

HYDROCELE REPAIR

WHO IS SUITABLE FOR A HYDROCELE REPAIR?

Small hydroceles which are not causing symptoms do not require treatment, however there are some situations in which surgical repair may be considered:

- The hydrocele has been present for some months and is growing

- There is swelling on one side of the scrotum

- There is pain in one or both testicles

- There is heaviness and discomfort due to the enlargement of the scrotum

WHAT ARE THE ADVANTAGES OF HAVING A HYDROCELE REPAIR?

Surgical hydrocele repair is a long-term solution for symptomatic patients.

Aspiration (inserting a needle into the scrotum and

withdrawing the fluid) is an alternative treatment that may be considered. Following aspiration, a substance may be injected into the scrotum to prevent the hydrocele building up again. Whilst this may be effective initially, in a significant number of patients, the problem returns within a few months and may be complicated by infection.

HOW IS A HYDROCELE REPAIR PERFORMED?



The patient is placed under general anaesthetic for the duration of the procedure, which usually takes around half an hour to complete

An incision is made in the scrotum

The fluid is drained from the hydrocele

The hydrocele 'sac' (excess tissue) is removed to prevent recurrence

The incision is closed using dissolving stitches

WHAT TO EXPECT AFTER A HYDROCELE REPAIR?



Hydrocele repair is usually conducted as a day procedure, so in most cases you can go home following your surgery

The size of the scrotum will be visibly reduced

Some mild pain or discomfort, as well as swelling and bruising may be present for up to 2 weeks

In some cases, slight thickening of the scrotum occurs, but this generally reduces over a period of months following the surgery

You will need relative rest for a week or so after surgery and avoid any strenuous activity for about 4 weeks to prevent bleeding

PROCEDURE OUTCOMES



Hydrocele repair surgery is an effective long-term solution for correcting fluid build-up around the testicle. Recurrence of hydrocele is possible but uncommon following this procedure. The risk of this is higher in patients with a very large hydrocele.

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