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# Hydrocoele Surgery

## Removal or repair of a fluid sac surrounding the testicle

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This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

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### What are the alternatives to this procedure?

Observation, removal of the fluid with a needle, removal of the fluid with a needle and injection of sclerosant.

### Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
  - ~ Asasantin
  - ~ Aspirin
  - ~ Fish oil
  - ~ Iscover
  - ~ Persantin
  - ~ Plavix
  - ~ Warfarin
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse

The specialist registrar may perform your procedure in conjunction with Dr Campbell and with your permission.

### Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

### Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

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### During the procedure

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

In this operation, a small incision is made in the scrotum and the fluid from around the testicle is drained. The remaining sac is then sutured with absorbable sutures. Occasionally, it may be necessary to remove the fluid sac completely.

The operation takes approximately 60 minutes to complete.

### Immediately after the procedure

You may experience discomfort and swelling for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is less than 1 day.

### Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

#### Common (greater than 1 in 10)

- ~ Swelling of the scrotum lasting several days
- ~ Seepage of yellowish fluid from the wound several days after surgery

#### Occasional (between 1 in 10 & 1 in 50)

- ~ Blood collection around testes which resolves slowly or requires surgical removal.
- ~ Possible infection of the incision or the testis requiring further treatment with antibiotics or surgical drainage

#### Rare (less than 1 in 50)

- ~ Recurrence of fluid collection
- ~ Chronic pain in the testicle or scrotum

### General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

#### Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

### What should I expect when I get home?

The wound should be kept clean and dry for 24 hours. Thereafter, if a dressing is in place, this can be removed following a short bath or shower. Until the area heals, do not have lengthy baths or showers since this will encourage the stitches to dissolve too quickly and may cause infection.

It is advisable to wear supportive underpants or a scrotal support until the swelling and discomfort have settled.

An ice-pack used intermittently over the first 48hrs post-operatively is advisable to help decrease the risk of any swelling occurring.

You are advised to take 10–14 days off work and should avoid any strenuous exercise or heavy lifting to allow wound healing. Sexual intercourse is best avoided for 10 days or until local discomfort has settled.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

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### What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact Dr Campbell.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

### Are there any other specific points?

Some lumpiness above or behind the testicle is common following the procedure and is often permanent.

Follow-up is not always necessary and Dr Campbell will discuss what arrangements should be made.

### Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

### Who can I contact for more help or information?

#### **Dr Peter Campbell**

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital, Chasely St,

Auchenflower, QLD 4066

(07) 3367 1608,

[www.campbellurology.com.au](http://www.campbellurology.com.au)

#### **The Wesley Hospital, Urology Ward**

451 Coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7168  
[www.uhc.com.au/wesley](http://www.uhc.com.au/wesley)

#### **The Wesley Emergency Centre**

451 coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7333

#### **Greenslopes Private Hospital, Continence Advisor**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7978  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Urology Ward**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7261  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Emergency Centre**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 6777  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **The Queen Elizabeth II Jubilee Hospital, Urodynamics Department**

Kessels Rd,  
Coopers plains, QLD 4108  
(07) 3275 6346

#### **American Urological Association Foundation**

1000 Corporate Blvd, Suite 410,  
Linthicum, MD 21090  
1800 828 7866  
[www.UrologyHealth.org](http://www.UrologyHealth.org)

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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

*I have read this information sheet and I accept the information it provides.*

Signature

Date

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