



## Hydrocele

### *What is a hydrocele?*

- A hydrocele is a collection of fluid in the scrotum around the testicle. The scrotum is the pouch that holds the testicle. (See Figure 1.)
- The fluid makes the scrotum look large.
- This condition is sometimes present at birth or it may develop later. It can occur on one or both sides of the scrotum.

### *How does a child get a hydrocele?*

- During the eighth month of pregnancy, the testicles move from the abdomen (belly) into the scrotum.
- When the testicle travels downward, it brings a sac with it. The sac allows fluid to surround the testicle. This sac usually closes before birth, and the fluid is absorbed in the body.
- When the sac closes, but fluid stays in the scrotum, the hydrocele is called **noncommunicating** (closed). This type of hydrocele is often found in newborns. In most cases, the fluid is absorbed by the body and goes away in time. It may take up to one year for this to happen. (See Figure 1.)
- When the sac does not close, the hydrocele is called **communicating** (open). This means that the fluid around the testicle can flow back up into the abdomen. You might notice that the hydrocele looks smaller when your child's doctor presses on the scrotum. The pressure causes the fluid to flow back into the abdomen. (See Figure 2.)

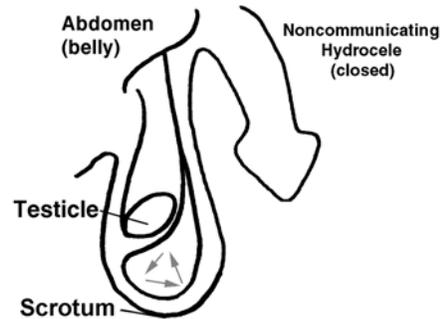


Figure 1

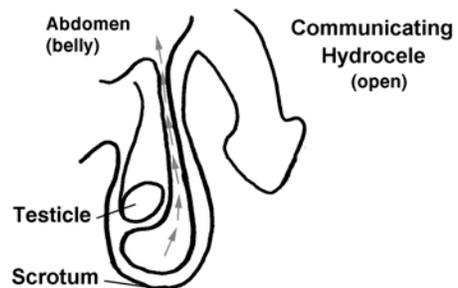


Figure 2

### *Are hydroceles dangerous?*

- Hydroceles are not harmful to the testicles in any way.
- They do not cause discomfort.
- Sometimes, if the sac remains open, a loop of bowel (intestine) can push through the opening. This makes the scrotum look even larger. If the scrotum suddenly appears very large and hard, and your child will not stop crying, call your child's surgeon right away. Your child may need immediate attention.

### *How is a hydrocele treated?*

- Hydroceles usually go away with time in infants.
- If the hydrocele has not disappeared by age one or becomes very large, your child may need surgery.

- You will see both the surgeon and the anesthesia doctor before the operation on the day of surgery. You may have questions to ask them ahead of time.
- During the operation, your child will receive general anesthesia. This means that they are in a deep sleep and feel no pain.
- Most children go home the same day as the operation. However, some spend a night in the hospital for observation.
- After surgery, your child will stay in the recovery room until he is ready to go home (able to drink without vomiting). Parents are welcome to stay with their children in the recovery room.

### ***What happens after surgery?***

- The nurse in the recovery room will teach you how to care for your child before you go home. He or she will also give you written instructions.
- Most children have some discomfort after surgery. The doctor may prescribe pain medicine.
- There are usually no stitches to remove. The stitches are under the skin and dissolve on their own.
- A clear, waterproof dressing (bandage) will cover the incision which will be in the groin area.
- Your child may shower or have a sponge bath at home. Do not give your child a tub bath or allow swimming until 7 days after the surgery.
- Your child should not use straddle toys or bicycles, play sports, or go to gym class for three weeks after surgery.
- Your doctor will want to see your child about two weeks after the surgery to check how the area is healing.

### ***When to Call Your Child's Doctor Before Surgery***

- Your child's surgery will be scheduled in the near future. You will receive a pamphlet with information about the morning of surgery when the date is set.

### ***Phone Numbers to Call***

Monday – Friday 8:30am – 5:00pm	Nurses' line (617) 355-7704 Nurse Practitioners' line (617) 355-7716
Evening, Nights, Weekends, and Holidays	Page Operator (617) 355-6369 Ask for the surgeon on-call.

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A ***Spanish*** version of this is available from your provider

Send comments or questions to: [Familyed@childrens.harvard.edu](mailto:Familyed@childrens.harvard.edu)

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