

Hydrocele Repair: Caring for Your Child After Surgery

A hydrocele repair is an operation to keep fluid from collecting around your child's testicles. This flyer explains what to expect if your child needs this surgery.

What is a hydrocele?

A hydrocele is a collection of fluid around the testicle in the scrotum. It is caused by an opening between the abdomen (belly area) and the scrotum. Fluid drains from the abdomen into the scrotum where it builds up. You may notice that the hydrocele swelling goes down when your child is resting or lying down. When your child gets more active or cries, the hydrocele may get larger. This is normal.

How is hydrocele diagnosed?

Your child's healthcare provider can tell whether your child has a hydrocele during a physical exam. Only boys have hydroceles.

Why does it need to be repaired?

Most hydroceles go away on their own after a few months as the body absorbs the fluid. If a child still has a hydrocele when they are 1 or 2 years old, surgery is planned because it will not go away on its own.

What can I expect from surgery?

An incision is made in the inguinal space (near the crease between the abdomen and leg) and the fluid is drained. The opening into the abdomen is then closed.

When will my child be able to go home?

Most children go home the day of surgery. If your child has another medical condition, they may need to stay overnight.

When can my child eat?

- It is common for children to have nausea and vomit (throwing up) after surgery. Give your child clear liquids slowly to help.
 - When fully awake, your child may have clear liquids like 7UP, Jell-O, Popsicles and apple juice.
 - If your child is not sick to their stomach or throwing up and is fully awake, they can start their regular diet.
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To Learn More

- Urology
206-987-2509
- General Surgery
206 987-0237
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

How do I care for the surgery site?

- Dermabond (tissue glue) is used to cover the incision; this will usually peel off on its own in 10 to 14 days.
- It is okay to shower 24 hours (1 day) after surgery. No tub bathing or swimming for one week after surgery.
- The incision will be closed with dissolvable stitches. You won't see any stitches on the outside skin.
- The scrotum may be blue and swollen to twice the normal size after surgery. This may take several weeks to months to return to normal size. If it does not you should bring your child back to clinic.

How much activity can my child do?

Watch your child closely on the day of the surgery.

If your child is younger than 2 years of age

Younger children will limit their own activities, like crawling and walking.

Avoid any straddle activities with your child that would increase pressure between their legs for 1 week. This includes:

- Holding the child on your hip
- Bouncing the child on your knee
- Baby-wearing devices
- Bouncer toys that require a harness
- Car seats and stroller straps are safe.

If your child is 2 years of age or older

Avoid strenuous activities, rough play or activities that involve straddle-activity. A good guideline for your child is to keep "both feet on the ground" for 1 week. Types of activity to avoid for 1 week:

- Jungle-gyms and climbing
- Gym class
- Bikes and trikes
- After-school sports

When can my child return to school?

Your child may return to school when they no longer need narcotic pain medications or frequent daytime over-the-counter pain medications.

What should I give my child for pain?

- After surgery your child will likely feel pain in the groin and scrotum.
- We partner with you and your child to relieve pain as much as possible. You know your child best. We encourage you to take an active part in their recovery. No matter the level of your child's pain, believe he is hurting and respond right away. Your child should feel better the next day.
- Effective pain control will help your child feel better and heal faster. Start by giving your child acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) for pain. Use this medicine only if recommend by your child's healthcare provider. Check with the healthcare provider first before giving any type of medicine to your child. If they prescribed medicine for pain, use this if acetaminophen or ibuprofen does not help.

- Tylenol and prescription pain medicine may not be safe to use at the same time. For question check with your healthcare provider or pharmacy.
- In addition to medicine for pain, you can also help your child cope by distracting them with music, games, TV or videos.

How do I dispose of leftover opioid pain medication?

- To keep your family safe, store medicines inside a locked cabinet or location where others cannot easily get to them. Once your child has recovered from surgery, dispose of all unused prescription medicines. Taking leftover pain or other medicines on purpose or by accident, can be very dangerous.
- For more information about safe disposal of unused opioid medications, read our handout “Safe Use and Disposal of Opioid Medicines” seattlechildrens.org/pdf/PE3140.pdf or visit takebackyourmeds.org to find a take back place near you.

When should I call the doctor?

If your child is having any problems, call their specialty surgery clinic during the day. After hours, call 206-987-2000 and ask the hospital operator for the General surgeon on call or Urology surgeon on call depending on which service did the surgery. Call us if your child has any of these warning signs:

- Fever higher than 101.5°F (38.6°C) for more than 24 hours
- Redness, swelling or discharge (fluid) from the wound
- Rapid swelling or bleeding at the site of surgery
- Severe, constant pain at the surgery site
- Inability to urinate 8 to 12 hours after surgery
- Vomiting