Paracetamol ('Calpol') and/or Ibuprofen ('Brufen' or 'Junifen') should be given to prevent pain. Do follow the instructions on the bottle.
- Occasionally a wound can become infected. If your child's wound becomes red or there is increased tenderness, contact your GP.

Follow up

Your child will need to be reviewed 3-6 months after surgery to check for healing of the wound, ensure there has been no recurrence and, in the case of boys, for testicles to be checked for size, symmetry and to ensure there has been no testicular ascent. Review is commonly held in the children’s outpatient clinic at Addenbrookes but sometimes review is possible either at one of our outlying clinics at Hinchingsbrooke Hospital or via your GP. You will be informed at the time of discharge where and when your child’s review is scheduled for.

For further information/queries please contact:

The ward you were on.....

Your nurse specialist.....



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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