

During the surgery (continued)

- The hydrocele “sac” containing the fluid is identified.
- The surgeon empties the fluid from the sac. The sac is removed.
- The muscle wall is reinforced with stitches to prevent a recurrent hernia or hydrocele.

After the surgery

Most children will be able to go home a few hours after surgery. However, premature infants and children with certain medical conditions may need to spend one night in the hospital for observation.

Caring for your child after surgery

Usually, your child will feel fine again the evening after surgery or by the next morning. As soon as your child is able, he can resume normal eating habits and activities.

You may give your child a sponge bath the day after surgery. Tub baths are permitted two days after surgery.

The small pieces of tape covering your child’s incisions (called steri-strips) will gradually fall off on their own. Do **not** pull these strips off yourself. If the strips do not fall off on their own, your health care provider will remove them at your child’s follow-up appointment.

When to call your child’s health care provider

You may notice some minor swelling around the incision. This is normal. However, call your health care provider if your child has:

- A fever
- Excessive swelling
- Redness
- Bleeding
- Increasing pain

Follow-up appointment

A follow-up appointment will be scheduled from 7 to 10 days after your child’s surgery. Your health care provider will assess your child’s wound sites and evaluate his recovery.

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HYDROCELE TREATMENT FOR CHILDREN

DEPARTMENT OF
PEDIATRIC SURGERY

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What is a hydrocele?

A hydrocele is a collection of fluid in the scrotal sac of male infants that drains downward from the abdominal cavity. The baby's scrotum will appear swollen or large, but he will not have other symptoms.

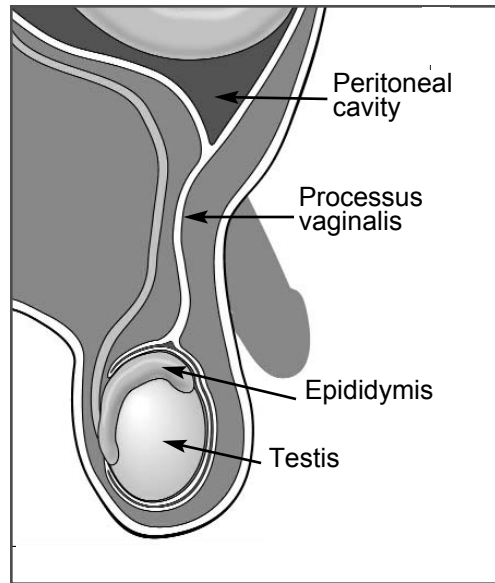
There are two types of hydroceles:

- **Communicating hydrocele** — This is a hydrocele that has contact (or communication) with the fluids of the abdominal cavity. A communicating hydrocele is caused by the failure of the processus vaginalis (the thin membrane that extends through the inguinal canal and descends into the scrotum) to close completely during prenatal development. If this membrane remains open, there is a potential for both a hernia and a hydrocele to develop.
- **Non-communicating hydrocele** — This may be present at birth or may develop years later for no obvious reason. A non-communicating hydrocele usually remains the same size or has a very slow growth.

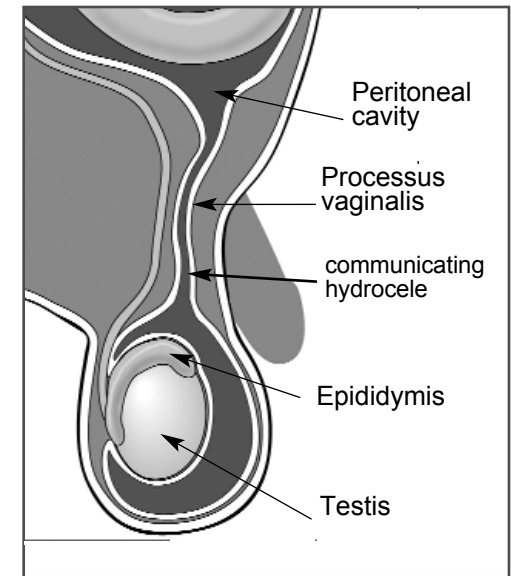
Unlike an inguinal hernia, a hydrocele generally is not painful and does not have noticeable symptoms. (An inguinal hernia is tender and causes intestinal symptoms.)

How can a hydrocele be repaired?

A non-communicating hydrocele usually does not need to be surgically repaired, since it usually goes away spontaneously within 6 to 12 months.



Normal anatomy



Communicating hydrocele

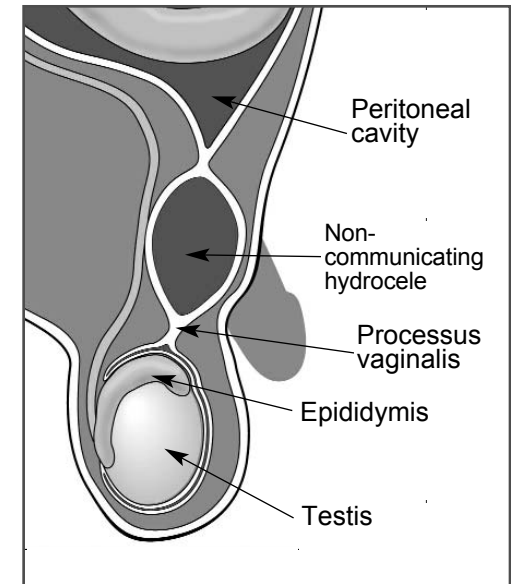
A communicating hydrocele needs to be surgically repaired to prevent further complications. The surgery takes about an hour and is usually an outpatient procedure (which means the patient can go home the same day of the procedure).

Before the surgery

Your child should not eat for 6 hours before the surgery to reduce the risk of vomiting and aspiration (inhaling fluids) while under anesthesia.

During the surgery

- An anesthesiologist (a physician who specializes in pain relief) gives your child general anesthesia, which induces sleep.
- A small incision, or cut, (2 cm.) is made in the skin fold of the groin.



Non-communicating hydrocele