

## Procedure information

# Hydrocoelectomy

A hydrocoelectomy is an operation to remove a hydrocoele.

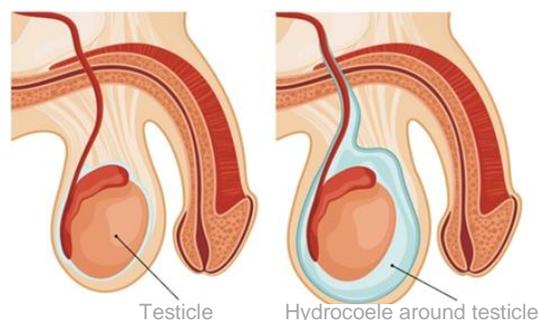
### What is a hydrocoele?

A hydrocoele is a collection of fluid in the space around the testicle. The fluid is produced by the membrane which lines the sac, called the *tunica vaginalis*.

Hydrocoeles are common. Most of the time there is no clear cause for why a hydrocoele has formed.

Sometimes a hydrocoele can form due to:

- Scrotal infections (eg. epididymitis)
- Scrotal trauma
- Scrotal surgery
- Testicular cancer



### Why is a hydrocoelectomy required?

Hydrocoeles aren't dangerous and often don't require any treatment.

A hydrocoelectomy is usually recommended if the hydrocoele is painful or is interfering in activities of daily living.

### What does a hydrocoelectomy involve?

Hydrocoelectomy is usually performed under general anaesthetic (completely asleep), but spinal anaesthetic (numb from the waist down) can be used instead.

An incision is made in your scrotum. The fluid in the hydrocoele is drained. The sac surrounding the hydrocoele is partially removed.

The incision is closed using dissolvable stitches. Sometimes a small plastic drain is left in your scrotum and removed a day or two after the operation.

The operation is usually performed as day surgery – you can go home on the same day as long as you are accompanied by a responsible adult. Sometimes a one-night hospital stay is required.

### What is the recovery after a hydrocoelectomy?

You will need to rest for the first day or two after the operation.

You will need to wear tight fitting scrotal support (such as speedos, a jock strap, or two pairs of tight underwear) for at least one week after the operation.

You can usually return to sedentary work 4 to 7 days after the operation.

You can usually return to gentle exercise approximately 1 week after the operation. You will need to avoid strenuous exercise, cycling, and heavy lifting for at least 4 weeks after the operation.

You will not be able to swim for 2 weeks after the operation.

You can usually start driving 2 to 5 days after the operation, provided you can safely perform an emergency stop (slam your foot on the brake).

You can resume sexual activity when you feel comfortable doing so. For most men this will be approximately 2 weeks after the operation.

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Hydrocoelectomy will not affect your erections, testosterone level, or sperm production.

### What are the risks of a hydrocoelectomy?

The risks of this procedure include (but are not limited to):

#### Common risks (1/2 to 1/10):

- It is very common to have swelling and discomfort in your scrotum for weeks to months after the operation.
- It is very common for fluid to fill the empty space in your scrotum within a few days of the operation. This will usually reabsorb over a few weeks to months.
- It is very common for your testicle to feel firm or irregular long-term after the operation.

#### Occasional risks (1/10 to 1/50):

- Sometimes the hydrocoele can recur after the operation.

#### Rare risks (1/50 to 1/250):

- Bleeding in the scrotum, sometimes requiring another operation to correct.
- Infection in the wound or within the scrotum, requiring antibiotics or another operation/procedure to correct.
- Sometimes the wound may split open and take longer than normal to heal.
- Inability to pass urine after the operation (urinary retention) requiring insertion of a catheter (tube in your penis to drain urine) for a few days.

#### Very rare risks (<1/250):

- Damage to your testicle, epididymis (sperm storage sac on the back of the testicle), or spermatic cord. Very rarely removal of your testicle may be required if this occurs.
- Chronic pain in your scrotum.

#### Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

### What are the alternative treatment options?

- Conservative management – no treatment.
- Aspiration (sucking the fluid out with a needle). The fluid will usually reaccumulate within a few weeks.

**This is general information only. Please consult your doctor for more information and treatment options.**

**For appointments and enquiries please contact 07 3830 3300.**