

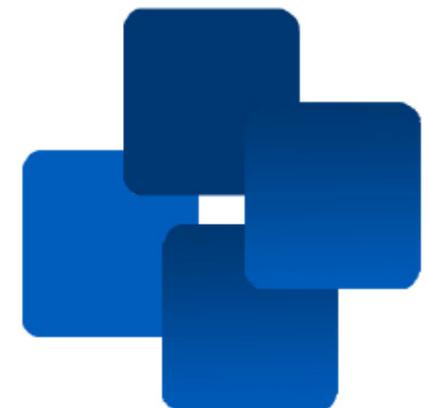
Further information can be obtained from:

NHS 111	Dial 111
Or contact your GP	
Bluebell Ward, Lister Hospital, Stevenage	01438 284008
Children's A&E, Lister	01438 284333
Urgent Care Centre, New QEII Hospital, Welwyn Garden City	01707 247549
Lister Community Children's Nurses	01438 284012
New QEII Community Children's Nurses	01438 288370
Patient Advice and Liaison Service	01438 285811

Hydrocele / Inguinal Hernia

(Miss Shabnam Undre - Consultant Paediatric Urologist)

Child Health Patient Information Leaflet



Introduction

The purpose of this leaflet is to explain the treatment of a hydrocele/inguinal hernia.

Cause

As a male baby grows and matures during pregnancy, the testicles develop in the abdomen and then move down into the scrotum through an area called the inguinal canal. The connecting tube is called the Patent Processus Vaginalis (PPV) and closes by the age of one year, preventing the testicles from moving back into the abdomen.

A collection of fluid in the scrotum is called a hydrocele. The fluid in a hydrocele comes through the fine tube, which did not close off after the testicle descended into the scrotum during development.

The operation

The operation is called a hydrocelectomy. One small incision is made in the groin area. The tube is identified and tied off, and the fluid from around the testicle is drained.

Risks

There is a small risk of infection or bleeding. Children may be given antibiotics before or during the operation in order to prevent infection. Rarely, fluid may reaccumulate and need further drainage.

Anaesthetic

Your child will be admitted into hospital for a day and will need a general anaesthetic for the procedure to be done. Anaesthetic drugs remain in the body for 24 hours or more and gradually wear off over this time. It is therefore important that your child remains with a responsible adult and will need to rest after discharge from hospital.

Discharge

Your child will be checked over by the surgeon before being discharged home and an appointment will be made for you to bring him back to the outpatient clinic in two weeks.

Post-operative advice

The dressing that has been used to cover your child's wound (tissue glue) will peel off on its own in 7-10 days after the operation. Any stitches that were used to close the wound will dissolve and do not need to be removed.

Your child can take a shower after 48 hours and have a bath after five days. Do not use bubble bath or other additives in the water.

Your child will have some bruising and tenderness after the operation. It is recommended that you give him regular pain relief for 24 hours post-operatively. Paracetamol or Ibuprofen should be sufficient. Your child's nurse will give you advice regarding this.

Your child will probably find their own level of activity but, as a general guide, he should not attend school/nursery for a week and should avoid sports such as football, rugby, judo and swimming for 10 - 15 days after the operation.

Infection

Whilst at home please be alert for any signs that the site of the surgery has become infected. These include:

- Your child being in a lot of pain, and pain relief not working.
- Your child having a high temperature (fever) of 38°C (100.4°F) or above.
- The site of the surgery being red, inflamed and/or feeling hotter than the surrounding area.
- A discharge of fluid, or pus, from the site of the surgery.

If you notice any of these signs and symptoms, contact your GP as soon as possible for advice.