



Department of Urology

Patient Information

Hydrocele repair

What does this procedure involve?

Removal or repair of a fluid sac surrounding your testicle, to prevent further fluid developing.

What are the alternatives?

- Observation – no intervention if your hydrocele is small or does not bother you
- Aspiration (drainage) with a needle – this removes the fluid but it will re-accumulate very quickly and is not a curative treatment

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

Details of the procedure

- we normally use a general anaesthetic or a spinal anaesthetic (where you are unable to feel anything from the waist down)
- we may give you an injection of antibiotics, after checking carefully for any allergies
- we make a small incision into your scrotum and drain the fluid from around your testicle
- we “bunch up” the sac which holds the fluid using absorbable stitches, to prevent the fluid from re-forming
- sometimes, we remove the sac completely, especially if it has a very thick wall
- your testicle will always feel bulkier than the other, unaffected testicle

- we close the skin with dissolvable stitches which will disappear after two to three weeks
- we normally provide you with a scrotal support

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect

Risk

Swelling, discomfort & bruising of your scrotum lasting several days	Almost all patients
Bulky feeling around the testicle due to the "bunched up" hydrocele sac	Almost all patients
Blood collection (haematoma) around the testicle which resolves slowly or needs surgical removal	Between 1 in 10 & 1 in 50 patients
Infection in the incision or testicle requiring antibiotics or surgical drainage	Between 1 in 10 & 1 in 50 patients
Recurrence of the hydrocele (fluid collection)	Between 1 in 50 & 1 in 250 patients
Chronic pain in your testicle or scrotum	Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting MRSA or a Clostridium difficile bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

you will get some swelling and bruising of the scrotum which may last several days.

- you will be given advice regarding supportive underwear to help reduce the swelling.
- any discomfort you get can usually be managed with simple painkillers such as paracetamol.
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- all the stitches are dissolvable and will usually disappear after two to three weeks
- you should avoid heavy lifting or any other strenuous exercise for at least four weeks
- a follow-up appointment will be arranged to review you

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;

- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery.

This leaflet is integral part of HSMC Informed Consent.

Please read carefully and then sign the informed consent form.

How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

HARLEY STREET MEDICAL CENTRE

Address : Marina Village, A Villa 21,

Po Box : 41475, Abu Dhabi,

Phone number : 02 613 3999

Fax number : 02 613 3888

Document history

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Contact number	02 613 3999
Publish/Review date	April 2017/ April 2019
File name	
Version number/Ref	V1/PIL no..

