Repair of Hydrocele
Urology
Patient Information Leaflet
What is a Hydrocele?

This is a common occurrence of an increase in the amount of fluid in the sac that surrounds the testis.

What does the procedure involve?

This is the removal or repair of the fluid sac surrounding the testicle to prevent further accumulation of fluid.

What are the alternatives to this procedure?

Observation, removal of the fluid with a needle, various other surgical approaches.

Before the Operation

You will be admitted on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation. If you are taking Warfarin, Aspirin or Clopidogrel (Plavix ®) on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits. You will be told before your discharge when these medications can be safely re-started.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation.

Prior to your admission date, you will receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

Your admission letter will contain guidance about when you can eat and drink before your operation.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
• A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix ®)
• A previous or current MRSA infection
• A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign a consent form giving permission for your operation to take place, showing that you understand what is to be done and confirming that you wish to proceed. Please ensure that you have discussed any concerns and asked any questions you may have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you. The surgeon will make a small incision in the scrotum and drain the fluid from around the testicle. The remaining sac is then stitched up with absorbable sutures. Occasionally, the surgeon may remove the fluid sac completely.

After the Operation

After your operation you will normally go back to the urology ward (C6) or the Day case unit. You can start eating and drinking as soon as you recover from the anaesthetic. In general terms, you should expect to be told how the procedure went and you should:

• Let the staff know if you are in any discomfort
• Be told what you can and cannot do
• Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
• Ensure that you are clear about what has been done and what should happen next

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is less than 1 day. Please arrange a lift home from the hospital.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.
Common (greater than 1 in 10)
- Swelling of the scrotum lasting several days
- Seepage of yellowish fluid from the wound several days after surgery

Occasional (between 1 in 10 and 1 in 50)
- Blood collection around testes which resolves slowly or requires surgical removal.

Rare (less than 1 in 50)
- Recurrence of fluid collection
- Chronic pain in the testicle or scrotum
- Possible infection of the incision or the testis requiring further treatment with antibiotics or surgical drainage

Hospital acquired infection
- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The wound should be kept clean and dry for 24 hours. Thereafter, if a dressing is in place, this can be removed following a short bath or shower. Until the area heals, do not have lengthy baths or showers since this will encourage the stitches to dissolve too quickly and may cause infection. It is advisable to wear supportive underpants or a scrotal support until the swelling and discomfort have settled.

You are advised to take 10-14 days off work and should avoid any strenuous exercise or heavy lifting to allow wound healing. Sexual intercourse is best avoided for 10 days or until local discomfort has settled.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP or the ward for advice.

Are there any other important points?

Some lumpiness above or behind the testicle is common following the procedure and is often permanent. Outpatient follow-up is not always necessary and your surgeon will discuss arrangements for this as appropriate.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice.
Medication

Please make sure before you come into hospital you have enough of your regular medication to take when you get home as it’s unlikely that the medication prescribed by your GP or another hospital Consultant will be changed. Also please make sure you have a supply of painkillers to take when you get home. We recommend Paracetamol which can be purchased in pharmacies or supermarkets, alternatively whatever painkillers you normally take. Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay your discharge.

Further Information

Hospital Contact Numbers
If you have any questions or are unsure about any of the information provided in this booklet, please contact a member of our Urology team on one of the numbers listed below.

Urology Nurse Specialists:-
Monday – Friday 08:00 – 16:00
Tel: 01384 456111 Extension 2873 or Mobile 07787512834
Out of Hours (16:00 – 08:00 Monday – Friday) and at weekends
Ward C6 Tel: 01384 244282

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

Other Resources

www.rcseng.ac.uk/patient _information
www.patient.co.uk
www.patientinformation.org.uk
www.rcoa.ac.uk (for information about anaesthetics)
www.prodigy.nhs.uk.PILS
www.besttreatments.co.uk
www.nhs.uk
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